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. . . . . ▶ [ ]

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
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/20/1999

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)
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

4800 WESTFIELDS BOULEVARD
SUITE 400
CHANTILLY, VA 20151

2b Employer Identification Number (EIN) 26-1320627

2c Plan Sponsor's telephone number 737-742-0188

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	MARTHA SHARP
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3394
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)**	259
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	226
b	Retired or separated participants receiving benefits	**6b**	1966
c	Other retired or separated participants entitled to future benefits	**6c**	722
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2914
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	411
f	Total. Add lines **6d** and **6e**.	**6f**	3325
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1E 3H 1I

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

4A

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	238665791
b Actuarial value	**2b**	229140152

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2321	154387473	154387473
b For terminated vested participants	837	44915097	44915097
c For active participants	259	30026280	30113634
d Total	3417	229328850	229416204

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1225000
c Target normal cost	**6c**	1225000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/22/2026
Date

ROBERT LIPSET
Type or print name of actuary

26-06136
Most recent enrollment number

MERCER
Firm name

609-520-2484
Telephone number (including area code)

ONE UNIVERSITY SQUARE DR, SUITE 100
PRINCETON, NJ 08540

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3225447
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3225447
10	Interest on line 9 using prior year's actual return of 5.70 %	0	183850
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3409297

Part III Funding Percentages

14	Funding target attainment percentage	14	98.39 %
15	Adjusted funding target attainment percentage	15	98.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1225000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3685349	342757
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1567757

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1567757	1567757

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

TELUS

45-4303723

(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?
13 50	NONE	254674	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(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?
11 50	NONE	230032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLC MANAGEMENT US LLC

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT MANAGEMENT	203347	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CAPFINANCIAL

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	103291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON & STRAWN, LLP

36-1975990

(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?
29 50	NONE	54180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

41-6271370

(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?
21 50	TRUSTEE	52544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

EIDE BAILLY LLP

45-0250958

(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 50	NONE	19793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

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
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

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: CAPITAL GRP LONG DURATION CREDIT TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST

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)
95-6597294-293	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST COMPANY

b Name of sponsor of entity listed in (a): GREAT GRAY COLLECTIVE INV TRUST

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)
82-0737797-187	C	50695315

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1435670	1582224
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9090748	5022009
(2) U.S. Government securities	1c(2)	32535782	36023290
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	123259161	149795200
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	75671766	50695315
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2140374	5330536
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	244133501	248448574
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	189846	233565
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	189846	233565
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	243943655	248215009

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	287415	
(B) U.S. Government securities	2b(1)(B)	490694	
(C) Corporate debt instruments	2b(1)(C)	6063978	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6842087
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	122157	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		122157
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18030426	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18030426	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13382
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4888140
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10455733
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		22321499
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16726379	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16726379
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	255111	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19793	
(5) Investment advisory and investment management fees	2i(5)	316269	
(6) Bank or trust company trustee/custodial fees	2i(6)	50597	
(7) Actuarial fees	2i(7)	261671	
(8) Legal fees	2i(8)	58140	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	362185	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1323766
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18050145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4271354
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: EIDE BAILLY **(2)** EIN: 45-0250958

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	
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	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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**			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590096.

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
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

Part I Distributions

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

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

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

EIN(s): 45-4303723

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 16.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 80.0 %
High-Yield Debt: _____ % Real Assets: 1.0 % Cash or Cash Equivalents: 1.0 % Other: 2.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

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Independent Auditor's Report

The Plan Administrator
URS Federal Services, Inc. Employees Retirement Plan
Germantown, Maryland

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

We have performed audits of the financial statements of URS Federal Services, Inc. Employees Retirement 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements 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 URS Federal Services, Inc. Employees Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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.

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- 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of URS Federal Services, Inc. Employees Retirement 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 URS Federal Services, Inc. Employees Retirement Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of URS Federal Services, Inc. Employees Retirement 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 URS Federal Services, Inc. Employees Retirement 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 Schedule H, line 4i – schedule of assets held at end of year, and Schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 GAAS. 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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental 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).

Eide Bailly LLP

Boise, Idaho
September 25, 2026

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31,

	2025	2024
Assets		
Investments, at fair value	$ 240,936,472	$ 237,239,960
Net assets held in 401(h) account	5,929,878	5,467,710
Accrued interest receivable	1,582,224	1,425,831
Total Assets	248,448,574	244,133,501
Liabilities		
Accrued expenses	233,565	189,846
Amounts related to obligation of 401(h) account	5,929,878	5,467,710
Total Liabilities	6,163,443	5,657,556
Net Assets Available for Benefits	$ 242,285,131	$ 238,475,945

The accompanying notes are an integral part of the financial statements

URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2025	2024
Investment Gains		
Net appreciation in fair value of investments	$ 15,270,184	$ 8,843,614
Dividends and interest income	6,589,147	4,587,726
Total Investment Gains, Net	21,859,331	13,431,340
Deductions		
Benefits paid to participants	(16,726,379)	(18,411,007)
Administrative expenses	(1,323,766)	(1,242,242)
Total Deductions	(18,050,145)	(19,653,249)
Net Increase (Decrease)	3,809,186	(6,221,909)
Net Assets Available for Benefits		
Beginning of year	238,475,945	244,697,854
End of year	$ 242,285,131	$ 238,475,945

The accompanying notes are an integral part of the financial statements

1. Description of The Plan

The following description of the URS Federal Services, Inc. Employees Retirement Plan (the "Plan") is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document for more complete information regarding the terms of the Plan.

General

The Plan, established on August 20, 1999, is a frozen, noncontributory defined benefit pension plan. The Plan is administered by the Amentum Holdings, Inc. Benefits Administration Committee as authorized by Amentum Holdings, Inc., the parent company of Amentum Nuclear & Environment Holdings, Inc. (the "Company" or "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility for Participation

Employees of the Company in one of the specified pay groups, hired before July 1, 2003, and with at least one year of service were eligible to participate in the Plan. Employees who were members of certain collective bargaining units or were a Covered Contract Employee, as defined in the Plan document, were not eligible.

Participation in the Plan was frozen to new entrants effective June 30, 2003 (the "Plan Freeze Date"). Each employee who was a participant in the Plan as of the Plan Freeze Date will continue to participate in the Plan in accordance with the terms of the Plan. New employees of the Company or employees rehired after the Plan Freeze Date are not allowed to participate in the Plan.

Pension Benefits

Participants are entitled to monthly pension benefits, upon normal retirement age (based on social security statutes and age ranges from 65 to 67 depending on the participant's date of birth), equal to the greater of either 1) $70.83 or 2) one-twelfth of the sum of:

a) 0.85 percent of an eligible Participant's Average Earnings, as defined by the Plan, multiplied by the participant's total credited service, plus an additional 0.75 percent of the Participant's Average Earnings in excess of the Social Security tax base multiplied by the participant's total credited service (up to a maximum of 35 years) determined as of December 31, 2003, as defined by the Plan, and

b) 0.65 percent of the Participant's Earnings, as defined by the Plan, plus an additional 0.65 percent of the Participant's Earnings in excess of 50 percent of the Social Security wage base for the applicable year (up to a maximum of 35 years) beginning January 1, 2004.

Effective January 31, 2016, participants in the Plan ceased accruing future pension benefits.

The Plan permits early retirement at age 55 upon completion of ten years of service for participants who were in a predecessor plan before 1989. For participants who joined the Plan in 1989 and after, the Plan permits early retirement within ten years prior to a participant's normal retirement age and upon completion of ten years of service.

Vesting

Participants became fully vested in their normal monthly benefit upon completion of five years of service.

Form of Benefit

At the time of retirement, if the actuarial present value of an employee's total pension is $5,000 or less, the actuarial value of the employee's pension will be paid to the employee in a single lump sum. Otherwise, participants may elect to receive their pension benefits based on the acceptable method of payment, as defined in the Plan document.

Death and Disability Benefits

If an active employee dies after completing five years of service, or is over the age of 45, a death benefit is paid to the employee's beneficiary based on terms included in the Plan document.

Active employees who have completed ten years of service and become permanently disabled receive disability benefit payments starting on the employee's normal retirement date. Disabled employees continued to accrue benefits (until benefits were frozen on January 31, 2016) and are treated as if active participants for benefit determination purposes. Disability retirement benefit payments are payable at the normal retirement date and are computed as though the employee had been employed to normal retirement age and as if their annual compensation remained the same as at the time they became disabled.

Funding Policy

The Company contributes such amounts as necessary to provide assets sufficient to meet the benefit obligations to be paid to Plan participants. Annual contributions are made based on amounts required to at least meet the minimum funding provisions of ERISA. An actuarial valuation is used to determine whether anticipated benefits may reasonably be provided from anticipated contributions when combined with existing assets of the Plan. For the years ended December 31, 2025 and 2024, the Company was not required to make contributions to the Plan and met the minimum funding requirements of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America using the accrual basis of accounting.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Administrative Expenses

Plan fees and expenses, including fees and expenses connected with administrative services by external service providers, asset management fees and other administrative expenses are paid from Plan assets. Certain administrative expenses are paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for administration, investment advice, actuarial, and other services are generally charged to the Plan based on customary or contracted rates for such services. The Plan's assets are managed by independent investment managers who charge a management fee based on assets under management.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through September 25, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Because the benefits under the Plan are frozen, the accumulated plan benefits for active employees are based on their accrued benefits as of the Plan Freeze Date. Future active employee compensation and credited service increases are no longer applicable after the Plan Freeze Date. Due to the Plan freeze, benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included and are fully attributable to employee service rendered to the valuation date.

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits as of January 1, 2025, as determined by the actuary, is as follows:

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants and beneficiaries currently receiving benefits	$ 146,446,020
Other participants	67,167,626
Total vested benefits	213,613,646
Nonvested benefits	146,508
Total actuarial present value of accumulated plan benefits	$ 213,760,154

The actuarial present value of changes in accumulated plan benefits for the period January 2, 2024 to January 1, 2025, as determined by the actuary, is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 247,907,834
Increase (decrease) during the period attributable to:	
Benefits paid	(16,361,300)
Interest due to the decrease in the discount period	12,669,410
Actuarial gains	(1,029,424)
Change in assumptions	(29,426,366)
Net decrease	(34,147,680)
Actuarial present value of accumulated plan benefits at end of year	$ 213,760,154

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

Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the Plan's financial statements.

The significant actuarial assumptions used in the valuation for 2025 are shown below.

Mortality basis as of January 1, 2025:	Based on Pri-2012 separate employee and retiree mortality table(s) with contingent survivor using MP-2021 generational projection scale.
Discount rate as of January 1, 2025:	6.65%
Administrative and investment expenses as of January 1, 2025:	$1,600,000
Investment return as of January 1, 2025:	5.93%
Retirement Age:	Probabilities based upon age and credited service less than or greater than 30 years, ranging from 0% at age 54 and below, to 100% at age 70 and above.

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

4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") No. 820, "*Fair Value Measurements and Disclosures*," establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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 under ASC 820 are described below:

Level 1	Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.
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 inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's 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.

The following is a description of the valuation methodologies used to measure assets at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Mutual funds (and money market funds) - A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market instruments and/or other securities. These investments are public investment vehicles valued at the closing price reported in the active market in which the investments are traded. These investments are classified within Level 1 of the valuation hierarchy.

U.S. government securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and foreign bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Collective trust funds - A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are valued using the net asset value ("NAV") provided by the administrator of the collective trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is used as a practical expedient to estimate fair value. The collective investment trusts are not classified within the fair value hierarchy; however, the amounts measured using NAV are disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market mutual funds	$ 4,422,667	$ -	$ -	$ 4,422,667
U.S. government securities	-	36,023,290	-	36,023,290
Corporate and foreign bonds	-	149,795,192	-	149,795,200
Total investments in fair value hierarchy	$ 4,422,667	$ 185,818,482	$ -	190,241,157
Investments measured at NAV				50,695,315
Total investments at fair value				$ 240,936,472

	December 31, 2024			
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market mutual funds	$ 6,480,906	$ -	$ -	$ 6,480,906
Mutual funds	17,786	-	-	17,786
U.S. government securities	-	32,535,782	-	32,535,782
Corporate and foreign bonds	-	123,259,161	-	123,259,161
Total investments in the fair value hierarchy	$ 6,498,692	$ 155,794,943	$ -	162,293,635
Investments measured at NAV				74,946,325
Total investments at fair value				$ 237,239,960

The following table presents additional information for investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2025 and 2024:

	Fair Value at December 31		Unfunded
	2025	2024	Commitments
Collective trust funds			
Great Gray Collective Investment Trust	$ 50,695,315	$ 74,946,325	$ -

The collective trust funds have a daily redemption frequency and a 5-day redemption notice period.

5. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments held as of December 31, 2025 and 2024, and net appreciation/(depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association (the "Plan Trustee").

6. Party-In-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated July 3, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("Code"). Subsequent to the issuance of this determination letter,

the Plan was amended. However, the Company and Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt.

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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document in accordance with ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the form of benefit payment elected by the participant at Plan termination. The ceiling varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants will receive vested benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company.

9. 401(h) Account

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account, known as the Retiree Health Plan Account, has been established and maintained in the Plan for the net assets related to the medical-benefit component ("401(h) account"). In accordance with IRC Section 401(h), the 401(h) account may not be used for, or diverted to any purpose other than providing for the payment of certain medical expenses for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in this Plan's accumulated plan benefit obligations but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan Sponsor. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

The following tables present the net assets held in the 401(h) account as of December 31:

	December 31, 2025			
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 5,330,536	$ -	$ -	$ 5,330,536
Money market mutual funds	599,342	-	-	599,342
Total investments in fair value hierarchy	$ 5,929,878	$ -	$ -	5,929,878
Total investments at fair value				$ 5,929,878

	December 31, 2024			
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 2,132,427	$ -	$ -	$ 2,132,427
Money market mutual funds	2,609,842	-	-	2,609,842
Total investments in the fair value hierarchy	$ 4,742,269	$ -	$ -	4,742,269
Investments measured at NAV				725,441
Total investments at fair value				$ 5,467,710

The following table presents additional information for investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2025 and 2024:

	Fair Value at December 31		Unfunded
	2025	2024	Commitments
Privately-held securities			
Collective trust funds			
Capital Group Long Duration Credit Trust	$ -	$ 725,441	$ -

10. Reconciliation to the Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 242,285,131	$ 238,475,945
Liability for 401(h) account included as assets in financial statements but not 5500	5,929,878	5,467,710
Net assets per the Form 5500	$ 248,215,009	$ 243,943,655

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

	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Total Investment Gains, Net	$ 21,859,331	$ 462,168	$ 22,321,499

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the year ended December 31, 2024:

	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Total Investment Gains, Net	$ 13,431,340	$ 242,857	$ 13,674,197

11. Benefit Corrections for Plan Retirees

The plan administrator, in partnership with the plan actuary, identified errors in the previously calculated and frozen benefits of certain retirees.

Corrections to be made were associated with frozen January 31, 2016 accrued benefits that were not found to be reliable, requiring recalculations to either correct or confirm issues related to incorrect post-2003 earnings in the administration database and, in some cases, actuarial increases being understated due to suspension of benefits notices not being provided in a timely manner because of a misunderstanding of the plan's "normal retirement age" equal to the Social Security normal retirement age for each individual.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024, include an estimate for the resulting under and over calculated benefits of retirees and future payouts that are expected to be incurred.

The accumulated value of previously undercalculated benefits were paid out on September 1, 2024. Additionally, as of the year ended December 31, 2024, future payout of undercalculated benefits and overcalculated benefits have been corrected to be paid at the proper monthly benefit going forward. Retirees with a reduced benefit have been made aware of the reduction.

As of December 31, 2025, adjustments to benefit payments are expected in relation to deceased retirees and their surviving beneficiary or estate. Additionally, there are expected future adjustments in relation to manual reviews and additional data received from the prior plan sponsor and third-party administrator. A portion of these corrections were subsequently paid in April 2026, of which, the amounts associated with these payouts are included in the Actuarial Present Value of Accumulated Plan Benefits as of December 31, 2025, in Note 3.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44				2							2
45–49				7	12						19
50–54			1	6	15	1	1				24
55–59			1	10	11	15	3				40
60–64		1		12	21	17	27	12	1		91
65–69		1	1	1	17	10	12	19	4		65
70 & up		1		1	4	3	4	2	3		18
Total		3	3	39	80	46	47	33	8		259

Each cell shows the count of active participants for each age/service combination. Average frozen benefits are not shown because the plan has fewer than 1,000 active participants.

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

Actuarial assumptions for January 1, 2025 funding valuation

Funding assumptions		
Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized rates	**Nonstabilized rates**
• First 5 years	5.00%	5.00%
• Next 15 years	5.27%	5.27%
• Over 20 years	5.50%	5.40%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Not applicable	
• Post-1994 disabilities	Same as described above for healthy participants.	
Other economic assumptions		
• Salary increases	N/A	
• Social Security wage base	N/A	
• Inflation	N/A	
• Expected investment return[1]	5.63% for 2023. 5.59% for 2024. 5.93% for 2025.	
• Expenses	$1,225,000 added to current year normal cost	
Demographic assumptions		
• Withdrawal	105% of the Mercer Modified 2003 SOA Turnover Age Based Rates table. Sample rates are as follows:	

Attained age[2]	Withdrawal percentage
35	9.135%
40	7.245%
45	6.405%
50	5.880%
55	4.620%
60	3.570%
65	2.625%

[1] Limited to the 3rd stabilized segment rate for each respective plan year.

[2] All active participants are over age 35.

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

- Disability incidence

Incidence of disability is based on the 1985 Pension Disability (Class 2) Table adjusted by 82% for Social Security disability. Separate rates are used for males and females. Sample rates are as follows:

Age	Percentage Disabled Male	Percentage Disabled Female
30	.110%	.135%
40	.257%	.293%
50	.681%	.700%
60	1.858%	1.470%

- Retirement age

Attained age	Credited service < 30 years	Credited service > 30 years
Under 55	0%	0%
55	0%	1%
56	0%	1%
57	4%	1%
58	4%	1%
59	4%	5%
60	4%	5%
61	12%	10%
62	12%	10%
63	12%	10%
64	12%	10%
65	25%	20%
66	35%	20%
67	35%	20%
68	35%	40%
69	35%	40%
70 and above	100%	100%

- Benefit commencement age for
  - Future vested deferred: Social Security Normal Retirement Age (SSNRA)
  - Current vested deferred: Age 65 if born prior to 1954; otherwise Social Security Normal Retirement Age (SSNRA)

• Spouse assumptions	Male participants	Female participants
– Percentage married	80%	65%
– Spouse age difference	2 years younger	1 years older

Form of payment	Single Life Annuity	50% J&S	100% J&S
• Active retirements	45%	25%	30%
• Future vested deferred	50%	25%	25%
• Future disabilities	100%	0%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	50%	25%	25%

Unpredictable contingent event assumptions	Not applicable

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all employees as of the valuation date who have completed the plan's eligibility requirements.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

(a) Identity of Party Involved	(b) Description of Asset	(c) Number of Transactions	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	Net Gain (Loss)
(i) Single transactions									
Great Gray Collective Investment									
	Trust Fund	1	$ -	$ 23,124,679	$ -	$ -	$ 26,260,000	$ 23,124,679	$ 3,135,321
First American Government									
	Obligation Fund Class Z	1	$ 23,424,359	$ -	$ -	$ -	$ 23,424,359	$ 23,424,359	$ -
		1	$ -	$ 22,935,630	$ -	$ -	$ 22,935,630	$ 22,935,630	$ -
(ii) Series of transactions with same broker									
Broker: BofA Securities, Inc.		24	$ 9,175,028	$ -	$ -	$ -	$ 9,175,028	$ 9,175,028	$ -
		7	$ -	$ 4,413,784	$ -	$ -	$ 4,455,233	$ 4,413,784	$ 41,449
Broker: BofA Securities, Inc./Fxd Inc		19	$ 9,295,302	$ -	$ -	$ -	$ 9,295,302	$ 9,295,302	$ -
		7	$ -	$ 8,377,141	$ -	$ -	$ 8,427,162	$ 8,377,141	$ 50,021
Broker: Citadel Securities LLC		5	$ 11,670,368	$ -	$ -	$ -	$ 11,670,368	$ 11,670,368	$ -
		13	$ -	$ 5,919,898	$ -	$ -	$ 5,920,399	$ 5,919,898	$ 501
Broker: Goldman Sachs & Co. LLC		11	$ 7,216,192	$ -	$ -	$ -	$ 7,216,192	$ 7,216,192	$ -
		11	$ -	$ 8,157,664	$ -	$ -	$ 8,110,913	$ 8,157,664	$ (46,751)

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
(iii) Series in same security									
First American Government		103	$ 15,676,695	$ -	$ -	$ -	$ 15,676,695	$ 15,676,695	$ -
Obligation Fund Class Z		65	$ -	$ 18,030,426	$ -	$ -	$ 18,030,426	$ 18,030,426	$ -
Great Gray Collective Investment									
Trust Fund		4	$ -	$ 30,844,342	$ -	$ -	$ 34,463,134	$ 30,844,342	$ 3,618,792
First American Government									
Obligation Fund Class Z		177	$ 47,302,847	$ -	$ -	$ -	$ 47,302,847	$ 47,302,847	$ -
		73	$ -	$ 47,007,642	$ -	$ -	$ 47,007,642	$ 47,007,642	$ -
US Treas Note 3.750% 08/15/2028		1	$ 6,475,880	$ -	$ -	$ -	$ 6,475,880	$ 6,475,880	$ -
		7	$ -	$ 6,475,881	$ -	$ -	$ 6,498,822	$ 6,475,881	$ 22,941

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC

D Employer Identification Number (EIN)
26-1320627

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	238,665,791
b Actuarial value	**2b**	229,140,152

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,321	154,387,473	154,387,473
b For terminated vested participants	837	44,915,097	44,915,097
c For active participants	259	30,026,280	30,113,634
d Total	3,417	229,328,850	229,416,204

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,225,000
c Target normal cost	**6c**	1,225,000

Statement by Enrolled Actuary

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

SIGN HERE

RFL
Signature of actuary

09/22/2026
Date

ROBERT LIPSET
Type or print name of actuary

2606136
Most recent enrollment number

MERCER
Firm name

609-520-2484
Telephone number (including area code)

ONE UNIVERSITY SQUARE DR, SUITE 100

PRINCETON NJ 08540
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,225,447
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,225,447
10	Interest on line 9 using prior year's actual return of 5.70%	0	183,850
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,409,297

Part III Funding Percentages

14	Funding target attainment percentage	14	98.39%
15	Adjusted funding target attainment percentage	15	98.39%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.85%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	**31a**		1,225,000
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3,685,349	342,757
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		1,567,757

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,567,757	1,567,757

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

Less Than 30 Years of Service at Retirement			More Than 30 Years of Service at Retirement		
(A) Retirement age	(B) Number of employees expected to retire	(C) (A) x (B)	(D) Retirement age	(E) Number of employees expected to retire	(F) (D) x (E)
55	0	0	55	10	550
56	0	0	56	10	560
57	40	2,280	57	10	570
58	38	2,204	58	10	580
59	37	2,183	59	48	2,832
60	35	2,100	60	46	2,760
61	102	6,222	61	87	5,307
62	90	5,580	62	78	4,836
63	79	4,977	63	70	4,410
64	69	4,416	64	63	4,032
65	128	8,320	65	114	7,410
66	134	8,844	66	91	6,006
67	87	5,829	67	73	4,891
68	56	3,808	68	116	7,888
69	37	2,553	69	70	4,830
70	68	4,760	70	104	7,280
Total	1,000	64,076	Total	1,000	64,742

Sum of (C) and (F) Divided By	128,818/
Age 55 Exposure	2,000
(Rounded to the Nearest Whole Year)	64

Plan: URS Federal Services, In. Employees Retirement Plan
EIN/PN: 261320627/003
Valuation Date: 01/01/2025

Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	664,955	4,284,328	16,276,771	21,226,054
2026	1,076,685	1,814,312	16,482,493	19,373,490
2027	1,426,212	2,037,578	15,231,880	18,695,670
2028	1,706,526	2,234,985	14,699,912	18,641,423
2029	1,924,172	2,386,472	14,139,821	18,450,465
2030	2,096,790	2,555,296	13,551,917	18,204,003
2031	2,217,464	2,764,163	12,941,708	17,923,335
2032	2,305,061	2,854,111	12,312,684	17,471,856
2033	2,361,383	2,979,351	11,667,218	17,007,952
2034	2,400,829	3,056,931	11,005,553	16,463,313
2035	2,419,534	3,128,964	10,338,923	15,887,421
2036	2,439,266	3,220,206	9,668,027	15,327,499
2037	2,439,785	3,268,668	8,997,421	14,705,874
2038	2,432,471	3,297,724	8,331,720	14,061,915
2039	2,407,566	3,350,354	7,675,520	13,433,440
2040	2,370,323	3,352,173	7,033,285	12,755,781
2041	2,318,586	3,291,438	6,409,197	12,019,221
2042	2,265,632	3,232,189	5,807,052	11,304,873
2043	2,193,078	3,164,620	5,230,171	10,587,869
2044	2,119,877	3,076,479	4,681,377	9,877,733
2045	2,048,462	2,977,100	4,163,040	9,188,602
2046	1,961,063	2,869,884	3,677,067	8,508,014
2047	1,880,420	2,749,358	3,224,947	7,854,725
2048	1,773,626	2,619,568	2,807,745	7,200,939
2049	1,663,271	2,487,723	2,426,081	6,577,075
2050	1,547,374	2,345,408	2,080,089	5,972,871
2051	1,428,553	2,199,720	1,769,406	5,397,679
2052	1,309,323	2,051,923	1,493,187	4,854,433
2053	1,191,046	1,903,400	1,250,109	4,344,555
2054	1,075,337	1,755,583	1,038,425	3,869,345
2055	963,623	1,609,886	856,042	3,429,551
2056	857,162	1,467,646	700,593	3,025,401
2057	756,997	1,330,072	569,537	2,656,606
2058	663,897	1,198,192	460,254	2,322,343
2059	578,370	1,072,840	370,103	2,021,313
2060	500,664	954,655	296,510	1,751,829
2061	430,800	844,081	237,037	1,511,918
2062	368,593	741,400	189,423	1,299,416
2063	313,699	646,744	151,632	1,112,075
2064	265,650	560,123	121,872	947,645
2065	223,894	481,454	98,591	803,939
2066	187,837	410,569	80,471	678,877
2067	156,859	347,225	66,419	570,503
2068	130,356	291,118	55,538	477,012
2069	107,761	241,880	47,104	396,745
2070	88,561	199,088	40,542	328,191
2071	72,298	162,285	35,400	269,983
2072	58,577	130,974	31,324	220,875
2073	47,052	104,632	28,045	179,729
2074	37,431	82,728	25,356	145,515

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: August 20, 1999 Restated plan: January 4, 2014, as amended through the Fifth Amendment Plan year: January 1 to December 31
Status of the plan	The plan froze benefit accruals effective January 31, 2016. The plan was closed to new entrants as of July 1, 2003.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All employees who are not members of a collective bargaining unit represented by a union, or who are members of a collective bargaining unit which specifically provides for benefits under this plan. Additionally, individuals who were participants in the Plan who transferred from URS Federal Services to JT3, LLC are included in the Plan as long as they have remained employed by JT3, LLC since transferring to JT3, LLC. Employees covered by a service contract are excluded. The plan was closed to new entrants as of July 1, 2003.
• Participation	1,000 hours of service during an anniversary year.
• Employee contributions	Not applicable.
• Vesting service	One year for each 1,000-hour calendar year of employment.

Schedule SB, Part V — Summary of Plan Provisions

- **Credited Service**

The period of service (excluding layoffs, employment with affiliate or subsidiary which is not an employer and leaves of absence except for military or medical leaves) from the date of employment. 1/12 year of credit accrues for each calendar month of employment, or, in the case of a part-time employee, for each 173-1/3 hours worked. In no case shall a participant accrue more than 1 year of service during a calendar year. Credited service was frozen as of January 31, 2016.

The following subsidiaries have varying dates for accruing service credit:

Subsidiary	Date credited service begins
FETC SOPSS Contract	01/01/1981
Dynatrend	06/01/1989
Dynatrend Unisys	06/01/1989
MSI	07/01/1989
Dynatrend Customs	08/27/1990
MSI – Ratscat	10/01/1990
MSI – Armte Nonunion	10/01/1990
MSI – Armte	10/01/1990
Langley	01/01/1994
Fort McClelland	01/01/1994
Tech Support Services	01/01/1994
MSI Albuquerque Operations	01/01/1994
EPA Emissions Testing Contract	08/01/1997
Ft. Leonard Wood Contract	11/25/1998
HQ Staff Manassas	01/16/1999
FETC CHIPS Contract	06/17/1999
P3EA Contract and G&A Staff	06/17/1999
Gaithersburg Technical Services HQ Employees	08/20/1999
Norfolk ServMart Contract	11/15/1999
National Radar Testing Facility	01/01/2001

- **Pensionable Pay / Earnings**

Salary plus deferrals, severance pay, and commissions, but excluding bonus, overtime, and incentive pay. No earnings after January 31, 2016 are taken into consideration.

- **Average Earnings**

The average of the highest five consecutive years of Pensionable Pay during the ten-year period ending on the earlier of the participant's termination date, retirement date or December 31, 2003 (used to calculate the Pre-2004 benefit).

- **Social Security wage base**

The maximum amount of wages subject to Social Security taxes.

Schedule SB, Part V — Summary of Plan Provisions

• Monthly pension benefit	The greater of a. or b.: a. $70.83 b. One-twelfth the sum of i., ii., and iii. i. 0.65 percent of Earnings for each year after 2003, plus ii. 0.65 percent of Earnings in excess of ½ of the Social Security Wage Base, for each year after 2003, maximum 35 years; and iii. Pre-2004 benefit. All benefits are frozen as of January 31, 2016.
• Pre-2004 monthly pension benefit	One-twelfth the sum of i. and ii. i. 0.85 percent of Average Earnings multiplied by Credited Service; and ii. 0.75 percent of Average Earnings in excess of the Social Security Tax Base, multiplied by Credited Service up to 35 years. Frozen as of December 31, 2003 with (i) referred to as the Base Benefit and (ii) referred to as the Excess Benefit.
• Social Security Normal Retirement Age (SSNRA)	Based on year of birth: 1937 and earlier — Age 65 1938 through 1942 — 65 plus 2 months per year 1943 through 1954 — 66 1955 through 1959 — 66 plus 2 months per year 1960 and later — 67
Normal retirement	
• Eligibility	First of the month coinciding with or next following the attainment of Social Security Retirement Age (NRA).
• Benefit	Monthly pension benefit payable as of NRA.
Early retirement	
• Eligibility	For employees who became participants prior to 1989, age 55 with ten years of Vesting Service. Otherwise, not more than ten years prior to the employee's NRD, providing the employee has ten years of Vesting Service at such date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Monthly pension benefit determined as of early retirement date, reduced as shown below for each year that commencement of payment precedes NRD.

Years prior to normal retirement date[3]	Career average accruals and pre-2004 (less than 30 years of service)	Pre-2004 benefit (more than 30 years of service)	
		Base	Excess
1	6.7%	0.0%	6.7%
2	13.3%	0.0%	13.3%
3	20.0%	0.0%	20.0%
4	26.7%	8.4%	26.7%
5	33.3%	16.8%	33.3%
6	36.7%	21.0%	36.7%
7	40.0%	25.2%	40.0%
8	43.3%	29.4%	43.3%
9	46.7%	33.6%	46.7%
10	50.0%	37.8%	50.0%
11	55.0%	42.0%	55.0%
12	60.0%	46.2%	60.0%

Late retirement	
• Eligibility	Retirement after NRD.
• Benefit	Monthly pension benefit determined as of actual retirement date.
Deferred vested	
• Eligibility	Termination for reasons other than death or retirement after completing five years of Vesting Service or after attaining age 45 while an active Participant.
• Benefit	Monthly pension benefit determined as of termination date, payable at of the participant's NRD.
Disability	
• Eligibility	Become a disabled participant after completing ten years of Vesting Service. A disabled participant is a participant who is eligible to receive benefits under Title II of the Federal Social Security Act.
• Benefit	The benefit accrued to NRD payable at NRD. Credited service continues during the disability period; earnings are assumed to continue at rate in effect prior to disability. All credited service and earnings are frozen as of January 31, 2016.
Pre-retirement death	
• Eligibility	Death while eligible for Deferred Vested, Early, Normal or Postponed Retirement, with a surviving spouse.
• Benefit prior to early retirement	Spouse's benefit is payable on the date the participant would have reached normal retirement age and is equal to 50% of the accrued benefit reduced for the election of the 50% joint and survivor option.
• Benefit after early but before normal retirement	Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had elected early retirement on the day of death.

[3] Reductions are based on years prior to age 65 for those employees who became participants prior to 1989.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit after normal retirement	Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had retired on the day of death.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	• 50%, 75% and 100% joint and survivor (survivor need not be the spouse) • 10 year certain and life annuity • Social Security level income annuity • Life annuity
• Optional form conversion factors	Actuarial Equivalence is the greater of: 1. An interest rate of 7% and the 1971 Group Annuity Mortality Table with no loading and projected by Scale E, with a one-year age setback for the Participant and a five-year age setback for any Beneficiary. 2. An interest rate of 5% and the PRI-2012 Retiree Mortality Tables, blended 50% male/50% female, projected to the year 2035 using the MP-2020 mortality projection scale. Social Security level income option (SSLIO) actuarial equivalence is based on the better of the above basis or the Applicable Mortality Table and the Applicable Interest Rate under Internal Revenue Code Section 417(e).
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.
• Funding medium	Trust

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #5, are included in this valuation.

- **Most recent plan amendments included:** Amendment #5
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* Current active participants who turned age 65 prior to September 1, 2007 are valued including the late retirement actuarial increase.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase, with back payments accumulated with interest from the Required Beginning Date, where applicable.
  - *Retired participants (with prior underpayments):* The estimated accumulated value of past underpayments to retirees currently undergoing a correction process have been included for affected individuals by estimating the increase in benefit amounts due to a change in application

of actuarial increases, and further estimating the accumulated value of those "missed" payments.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target does not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value		(d) Cost	(e) Current Value
Money Market Mutual Funds					
	FIRST AMERICAN GOVERNMENT OBLIGATION			$ 3,427,401	$ 3,427,401
	FIRST AMERICAN GOVERNMENT OBLIGATION			599,342	599,342
	FIRST AMERICAN GOVERNMENT OBLIGATION			995,266	995,266
Mutual Funds					
	ALLSPRING CORE BOND FD R6			1,165,895	1,172,048
	FIDELITY 500 INDEX FUND			960,885	1,005,851
	FIDELITY ADVISOR TOTAL BOND Z			873,324	877,753
	FIDELITY EMERGING MARKETS INDEX FUND			235,792	251,992
	FIDELITY INTERNATIONAL INDEX FUND			640,149	659,372
	FIDELITY US BOND INDEX			860,468	867,755
	SCHWAB SMALL CAP INDEX SELCT			131,718	135,230
	VANGUARD GROWTH INDEX FUND ETF			182,263	190,753
	VANGUARD VALUE INDEX FUND ETF			163,802	169,790
Collective Investment Funds					
	GREAT GRAY COLLECTIVE INVESTMENT TRUST			42,973,708	50,695,315
US Government Issues					
	US TREASURY BOND	4.625%	02/15/55	51,726	52,974
	US TREASURY BOND	4.750%	05/15/55	2,765,368	2,780,928
	US TREASURY BOND	4.750%	08/15/55	938,173	929,058
	US TREASURY NOTE	4.000%	11/15/35	1,227,051	1,222,181
	US TREASURY NOTE	4.250%	08/15/35	3,248,775	3,273,368
	US TREASURY NOTE	4.625%	02/15/35	96,757	98,611
	US TREASURY NOTE	5.000%	05/15/45	3,477,073	3,526,234
	US TREAS BD STRIP			1,803,537	1,731,699
	US TREAS BD STRIP		02/15/45	942,948	968,678
	US TREAS BD STRIP		02/15/47	473,204	480,538
	US TREAS BD STRIP		02/15/49	474,599	481,432
	US TREAS BD STRIP		02/15/51	565,089	575,357
	US TREAS BD STRIP		05/15/44	2,931,071	2,906,053
	US TREAS BD STRIP		05/15/45	2,610,403	2,565,244
	US TREAS BD STRIP		05/15/46	2,318,718	2,259,708
	US TREAS BD STRIP		05/15/47	2,050,327	1,980,446
	US TREAS BD STRIP		05/15/49	1,578,391	1,500,157
	US TREAS BD STRIP		05/15/50	1,098,879	1,019,353
	US TREAS BD STRIP		05/15/52	1,461,820	1,353,735
	US TREAS BD STRIP		05/15/52	815,282	726,079
	US TREAS BD STRIP		05/15/53	1,108,523	965,331
	US TREAS BD STRIP		05/15/54	600,248	506,781
	US TREAS BD STRIP		05/15/55	474,766	484,554
	US TREAS BD STRIP		08/15/54	3,751,061	3,212,811
	US TREAS BD STRIP		11/15/43	413,803	421,980

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value		(d) Cost	(e) Current Value
	US TREAS BD STRIP		05/15/49	1,578,391	1,500,157
	US TREAS BD STRIP		05/15/50	1,098,879	1,019,353
	US TREAS BD STRIP		05/15/52	1,461,820	1,353,735
	US TREAS BD STRIP		05/15/52	815,282	726,079
	US TREAS BD STRIP		05/15/53	1,108,523	965,331
	US TREAS BD STRIP		05/15/54	600,248	506,781
	US TREAS BD STRIP		05/15/55	474,766	484,554
	US TREAS BD STRIP		08/15/54	3,751,061	3,212,811
	US TREAS BD STRIP		11/15/43	413,803	421,980
Corporate Issues					
	ABBVIE INC	5.200%	03/15/35	623,625	646,375
	ALEXANDRIA REAL	2.950%	03/15/34	797,481	813,466
	ALLSTATE CORP	4.200%	12/15/46	1,005,600	983,844
	ALPHABET INC	5.300%	05/15/65	662,533	634,824
	AMAZON COM INC SR NT	2.500%	06/03/50	1,187,289	1,126,627
	AMEREN ILLINOIS CO	3.700%	12/01/47	1,232,892	1,212,518
	AMERICAN HONDA MTN	5.850%	10/04/30	390,073	392,799
	AMERICAN TOWER CORP	1.875%	10/15/30	1,217,387	1,281,814
	AMGEN INC	2.300%	02/25/31	787,842	825,124
	AMPHENOL CORP	5.300%	11/15/55	626,985	606,622
	ANHEUSER BUSCH INBEV	5.450%	01/23/39	1,904,821	1,910,036
	ANTHEM INC	4.100%	05/15/32	1,473,497	1,508,228
	APPLE INC	4.375%	05/13/45	1,587,782	1,533,328
	ARES CAPITAL CORP	7.000%	01/15/27	945,442	932,377
	AT T INC	4.900%	11/01/35	798,296	790,128
	AVALONBAY CMNTYS INC	5.350%	06/01/34	1,621,206	1,636,362
	BANK AMER CORP MTN	2.676%	06/19/41	636,831	656,224
	BK OF AMERICA MTN	2.087%	06/14/29	1,151,780	1,201,914
	BLACKSTONE PRIVATE	2.625%	12/15/26	1,618,557	1,650,449
	BMO MTG TR 2025-C1	0.00001%	06/17/58	437,750	453,785
	BORGWARNER INC	4.950%	08/15/29	1,197,658	1,222,688
	BOSTON GAS COMPANY	3.001%	08/01/29	466,721	487,351
	BP CAP MKTS AMER	2.721%	01/12/32	1,252,100	1,306,955
	BRANCH BANKING	4.590%	09/17/29	623,195	636,969
	BREAN ASSET	4.750%	05/25/65	393,150	403,383
	BREAN ASSET BKD	4.500%	07/25/65	726,982	737,242
	BREAN ASSET BKD SEC	4.250%	10/26/65	536,546	536,479
	BURLINGTN NORTH	5.150%	09/01/43	1,013,524	982,804
	CAMERON LNG LLC	2.902%	7/15/31	797,290	831,798
	CAPITAL ONE FINL	4.927%	05/10/28	1,011,630	1,021,898
	CENTERPOINT ENERGY	1.750%	10/01/30	784,029	824,046
	CHUBB INA HLDGS INC	5.000%	3/15/34	732,499	746,681
	CIGNA CORP	2.400%	03/15/30	790,225	826,000
	CISCO SYSTEMS	5.500%	01/15/40	1,129,315	1,124,581
	CITIGROUP INC	2.666%	1/29/31	1,115,949	1,165,370

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value		(d) Cost	(e) Current Value
	COMCAST CORP	3.400%	07/15/46	854,048	799,653
	COMCAST CORP	4.250%	01/15/33	1,434,473	1,466,745
	COMMONWEALTH EDISON	3.700%	03/01/45	861,834	840,994
	CONAGRA BRANDS INC	1.375%	11/01/27	1,472,493	1,516,398
	CONOCOPHILLIPS SR	5.300%	5/15/53	647,644	619,481
	CONS EDISON NY MTN	4.450%	3/15/44	945,053	919,696
	CONSUMERS ENERGY CO	5.050%	05/15/35	922,677	930,811
	COREBRIDGE FINL	6.875%	12/15/52	1,198,219	1,193,007
	CORPORATE OFFICE L P	2.000%	1/15/29	429,574	452,971
	CPS AUTO RECEIVABLES	5.140%	1/15/31	1,721,350	1,736,903
	CVS HEALTH CORP SR	1.750%	08/21/30	861,888	919,308
	DELL INTL LLC EMC	4.750%	04/01/28	921,548	922,958
	DOMINION ENERGY GAS	5.800%	01/15/35	673,196	702,160
	DRIVE AUTO	6.040%	06/16/29	398,769	402,590
	DTE ELECTRIC CO	2.950%	03/01/50	1,017,954	1,017,352
	DUKE ENERGY INDIANA	3.750%	5/15/46	1,694,256	1,690,495
	ELI LILLY CO	3.950%	3/15/49	473,083	466,152
	EMERSON ELEC CO	5.250%	11/15/39	593,199	586,506
	ENERGY TRANSFER L P	6.400%	12/01/30	1,023,010	1,031,601
	ENTERGY TEXAS INC	5.250%	04/15/35	667,177	687,159
	ENTERPRISE PRODS	4.600%	01/15/31	553,979	561,821
	EPR PROPERTIES	4.750%	12/15/26	80,029	80,231
	EXETER	4.560%	07/17/28	934,257	939,389
	EXETER AUTOMOBILE RE	5.380%	02/18/31	1,548,727	1,567,020
	EXXON MOBIL	3.095%	8/16/49	399,184	389,276
	FLORIDA POWER LIGHT	4.050%	10/01/44	1,262,595	1,223,969
	GA GLOBAL MTN	5.500%	04/01/32	225,615	229,977
	GALLAGHER ARTHUR	5.150%	02/15/35	529,771	545,654
	GENERAL DYNAMICS	4.250%	4/01/40	1,293,575	1,310,524
	GENERAL MTRS FINL CO	4.300%	04/06/29	1,183,642	1,212,534
	GLENCORE FDG LLC	4.907%	04/01/28	923,696	925,152
	GOLDMAN SACHS GROUP	1.992%	01/27/32	1,227,373	1,297,020
	GOLDMAN SACHS GROUP	4.017%	10/31/38	648,677	647,424
	HALEON US CAPITAL	3.625%	03/24/32	1,117,697	1,151,061
	HCA INC	5.200%	06/01/28	1,208,716	1,224,373
	HOME DEPOT INC	4.500%	12/06/48	1,341,902	1,303,508
	HONEYWELL INTL INC	5.250%	3/01/54	430,851	406,393
	HYUNDAI CAP AMER MTN	5.680%	06/26/28	1,298,319	1,305,720
	INTERCONTINENTAL	2.650%	09/15/40	803,509	829,752
	IRV TRUST	5.730%	03/14/47	640,000	649,504
	JOHN DEERE MTN	5.050%	6/12/34	774,543	785,034
	JOHNSON JOHNSON	3.550%	03/01/36	1,147,327	1,177,357
	JPMORGAN CHASE CO	3.882%	07/24/38	1,991,110	2,024,449
	KIMBERLY CLARK CORP	3.900%	05/04/47	357,253	341,697
	KIMCO REALTY CORP	6.400%	3/01/34	1,171,316	1,180,413
	KINDER MORGAN INC	5.100%	8/01/29	1,020,883	1,033,431

(a)	(b)	(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value		Cost	Current Value
	LOCKHEED MARTIN CORP	4.090%	9/15/52	154,535	154,545
	LPL HLDGS INC	5.200%	3/15/30	797,154	813,547
	LV TR	6.276%	10/10/29	754,805	755,468
	MANUF TRADERS TRUST	3.400%	08/17/27	1,517,879	1,555,596
	MARS INC	5.800%	5/01/65	464,826	476,653
	MICROSOFT CORP	2.525%	6/01/50	1,198,525	1,147,834
	MIDAMERICAN ENERGY	4.800%	09/15/43	1,938,432	1,923,254
	MORGAN STANLEY MTN	1.928%	04/28/32	803,943	846,652
	MOTOROLA SOLUTIONS	5.400%	4/15/34	816,042	826,112
	MPLX LP	5.400%	04/01/35	421,027	432,748
	NATIONAL RURAL UTILS	5.800%	01/15/33	1,556,683	1,576,193
	NEW YORK LIFE	3.750%	05/15/50	806,301	781,955
	NORFOLK SOUTHN CORP	5.100%	5/01/35	104,822	107,244
	NSTAR ELEC CO	5.200%	03/01/35	911,261	923,779
	OCTN REC	6.290%	07/20/28	954,818	945,110
	OGE ENERGY CORP	5.450%	05/15/29	801,209	807,854
	OMNICOM GROUP INC	2.600%	08/01/31	959,051	1,002,500
	ONCOR ELECTRIC	3.800%	06/01/49	875,929	829,565
	ORACLE CORP	4.800%	08/03/28	448,010	449,226
	ORACLE CORP	6.500%	4/15/38	801,951	744,213
	OREILLY AUTOMOTIVE	1.750%	03/15/31	1,123,299	1,187,590
	PACIFIC GAS ELEC CO	3.000%	6/15/28	1,188,026	1,221,746
	PAGAYA AI DEBT	5.064%	05/15/33	1,935,000	1,935,155
	PAGAYA AI DEBT GRT	5.867%	07/15/32	1,224,895	1,231,767
	PAGAYA POINT OF SALE	5.212%	07/20/33	1,570,000	1,574,710
	PAYPAL HLDGS INC	5.150%	6/01/34	580,514	589,691
	PEPSICO INC	2.875%	10/15/49	390,868	381,483
	PHILIP MORRIS INTL	4.750%	11/01/31	1,120,068	1,153,787
	PLAINS ALL AMERN L P	4.700%	1/15/31	374,734	377,115
	PNC BANK NA	4.050%	7/26/28	771,050	791,146
	PROLOGIS LP	5.000%	03/15/34	1,277,571	1,298,562
	PRUDENTIAL MTN	3.000%	03/10/40	831,395	843,946
	PUB SVC ELEC GAS MTN	3.950%	05/01/42	393,282	387,026
	PUBLIC SERVICE CO	5.150%	9/15/35	496,368	496,497
	REALTY INCOME CORP	5.125%	04/15/35	919,931	935,796
	RIDE TRUST	5.438%	2/14/47	1,170,000	1,204,117
	SANTANDER DRIVE	5.040%	03/17/31	504,868	511,060
	SANTANDER DRIVE	5.430%	03/17/31	140,804	142,183
	SANTANDER DRIVE AUTO	6.280%	08/15/31	1,113,834	1,114,506
	SANTANDER HOLDINGS	3.244%	10/05/26	785,256	804,978
	SFAVE COMMERCIAL MTG	4.144%	01/05/35	2,173,965	2,156,325
	SIMON PROPERTY L P	3.800%	07/15/50	644,991	630,991

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value		(d) Cost	(e) Current Value
	SLG OFFICE TRUST	2.585%	07/15/41	1,677,813	1,788,000
	SOUTHERN CALIF	5.150%	06/01/29	1,610,135	1,619,585
	SOUTHWEST AIRLINES	5.125%	6/15/27	930,302	931,583
	STATE STR CORP	5.159%	05/18/34	1,210,158	1,230,270
	T MOBILE USA INC	5.125%	05/15/32	174,794	180,087
	T MOBILE USA INC	5.150%	4/15/34	590,515	598,005
	TARGA RES CORP	4.350%	01/15/29	199,876	200,556
	TEXAS INSTRUMENTS	3.875%	3/15/39	451,330	450,647
	TOYOTA MOTOR MTN	2.150%	2/13/30	789,784	825,511
	TRAVELERS COS INC	4.050%	03/07/48	558,603	544,053
	UNITED PARCEL	3.750%	11/15/47	1,097,322	1,082,606
	UNITEDHEALTH GROUP	4.625%	07/15/35	1,988,142	2,011,052
	US BANCORP MTN	2.215%	01/27/28	1,002,990	1,011,615
	VENTAS RLTY LTD L P	5.100%	7/15/32	392,758	406,021
	VERIZON COMM INC	4.400%	11/01/34	1,628,005	1,649,842
	VICI PROPERTIES LP	5.125%	11/15/31	808,260	825,619
	VIRGINIA ELEC PWR CO	5.300%	08/15/33	1,192,486	1,214,600
	WALMART INC	4.050%	6/29/48	338,032	348,675
	WALMART INC	4.500%	9/09/52	868,858	845,520
	WELL TOWER INC	2.800%	6/01/31	269,164	287,156
	WESTLAKE AT MBL RECV	6.470%	03/15/29	1,144,617	1,140,232
	WESTLAKE AUTOMOBILE	5.080%	5/15/31	569,986	574,457
	WILLIAMS COS INC	4.625%	6/30/30	378,275	378,671
	ZAYO ISSUER LLC	5.570%	10/20/55	525,000	523,730
Foreign Issues					
	AERCAP IRELAND LP	3.000%	10/29/28	1,610,736	1,672,370
	ASTRAZENECA PLC SR	3.000%	05/28/51	321,339	316,155
	BHP BILLITON FIN USA	4.900%	02/28/33	768,573	780,598
	BNP PARIBAS MTN	3.052%	01/13/31	1,199,727	1,254,391
	CANADIAN NATL	3.650%	02/03/48	639,193	615,940
	ENEL FINANCE INTL	3.500%	4/06/28	946,064	971,870
	MANULIFE FINANCIAL	4.061%	2/24/32	1,186,531	1,206,007
	NATWEST GROUP PLC	1.642%	6/14/27	786,124	816,007
	PFIZER INVESTMENT	5.300%	05/19/53	1,431,186	1,391,914
	SIEMENS FUNDING BV	5.900%	05/28/65	829,852	838,104
	SKYMILES IP LTD	4.750%	10/20/28	992,458	990,979
	STATOIL ASA	3.950%	05/15/43	804,582	794,518
	TELEFONICA EMISIONES	4.103%	03/08/27	1,270,193	1,284,229
	TOTALENERGIES CAP	4.724%	9/10/34	545,906	559,817
	TRANSCANADA	4.100%	04/15/30	655,284	667,263
	Total assets held at end of year			$238,894,953	$ 246,866,350

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established	Outstanding balance		Years remaining	2025 installment	
2025	$	3,685,349	15	$	342,757
Total	$	3,685,349		$	342,757

Schedule SB, line 24 — Change in Actuarial Assumptions

Expected investment return will be updated from 5.59% for 2024 to 5.93% for 2025.

Withdrawal, retirement, benefit commencement age, percent married, spouse age difference and form of payment assumptions were updated based on an experience study undertaken in 2025 including data from 2020 through 2024.

The administrative expense assumption was updated from $1,250,000 to $1,225,000 to reflect expectations of 2025 plan year costs.