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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

1b Three-digit plan number (PN) ▶ 335

1c Effective date of plan 04/01/1998

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)
UNITED CLEANUP OAK RIDGE, LLC

P.O. BOX 4699
MAIL STOP 7402
OAK RIDGE, TN 37831

2b Employer Identification Number (EIN) 85-2867528

2c Plan Sponsor's telephone number 865-241-3490

2d Business code (see instructions) 561210

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.	10/14/2026	DR. KRISTI RUTHERFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BENEFITS AND INVESTMENTS COMMITTEE

P.O. BOX 4699, MAIL STOP 7402
OAK RIDGE, TN 37831

3b Administrator's EIN 61-1622939

3c Administrator's telephone number 865-241-3490

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 UCOR LLC

c Plan Name OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

4b EIN 85-2867528

4d PN 335

5	Total number of participants at the beginning of the plan year	**5**	1919
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)**	141
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	122
b	Retired or separated participants receiving benefits	**6b**	1380
c	Other retired or separated participants entitled to future benefits	**6c**	212
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1714
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	188
f	Total. Add lines **6d** and **6e**.	**6f**	1902
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

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

1A

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase 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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNITED CLEANUP OAK RIDGE, LLC

D Employer Identification Number (EIN)
85-2867528

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	342061603
(2)	Actuarial value of assets for funding standard account	**1b(2)**	354847408
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	349422890
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	0
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	0
(c)	Normal cost under entry age normal method	**1c(2)(c)**	0
(3)	Accrued liability under unit credit cost method	**1c(3)**	343303253
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	428833170
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	3220680
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	31145256
(3)	Expected plan disbursements for the plan year	**1d(3)**	31145256

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

	10/06/2026
Signature of actuary	Date
THOMAS SKIAVO	26-06727
Type or print name of actuary	Most recent enrollment number
MERCER	202-331-5200
Firm name	Telephone number (including area code)
1050 CONNECTICUT AVE NW, SUITE 700 WASHINGTON, DC 20036-5386	
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	342061603
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1565	347629256
(2) For terminated vested participants		236	25066717
(3) For active participants:			
(a) Non-vested benefits			72029
(b) Vested benefits			56065168
(c) Total active		141	56137197
(4) Total		1942	428833170
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 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
03/13/2025	1992500	0			
06/20/2025	1992500	0			
09/15/2025	2432500	0			
12/01/2025	2536500	0			
			Totals ► **3(b)**	8954000	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	103.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8	8
(2) Females	**6c(2)**	8	8
d Valuation liability interest rate	**6d**	6.65 %	6.65 %
e Salary scale	**6e**	4.99 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	6.65 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	7.5 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	600000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	15639410	1574645

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	940489

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	118855579		18861038
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	1316802
e Total charges. Add lines 9a through 9d			**9e**	21118329
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	60892602
g Employer contributions. Total from column (b) of line 3			**9g**	8954000
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	57962977		11186829
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	5028133
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**			
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**			
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	86061564
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	64943235
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED CLEANUP OAK RIDGE, LLC

D Employer Identification Number (EIN)
85-2867528

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PORTFOLIO ADVISORS, LLC

06-1487853

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

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

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

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

MERCER INVESTMENTS LLC

30-0282430

(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?
51 52 27	FIDUCIARY	1239850	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	578588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUIST BANK

56-1074313

(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	NONE	108299	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)

MCCONNELL & JONES, LLP

76-0488832

(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	35850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL BANK

42-1520346

(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	NONE	5348	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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNITED CLEANUP OAK RIDGE, LLC

D Employer Identification Number (EIN)
85-2867528

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: EMERGING MARKETS EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6219484-017	C	12832140

a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL/MID CAP EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566611-003	C	8849922

a Name of MTIA, CCT, PSA, or 103-12 IE: US LARGE CAP CORE PASSIVE EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566613-005	C	65740460

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US CORE EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566617-009	C	31150744

a Name of MTIA, CCT, PSA, or 103-12 IE: ERISA HEDGE FUND INVESTORS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-2199849-021	C	13714414

a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE LONG CORPORATE FIXED INCOME

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	105876011

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG STRIPS FIXED INCOME

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6243236-019	C	67851560

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7630030-020	C	20606938

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

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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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED CLEANUP OAK RIDGE, LLC

D Employer Identification Number (EIN)
85-2867528

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12580966	98946
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	29702	36910
(5) Partnership/joint venture interests	1c(5)	18014931	22810799
(6) Real estate (other than employer real property)	1c(6)	9322965	8525822
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	298663506	326622189
(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)	4148154	2646290
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	342760224	360740956
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	698621	713753
1k Total liabilities (add all amounts in lines 1g through1j)	1k	698621	713753
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	342061603	360027203

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)	8954000	
(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)		8954000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		41561693
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		50515693
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30582159	
(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)		30582159
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)	331088	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	35850	
(5) Investment advisory and investment management fees	2i(5)	1239850	
(6) Bank or trust company trustee/custodial fees	2i(6)	113646	
(7) Actuarial fees	2i(7)	247500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1967934
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32550093
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17965600
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CKH CPAS AND ADVISORS, LLC **(2)** EIN: 80-0940952

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 585535.

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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED CLEANUP OAK RIDGE, LLC

D Employer Identification Number (EIN)
85-2867528

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): 56-1074313 42-1520346

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 UNITED CLEANUP OAK RIDGE, LLC

b EIN 85-2867528 **c** Dollar amount contributed by employer 7505000

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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 [X] Other (specify): BASED ON % OF LIABILITY

a Name of contributing employer FOUR RIVERS NUCLEAR PARTNERSHIP, LLC

b EIN 81-3609270 **c** Dollar amount contributed by employer 440000

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 09 Day 30 Year 2030

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 [X] Other (specify): BASED ON % OF LIABILITY

a Name of contributing employer FLUOR-BWXT PORTSMOUTH LLC

b EIN 27-1279969 **c** Dollar amount contributed by employer 520000

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 09 Day 30 Year 2025

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 [X] Other (specify): BASED ON % OF LIABILITY

a Name of contributing employer NORTH WIND DYNAMICS, LLC

b EIN 84-2446985 **c** Dollar amount contributed by employer 354000

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 12 Day 18 Year 2026

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 [X] Other (specify): BASED ON % OF LIABILITY

a Name of contributing employer SWIFT & STALEY, INC.

b EIN 61-0953661 **c** Dollar amount contributed by employer 135000

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 09 Day 30 Year 2025

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 [X] Other (specify): BASED ON % OF LIABILITY

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: 33.5 % Private Equity: 5.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.4 %
High-Yield Debt: 4.5 % Real Assets: 2.4 % Cash or Cash Equivalents: 0.0 % Other: 3.8 %

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_____.

ANNUAL FINANCIAL STATEMENTS

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees

With the Independent Auditor's Report
As of December 31, 2025 and 2024
and for the years ended December 31, 2025 and 2024

CKH
CPAs & Advisors

Global Excellence, Local Expertise.

5 Concourse Parkway, Suite 2800, Atlanta, GA 30328
Member: AICPA, GSCPA

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees

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INDEPENDENT AUDITOR'S REPORT

To the Administrator and Participants
Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees

Opinion

We have audited the accompanying financial statements of Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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 (collectively, the financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees 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 audit opinion.

Responsibilities of Management for the Financial Statements

Plan management (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.

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

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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2025, and the Schedule of Reportable Transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CKH CPAs and Advisors, LLC

CKH CPAs and Advisors, LLC
Atlanta, Georgia
October 12, 2026

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees
Statements of Net Assets Available for Benefits
For the years Ended December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 360,642,010	$ 330,179,258
Receivables		
Accrued interest and dividends	6,371	8,155
Pending trade settlement	92,575	12,572,811
Total Assets	360,740,956	342,760,224
Liabilities		
Accrued administrative fees	713,753	698,621
Total Liabilities	713,753	698,621
Net Assets Available for Benefits	$ 360,027,203	$ 342,061,603

See accompanying notes to the financial statements

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees
Statements of Changes in Net Assets Available for Benefits
For the years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Net appreciation in fair value of investments	$ 41,561,693	$ 25,366,499
Employer contributions	8,954,000	22,122,245
Total additions	50,515,693	47,488,744
Deductions		
Benefits paid directly to participants	30,582,159	30,184,351
Administrative expenses	1,967,934	1,832,841
Total deductions	32,550,093	32,017,192
Net Increase	17,965,600	15,471,552
Net Assets Available for Benefits, Beginning of Year	342,061,603	326,590,051
Net Assets Available for Benefits, End of Year	$ 360,027,203	$ 342,061,603

See accompanying notes to the financial statements

Notes to the Financial Statements

1. Description of the Plan

The following description of the Oak Ridge Reservation Cleanup Pension Plan for Grandfathered Emploees (the Plan) is provided for general purposes only. Since the Plan was fully amended and restated effective January 1, 2023 (which incorporated all amendments since 2015), participants should be directed to refer to the January 1, 2023 Restated Plan Document rather than the 2015 document.

a. General

The Plan was established effective April 1, 1998, as a spin-off plan of the Restated Retirement Program Plan for Employees of Martin Marietta Energy Systems, Inc. (Lockheed Martin Energy Systems Plan). Effective October 1, 1998, the Plan became a multi-employer plan within the meaning of the Internal Revenue Code (IRC or the Code) Section 413. Refer to the Plan Document for a listing of all the employers participating in the Plan. Effective August 1, 2011, sponsorship of the Plan changed to URS | CH2M Oak Ridge LLC. On August 12, 2020, the URS | CH2M Oak Ridge LLC name changed to UCOR LLC. As of May 23, 2022, United Cleanup Oak Ridge LLC (UCOR LLC or the Company) assumed operations in place of UCOR LLC.

The Plan is a noncontributory, defined benefit pension plan covering only Grandfathered Employees. Grandfathered Employee shall mean an individual who meets both of the following conditions:

(a) The individual was either: (i) an employee of Lockheed Martin Energy Systems, Lockheed Martin Utility Services, or Lockheed Martin Energy Research (collectively, LM or LMES) on March 31, 1998; or (ii) a bargaining unit member of the Paper, Allied-Industrial, Chemical and Energy Workers International Union, AFL-CIO (PACE) (at the East Tennessee Technology Park) who was on the LM recall list on March 31, 1998; or (iii) a bargaining unit member of the Atomic Trades and Labor Council (ATLC) (at the Oak Ridge National Laboratory or Y-12 Plant), or PACE (at the Portsmouth Gaseous Diffusion Plant or Paducah Gaseous Diffusion Plant) who was either an LM employee, United States Enrichment Corporation (USEC) employee, or on the LM or USEC recall list on the date of the applicable bargaining unit transition agreement; and

(b) The individual was either: (i) subsequently employed by the Contractor or its first-tier or second- tier subcontractors for work in Covered Employment prior to April 1, 2000; or (ii) a USEC employee (at the Portsmouth Gaseous Diffusion Plant or Paducah Gaseous Diffusion Plant) who transitioned directly to the Contractor or its first-tier or second-tier subcontractors for work in Covered Employment after March 31, 2000, and before January 1, 2001; or (iii) a former USEC employee (at the Portsmouth Gaseous Diffusion Plant or Paducah Gaseous Diffusion Plant) who received an involuntary reduction-in-force after March 31, 2000, and was subsequently hired by the Contractor or its first-tier or second-tier subcontractors for work in Covered Employment before January 1, 2001; or (iv) covered by an applicable bargaining unit transition agreement for which no employment deadline is specified.

A Grandfathered Employee who incurs a break in service of any length continues as a Grandfathered Employee upon reemployment by the Contractor or any of its first-tier or second-tier subcontractors for work in Covered Employment, or upon employment by a New Prime Contractor or New Subcontractor for work in Covered Employment; except that a Grandfathered Employee whose Covered Employment with the Contractor, its first-or second-tier subcontractors, a New Prime Contractor, a New Subcontractor, or any other DOE-ORO, DOE-PPPO, or NNSA Y-12 prime contractor is terminated after December 31, 2000, for any reason other than an involuntary reduction- in-force, forfeits his or her Grandfathered Employee status and will not be a Grandfathered Employee if reemployed.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Benefits under the Plan are funded by the Company. Company shall mean an organization that is authorized by UCOR LLC or its delegate or the Benefits and Investments Committee (BIC) to participate in the Plan and that elects to participate in the Plan on behalf of its eligible Grandfathered Employees. In order to be considered a Company, the contractor, first-tier or second-tier subcontractor must execute an Adoption Agreement, and are identified in Appendix E of the Plan Document. Contributions by the Company to the Plan are made based on recommendations by an independent actuary who performs annual valuations of the Plan.

b. Pension Benefits

A participant of the Plan is eligible for a normal retirement benefit on their normal retirement date – the first day of the month following the date the participant reaches normal retirement age of 65.

The Plan permits an unreduced early retirement benefit if the participant has:

1. Completed at least 10 years of credited benefit service and retires at or after age 62;
2. Completed at least 30 years of credited benefit service and retires on or after age 60, but before age 62; or
3. Accumulated 85 points.

1. Description of the Plan (Continued)

b. Pension Benefits (Continued)

The Plan permits a reduced early retirement benefit if the participant has completed at least 10 years of credited benefit service and retires at or after age 50, but before age 62. If an employee retires after age 65, they will continue to earn credited benefit service for plan benefit purposes until actual retirement. If the employee is still in active service at age 70½, there is a one-time opportunity to elect to start receiving benefits while actively employed or to defer benefits until employment is terminated. If employment is terminated before age 70½, benefits will commence automatically on April 1 of the calendar year following the year in which the employee turns 70½.

c. Death and Disability Benefits

The Plan Document specifies the eligibility of benefits and/or continuation of benefit upon death or disability. Please refer to the Plan Document for plan coverage.

d. Vesting

A participant shall become fully vested in their accrued benefit upon the earlier of attainment of Normal Retirement Age or completion of five years of vesting service. If a participant has been credited with five years of vesting service and dies prior to termination of service, their surviving spouse will be entitled to a survivor benefit in the form of a Qualified Preretirement Survivor Annuity.

2. Summary of significant accounting policies

a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with US GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities, and the actuarial present value of the accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

c. Valuation of Investments and Investment Income

Investments held by the Plan are reported at fair value. Fair value, as defined by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement (FASB ASC 820), is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The BIC determines the Plan's valuation policies utilizing information provided by its investment managers. See Note 3 for a discussion of fair value measurement.

Purchases and sales of securities, including gain or loss on sale or exchanges, are recorded on a trade- date basis. Interest income is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments include the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year, and investment related expenses, and are reflected in the Statements of Changes in Net Assets Available for Benefits.

2. Summary of significant accounting policies (Continued)

d. Contributions

Contributions to the Plan from the Company are recorded in the Plan year period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are the minimum required by ERISA or pursuant to formal commitments and legal or contractual requirements under the provisions of the Department of Energy (DOE) contract.

e. Payments of Benefits

Benefit payments are recorded upon distribution.

f. Fees

Costs and expenses of administering the Plan, including without limitation, Pension Benefit Guaranty Corporation (PBGC) premiums, fund manager's fees, investment consultant reports, asset allocation modeling studies, etc. may be paid by the Plan. Other costs and expenses, incurred in the operation of the Plan are absorbed by UCOR LLC without reimbursement from the Plan.

g. Plan Management's Review of Subsequent Events

In preparing the accompanying financial statements, plan management has reviewed all known events that have occured after December 31, 2025 through September 4, 2026, the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

3. Fair Value Measurements

FASB ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in 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 FASB ASC 820 are described below:

Level 1	Unadjusted quoted prices in active markets that the Plan has the ability to access for identical, unrestricted assets or liabilities.
Level 2	Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the asset or liabilities.
Level 3	Measured based on prices or valuation models that require inputs that are both significant to the fair value measurement and less observable for objective sources (i.e., supported by little or no market activity).

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

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

Registered investment company and corporate stock: Valued at quoted prices in principal active markets for identical assets.

Limited partnership: Valued using the most recent partnership statement, updated for any subsequent partnership interests' cash flows, or expected changes in fair value, with use of valuation inputs that may not be supported by observable market-based data and are significant in the fair value measurement.

3. Fair Value Measurements (Continued)

Common/collective trust, real estate and private equity funds: Valued at fair value as determined by the issuers of the funds on the fair market value of the underlying investments, which is valued at NAV as practical expedient to estimate the fair value. The practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Additionally, the underlying NAV are reported using the audited financial statements of the funds.

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

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

	2025	2024
Investments in fair value hierarchy table:		
Level 1:		
Registered investment company	$ 2,646,291	$ 4,148,154
Corporate stocks	36,910	29,702
Total level 1 investments	2,683,201	4,177,856
Level 3:		
Limited partnership	110,531	1,231,505
Total investments in fair value hierarchy table	2,793,732	5,409,361
Investment measured at NAV:		
Common/collective trust funds	326,622,188	298,663,506
Real estate fund	8,525,822	9,322,965
Private equity fund	22,700,268	16,783,426
Total investments measured at NAV	357,848,278	324,769,897
Total Investments, at Fair Value	$ 360,642,010	$ 330,179,258

Level 3 Investments

The following are the additional disclosures for the Plan's Level 3 investments:

	2025	2024
Limited partnership:		
Withdrawals and distribution	$ (845,902)	$ (185,135)

4. NAV per Share

The following table sets forth a summary of the Plan's investments, at fair value, with a reported NAV as of December 31, 2025 and 2024:

	2025* USD	2024* USD	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common/collective trust funds	326,622,188	298,663,506	None	30 days	None	None
Real estate fund	8,525,822	9,322,965	None	30 days	None	None
Private Equity Fund	22,700,268	16,783,426	None	30 days	None	None

* The fair values of the investment have been estimated using the NAV of the investment.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to the service that employees have rendered. The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount which 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 death, disability, withdrawal or retirement) between the benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2025, are as follows:

Investment Return	Rate of return of 6.65%, compounded annually.
Mortality	PRI-2012 employee and retiree (no collar) rates, including separate tables for surviving beneficiaries projected generationally from 2012 using scale MMP- 2021. The disabled mortality base did not change and are based on PRI-2012 disabled retiree tables
Wage Increases	A graded salary increase assumption is used, ranging from 3.25% at age 60 to 7.25% at age 25
Cost of Living	CPI 2.25% compounded annually.

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

The changes to the current year actuarial assumptions were: (1) the RPA '94 current liability interest rate increased from 3.29% to 4.01%, which is mandated by IRC Section 412(l)(7)(C)(i) and is not discretionary; (2) the assumed long-term investment return (also used as the funding discount rate and the ASC 960 discount rate) was changed from 6.80% to 6.65%; (3) the assumed retirement rates for all current active participants were updated.

All other valuation procedures, actuarial assumptions, actuarial cost methods and plan provisions are the same as the last valuation.

5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The present value of accumulated plan benefits as estimated by Mercer Human Resource Consulting, the actuary for the Plan, as of January 1, 2025, is as follows:

Accumulated plan benefits	January 1, 2025	January 1, 2024
Vested benefits:		
Participants receiving benefits and beneficiaries receiving benefits	$ 285,060,883	$ 277,498,442
Terminated vested participants	17,960,121	18,893,577
Active participants	40,238,748	47,146,926
Total vested benefits	343,259,752	343,538,945
Nonvested benefits	43,501	43,349
Total Actuarial Present Value of Accumulated Plan Benefits	$ 343,303,253	$ 343,582,294

Factors affecting the change in the actuarial present value of accumulated plan benefits from January 1, 2024, to January 1, 2025, is as follows:

Present value of accumulated plan benefits as of January 1, 2024	$ 343,582,294
Increase (decrease) during the year:	
Benefits accumulated and (gains)/losses	3,511,146
Increase for interest due to decrease in discount period	22,337,328
Benefits paid	(30,184,351)
Change in actuarial assumptions	4,056,836
Net increase/(decrease)	(279,041)
Present value of accumulated plan benefits as of January 1, 2025	$ 343,303,253

6. Funding Policy

The Company shall make contributions to the Plan at such times and in such amounts as the actuary may certify as being not less than the amounts required to be contributed under ERISA and the Code. The Company made contributions to the Plan of $8,954,000 and $22,122,245 for the years ended December 31, 2025 and 2024, respectively.

7. Plan Termination

Although the Company has not expressed any intent to do so, in the event of the complete or partial termination of the Plan, the trustee, pursuant to the directions of the Department of Energy shall allocate the Plan assets to the participants and beneficiaries in accordance with Section 4044 of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporations (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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their 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 those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

8. Risks and Uncertainties

The Plan's investment balance at December 31, 2025 and 2024, totaled $360,642,013 and $330,179,258, respectively. Approximately 91% and 90% was invested in common/collective trusts with common stocks being part of the underlying holdings of the funds for both 2025 and 2024, respectively. In the event of a ,downward trend in the stock market, the Plan's overall market value could be adversely affected.

Plan contributions, if any, are made and the actuarial present value of accumulated plan benefits are recorded 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.

9. Tax Status

The Plan obtained its latest determination letter on November 24, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, no provision for income taxes has been included in the Plan's financial statements.

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

10. Party-In-Interest Transactions

Transactions with Principal in year ended December 31, 2025 and Truist bank in year ended December 31, 2024, the Plan Trustee, qualify as party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA. Fees paid by the Plan to Principal and Truist Bank for administrative duties amounted to $1,831,381 and $111,150 for the years ended December 31, 2025 and 2024, respectively.

Mercer Investment Management, Inc. (Mercer) serves as the Plan’s discretionary investment manager to appoint, monitor and remove investment managers. Certain plan investments in 2024 and 2023 are shares of common/collective trusts managed by Mercer. Transactions with Mercer, as co-fiduciary, qualify as party-in-interest, which are exempt from the prohibited transaction rules under ERISA. Fees paid by the Plan to Mercer amount to $136,553 and $1,683,985 for the years ended December 31, 2025, and 2024, respectively.

11. Subsequent Events

The Plan administrator has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued and determined that no additional adjustments to the accompanying financial statements were necessary as a result of these settlements.

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Distribution of active participants

Attained age	Years of service as of January 1, 2025										
	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											
45–49							1				1
50–54			1	3	2		5	6			17
55–59						3	6	21	3		33
								101,187			
60–64			1		4	3	8	19	8	1	44
65–69					2	4	9	7	6	7	35
70 & up								1	2	8	11
Total			2	3	8	10	29	54	19	16	141
											102,239

Earnings in cells with fewer than 20 participants are not reported for confidentiality.

In each cell, the top number is the count of active participants with each age/service combination. The lower number is the average compensation of the active participants in that group.

Note: Earnings shown in this matrix have been limited to the 2024 IRC Section 401(a)(17) limit of $345,000.

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

Actuarial assumptions for plan funding

Investment return	6.65% compounded annually (net of investment expenses) for funding 4.01% compounded annually for RPA '94 current liability		
Salary increases	See table		
Social Security Taxable Wage Base Increases	3.00% per year		
Consumer Price Index	2.25% per year compounded annually		
Mortality	**RPA '94 Current Liability:** Healthy and disabled lives: Section 412(l) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables backed out to 2006 and then projected with mortality improvement scale MP-2021 in accordance with the IRS methodologies. **Funding:** Healthy lives: PRI-2012 separate employee and retiree, sex-distinct mortality tables with no collar adjustment, including separate tables for surviving beneficiaries, projected generationally from 2012 using scale MMP-2021. Disabled lives: PRI-2012 disabled retiree sex-distinct mortality tables, projected generationally from 2012 using scale MMP-2021.		
Disability	See table of sample rates for current active participants. 1985 Pension Disability Study Class 1 Table. Once disabled, employees are assumed to remain disabled to age 65.		
Withdrawal	See table of sample rates. 90% of the Mercer Modified SOA 2003 Turnover Study Table based on age.		
Retirement age	See table of assumed rates for current active participants. Age 65 for current and future terminated vested participants.		
Expenses	$600,000 administrative expenses assumption added to the normal cost (paid at the beginning of the year). The assumed investment return includes a reduction for investment and trustee expenses.		
Spouse assumptions		**Male**	**Female**
	Percentage married	80%	55%
	Spouse age difference	3 years younger	2 years older
Form of payment	Future Retirements from Active Status: It is assumed that 95% of married male participants and 80% of married female participants will elect to take a Joint & 50% Contingent Annuity with pop-up at retirement. All other participants are assumed to elect payment in the form of a Single Life Annuity. Current and Future Terminated Vested and Disabled Participants: Single Life Annuity.		
Unpredictable contingent event	30% of all future terminations and retirements are a result of involuntary termination other than for cause. For RPA '94 Current Liability, the unpredictable contingent event assumption is excluded per IRC Section 431(c)(6)(D)(ii).		

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

Actuarial basis for withdrawal liability

Measurement date	December 31
Interest rate	6.65% compounded annually
Benefits valued	Only those benefits for which a participant has a vested interest as of the valuation date are included in our calculations. Only the guaranteed death benefit valued as a 50% REA spouse's annuity is covered under withdrawal liability calculations. All other active death decrement benefits offered by the Plan are not taken into consideration. Active disability decrement benefits are not included in the withdrawal liability calculations. The unpredictable contingent events are not included in the withdrawal liability. Accrued benefits and service are valued as of the valuation date; projected liabilities do not take into account future benefit or service increases.
Assets	Market value

The report assumes that any successor prime contractors after Department of Energy (DOE) contract expirations are responsible for the same participants (active and inactive) of the replaced contractor. Furthermore, the calculation assumes the Plan will not receive any withdrawal liability payments from these employers in accordance with the Plan's Administrative Policy regarding the Substitution of a Participating Company, as has been assumed in prior years. We understand this policy, adopted by the Plan in accordance with Section 4224 of ERISA, sets forth the terms and conditions under which a withdrawing employer has no withdrawal liability based on the follow-on DOE contractor's assumption of the withdrawing employer's obligation to contribute to the Plan.

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

Tables of sample rates

Sample rates of earnings progression		
Attained age	Percentage increase at attained age	Ratio of salary at age 65 to salary at attained age
25	7.25%	638%
30	6.25	450
35	5.25	332
40	4.25	257
45	4.25	209
50	3.75	170
55	3.75	141
60	3.25	117

Sample disability rates			Withdrawal rates	
Age	Male	Female	Attained age	Percentage
20	0.029%	0.030%	25	16.20%
25	0.038%	0.047%	30	10.98
30	0.048%	0.080%	35	7.83
35	0.069%	0.136%	40	6.21
40	0.117%	0.211%	45	5.49
45	0.202%	0.323%	50	5.04
50	0.358%	0.533%	55	3.96
55	0.722%	0.952%	60	3.06
60	1.256%	1.159%		
65	1.753%	1.358%		

Attained age	Retirement rates for all actives
50-54	3.0%
55-61	7.0
62-64	15.0
65	35.0
66-69	30.0
70	100.0

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

Economic assumptions rationale	
Investment return	Developed based on a "building block" approach that includes assumptions about inflation and expected real returns from various asset classes. Expected real returns are derived from a blend of historical data and forward-looking data. Results are increased by 5 basis points for alpha to reflect the effects of active management of 52 basis points less investment expenses of 45 basis points and trustee expenses of 2 basis points. The assumption reflects 20-year projected compound geometric average returns, based on Mercer Investment Consulting's October 2024 Capital Market Outlook assumptions, for the Plan's target investment portfolio.
Salary increases	This assumption is based on actual Plan experience from January 1, 2006, through December 31, 2015, and reflects the underlying assumed rate of inflation of 2.25%. In addition, this assumption is reviewed annually to verify that the most recent salary increases are in line with the assumption.
Consumer Price Index	This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in its Capital Market Outlook.
Social Security Taxable Wage Base Increases	This assumption is based on the underlying assumed inflation rate increased by 0.75% to reflect assumed employment productivity growth.
Expenses	This assumption is based on expected administrative expenses (such as legal, actuarial, and custodian fees) to be paid from Plan assets during the next plan year.

Demographic assumptions rationale	
Withdrawal	The withdrawal rates are based on a study undertaken in 2012 of Plan experience from 1/1/2007 through 12/31/2010, and the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied. This assumption is no longer material as there are only a few active participants for whom the withdrawal decrement would have a meaningful impact on their liabilities.
Mortality	Mortality is assumed to follow the PRI-2012 base table. The Plan is not large enough to have fully credible experience and is not expected to have mortality significantly different from that included in the Society of Actuaries' (SOA) study; accordingly, the most recently published mortality tables were selected. Future mortality improvement is assumed to follow the MMP-2021, Mercer's most recent mortality improvement scale developed from the SOA's MP-2021 projection scale. The Plan's relatively small size would not support a credible mortality study. The no-collar rates were selected because the Plan's participants are a mix of salaried and hourly employees, with neither group comprising 70% or more of the population, either by headcount or by liability. We recognize there are widely varying opinions regarding mortality improvement, but believe the SOA's recent projection scale, with Mercer's modification, represents a reasonable estimate.

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

Disability	The disability incidence rates are based on a study undertaken in 2012 of experience from 1/1/2007 through 12/31/2010, and the expectation that the future disability patterns and circumstances of the employer will not differ significantly from the period studied. This assumption is no longer material (i.e., it accounts for less than 1% of the total liabilities) as most active employees are eligible for unreduced retirement.
Retirement	The retirement rates for active employees are based on a study undertaken in 2024 of experience from 1/1/2016 through 12/31/2023. The retirement age for terminated vested participants is based on analysis performed in 2023 of the recent benefit commencement experience as well as future expected payments. These assumptions are reviewed annually to verify that the most recent retirements are in line with expectations.
Marriage Assumptions	The assumptions regarding married/spouse percentage and age difference at benefit commencement are based on an evaluation during 2019 of the employer's recent retirement experience.
Form of Payment	The optional payment form election assumptions are based on the historical observed election patterns of the Plan, most recently analyzed based on the retiree population as of January 1, 2020.
Unpredictable Contingent Event	The assumption regarding involuntary termination without cause is based on a study undertaken in 2012 that looked at the reduction-in-force experience of the Plan's inactive population as of January 1, 2011.

Multiemployer pension plan

Mercer has relied on the BIC's determination that the Plan should be treated as a multiemployer pension plan and as such is subject to special administrative and withdrawal liability provisions under Internal Revenue Code (IRC) Section 414(f) and Title IV of ERISA and to special reporting and nondiscrimination testing requirements.

Funding actuarial cost method and valuation procedures

Actuarial cost method

Liabilities and contributions shown in this report are computed using the individual entry age normal method of funding. The objective under this method is to fund each participant's benefits under the Plan as payments that are level as a percentage of compensation, starting at original participation date and continuing until assumed retirement, termination, disability or death.

A detailed description of the calculation follows:

- The **normal cost** for each active participant under the assumed retirement age is determined by applying to compensation the level percentage of compensation which, if contributed each year from the participant's date of entry into the Plan until the assumed retirement (termination, disability or death) date, is sufficient to provide the full value of the benefits expected to be payable. In determining the percentage, compensation is projected back to the participant's entry date and forward to the participant's anticipated separation date using the salary increase assumption as specified in the actuarial assumptions appendix. For purposes of this percentage calculation, salaries were limited by IRC Section 401(a)(17).

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

- The **present value of future normal costs** is the total of the discounted values of all active participants' normal costs, assuming these to be paid in each case from the valuation date until retirement (termination, disability or death) date.
- The **present value of projected benefits** is calculated as the value of all benefit payments expected to be paid to the Plan's current participants, including active and retired members, beneficiaries, and terminated members with vested rights.
- The **accrued liability** is the excess of the present value of projected benefits over the present value of future normal costs.
- The **unfunded liability** is the excess of the accrued liability over the actuarial asset value of the fund, and represents that part of the accrued liability which has not been funded by accumulated past contributions.
- The **past service cost** is the level annual payment over a stipulated number of years required to amortize the unfunded liability.

Financial and census data

We used financial data submitted by Truist Bank and Mercer Investments LLC as well as participant data provided by UCOR as of January 1, 2025. Although Mercer has reviewed the data in accordance with Actuarial Standards of Practice No. 23, Mercer has not verified or audited any of the data or information provided.

IRC Section 415(b)

The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Late retirement increases

- *Active participants:* The plan administrator provides benefit suspension notices to participants who work beyond normal retirement age. Late retirement actuarial increases for active participants who work beyond age 70½ were not valued as of January 1, 2025, due to the small number of affected participants.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increases.

Method for determining actuarial valuation assets

The actuarial value of assets will equal the market value of assets with gains subtracted or losses added at the rates described below:

- 4/5 of the prior year's gain or loss
- 3/5 of the second preceding year's gain or loss
- 2/5 of the third preceding year's gain or loss
- 1/5 of the fourth preceding year's gain or loss

Schedule MB, Line 6 - Statement of Actuarial Assumptions / Methods

The gain or loss for a year is determined by calculating the difference between the expected market value of assets and the actual market value of assets at the valuation date. The expected value of assets is the market value of assets at the prior year valuation date brought forward with interest at the last valuation interest rate to the current valuation date plus contributions minus benefit disbursements and expenses, all adjusted with interest at the valuation rate to the current valuation date. If the expected value is less than the actual market value, the difference is a gain. If the expected value is greater than the actual market value, there is a loss.

In no event can the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.

Actuarial method changes since prior valuation

None.

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees
EIN: 85-2867528 Plan No: 335
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price USD	(d) Selling Price USD	(e) Lease Rental USD	(f) Expenses Incurred with Transaction USD	(g) Cost of Asset USD	(h) Current Value of Asset on Transaction Date USD	(i) Net Gain or (Loss) USD
Category (i) - Single Transactions Exceeding 5% of Beginning Plan Asset Value (17,138,011):								
* Mercer Investment Management, Inc.	MGI Active Long Corporate Fixed Income Fund (Issue #552870206) – Purchase 09/29/2025 (1,173,404 units @ .880)	22,153,863	-	-	-	22,153,863	22,153,863	-
* Mercer Investment Management, Inc.	MGI US Large Cap Passive Equity Fund (Issue #552857872) – Sale 09/29/2025 (218,357 units @ .910)	-	17,448,889	-	-	10,001,849	17,448,889	7,447,040
Total Single Transactions		22,153,863	17,448,889	-	-	32,155,712	39,602,752	7,447,040
Category (iii) - Series of Transactions in the Same Security / Issue Exceeding 5% of Beginning Plan Asset Value:								
* Mercer Investment Management, Inc.	MGI Non-US Core Equity Fund (Issue #552857708) – Series of 2 purchases and 8 sales	2,912,602	15,878,969	-	-	11,218,778	18,791,571	7,572,793
* Mercer Investment Management, Inc.	MGI US Large Cap Passive Equity Fund (Issue #552857872) – Series of 3 purchases and 10 sales	6,792,382	25,244,559	-	-	21,427,202	32,036,941	10,609,738
* Mercer Investment Management, Inc.	MGI Active Long Corporate Fixed Income Fund (Issue #552870206) – Series of 3 purchases and 4 sales	25,067,179	3,306,456	-	-	28,519,982	28,373,635	(146,347)
* Mercer Investment Management, Inc.	MGI Long Strips Fixed Income Fund (Issue #587753302) – Series of 3 purchases and 6 sales	20,024,813	2,407,541	-	-	22,571,090	22,432,354	(138,737)
Federated Hermes, Inc.	Federated Hermes Treasury Obligations Money Market Fund (Issue #60934N500) – Series of 120 purchases and 65 sales	59,767,222	63,915,370	-	-	123,682,592	123,682,592	-
Total Series of Transactions		114,564,198	110,752,895	-	-	207,419,644	225,317,093	17,897,447

*Indicates a party-in-interest to the Plan.

Note: There were no Series by Broker or Single by Broker reportable transactions during the year ended December 31, 2025.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase 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
OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES

B Three-digit plan number (PN) ▶ 335

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UCOR LLC

D Employer Identification Number (EIN)
85-2867528

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

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

b	Assets		
(1)	Current value of assets	1b(1)	342,061,603
(2)	Actuarial value of assets for funding standard account	1b(2)	354,847,408
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	349,422,890
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	0
(b)	Accrued liability under entry age normal method	1c(2)(b)	0
(c)	Normal cost under entry age normal method	1c(2)(c)	0
(3)	Accrued liability under unit credit cost method	1c(3)	343,303,253
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	428,833,170
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,220,680
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	31,145,256
(3)	Expected plan disbursements for the plan year	1d(3)	31,145,256

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

Thomas Skiavo TS
Signature of actuary

10/6/2026
Date

THOMAS SKIAVO
Type or print name of actuary

2606727
Most recent enrollment number

MERCER
Firm name

202-331-5200
Telephone number (including area code)

1050 CONNECTICUT AVE NW, SUITE 700
WASHINGTON DC 20036-5386
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	342,061,603
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,565	347,629,256
(2) For terminated vested participants		236	25,066,717
(3) For active participants:			
(a) Non-vested benefits			72,029
(b) Vested benefits			56,065,168
(c) Total active		141	56,137,197
(4) Total		1,942	428,833,170
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 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
03/13/2025	1,992,500	0			
06/20/2025	1,992,500	0			
09/15/2025	2,432,500	0			
12/01/2025	2,536,500	0			

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method | **5m** |

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability | **6a** | 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8	8
(2) Females	**6c(2)**	8	8
d Valuation liability interest rate	**6d**	6.65 %	6.65 %
e Salary scale	**6e**	4.99 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	6.65 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	7.5 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	600,000
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	15,639,410	1,574,645

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval | **8a** |

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | **8d(2)** |

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) | **8d(4)** |

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension | **8d(5)** |

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	940,489
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	118,855,579	18,861,038
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1,316,802
e Total charges. Add lines 9a through 9d		**9e**	21,118,329
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	60,892,602
g Employer contributions. Total from column (b) of line 3		**9g**	8,954,000
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	57,962,977	11,186,829
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	5,028,133
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		
(3) FFL credit		**9j(3)**	
k (1) Waived funding deficiency		**9k(1)**	
(2) Other credits		**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	86,061,564
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	64,943,235
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Schedule R, Line 13d – Collective Bargaining Agreement Expiration Date

The following are the collective bargaining agreement expiration dates for UCOR LLC (EIN 85-2867528).

UCOR LLC:

CBA	Expiration Date
ATLC at Y-12	June 30, 2026
ATLC at ORNL	June 30, 2026

Plan: Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees
EIN/PN: 852867528/335
Valuation Date: 01/01/2025

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,081,563	347,384	29,715,832	31,144,779
2026	1,650,742	491,503	29,029,348	31,171,593
2027	2,113,343	730,594	28,393,546	31,237,483
2028	2,552,343	849,571	27,765,161	31,167,075
2029	2,922,842	1,074,135	27,070,695	31,067,671
2030	3,168,203	1,259,009	26,363,853	30,791,064
2031	3,370,410	1,388,746	25,633,278	30,392,434
2032	3,543,150	1,523,471	24,829,966	29,896,587
2033	3,663,828	1,682,903	23,958,829	29,305,560
2034	3,734,467	1,767,684	23,069,111	28,571,262
2035	3,785,330	1,823,677	22,128,299	27,737,306
2036	3,811,247	1,937,820	21,138,946	26,888,013
2037	3,821,169	1,947,154	20,104,735	25,873,058
2038	3,793,130	1,921,057	19,030,547	24,744,734
2039	3,748,007	1,901,062	17,922,534	23,571,603
2040	3,680,113	1,854,995	16,788,098	22,323,205
2041	3,602,675	1,806,178	15,635,778	21,044,630
2042	3,512,195	1,754,456	14,474,974	19,741,624
2043	3,408,381	1,699,675	13,315,699	18,423,755
2044	3,296,683	1,641,685	12,168,286	17,106,654
2045	3,174,984	1,580,351	11,043,048	15,798,383
2046	3,046,914	1,515,584	9,950,096	14,512,594
2047	2,911,182	1,447,351	8,898,963	13,257,495
2048	2,768,948	1,375,686	7,898,097	12,042,731
2049	2,620,657	1,300,738	6,954,677	10,876,072
2050	2,467,038	1,222,771	6,074,539	9,764,348
2051	2,309,119	1,142,158	5,261,927	8,713,203
2052	2,148,128	1,059,436	4,519,483	7,727,047
2053	1,985,450	975,294	3,848,390	6,809,133
2054	1,822,633	890,527	3,248,338	5,961,498
2055	1,661,290	806,040	2,717,630	5,184,961
2056	1,502,974	722,807	2,253,422	4,479,203
2057	1,349,220	641,803	1,851,915	3,842,938
2058	1,201,505	563,960	1,508,521	3,273,985
2059	1,061,082	490,135	1,218,106	2,769,323
2060	928,965	421,084	975,257	2,325,306
2061	805,987	357,420	774,438	1,937,845
2062	692,735	299,578	610,182	1,602,495
2063	589,545	247,830	477,332	1,314,707
2064	496,576	202,266	371,078	1,069,921
2065	413,797	162,774	286,999	863,571
2066	340,963	129,100	221,180	691,244
2067	277,677	100,868	170,197	548,742
2068	223,403	77,581	131,084	432,068
2069	177,461	58,699	101,355	337,516
2070	139,098	43,666	78,957	261,721
2071	107,520	31,908	62,205	201,634
2072	81,905	22,885	49,753	154,543
2073	61,438	16,099	40,540	118,077
2074	45,350	11,098	33,728	90,176

Plan: Oak Ridge Reservation Cleanup Contract Pension Plan for Grandfathered Employees
EIN/PN: 85-2867528/335
Valuation Date: 01/01/2025

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
Current Plan Year	8,954,000	0	8,954,000
Current Plan Year +1	717,000	0	717,000
Current Plan Year +2	667,000	0	667,000
Current Plan Year +3	651,000	0	651,000
Current Plan Year +4	675,000	0	675,000
Current Plan Year +5	720,000	0	720,000
Current Plan Year +6	710,000	0	710,000
Current Plan Year +7	700,000	0	700,000
Current Plan Year +8	690,000	0	690,000
Current Plan Year +9	680,000	0	680,000

Schedule MB, Line 6 – Summary of Plan Provisions

Following is a summary of what we understand to be the most relevant Plan provisions used for the purposes of the actuarial valuation. It should not be relied upon to determine Plan benefits.

Effective Date	April 1, 1998, revised and restated effective January 1, 2015, last amended effective May 23, 2022 (though it did not impact any benefits)
Plan Year	Calendar Plan Year
Participant	A Grandfathered Employee shall participate in the Plan immediately upon the later of April 1, 1998, or the date the Grandfathered Employee becomes an employee.
Grandfathered Employee	Generally, an individual who is employed after March 31, 1998, and before April 1, 2000, by Bechtel Jacobs Company[1] or one of its first-tier or second-tier subcontractors within the meaning of U.S. Department of Energy Contract DE-AC05-98OR22700 and who was employed by LMES, LMUS, or LMER on March 31, 1998, or before March 31, 1998, if on recall status. A Grandfathered Employee who incurs a break in service will not continue as a Grandfathered employee upon reemployment by Bechtel Jacobs Company or one of its first-tier or second-tier subcontractors, or upon employment by a New Prime Contractor or Subcontractor, unless the reason for termination was involuntary reduction-in-force or the employee is covered by an applicable bargaining unit transition agreement for which no employment deadline is specified. Contractors and Subcontractors are described under the U.S. Department of Energy Contracts noted in the plan document, and their successor contracts, if any, as those contracts may be amended from time to time.
Average Monthly Compensation	The greater of: 1. Average compensation for the highest three calendar years during the ten calendar years prior to retirement, or 2. Average of 36 months' compensation prior to retirement. Compensation will only include bonus up to 10% of base pay. Bonus and incentive pay paid after January 3, 2013 will not be included in the definition of Compensation for non-union participants.
Normal Retirement Age	The Participant's 65th birthday
Unreduced Retirement	
Eligibility	Age 65 Age 62 with 10 or more years of Credited Service Age 60 with 30 or more years of Credited Service Sum of age and Credited Service is at least 85
Monthly Benefit*	Greatest of (1), (2), (3), (4), or (5):
	1. 1.2% of Average Monthly Compensation times years of Credited Service, plus $18. 2. $5.00 per month for each year of Credited Service for the first 10 years, plus $7.00 per month for each year of Credited Service for the next 10 years, plus $9.00 per month for each year of Credited Service over 20 years, plus 10% of Average Monthly Compensation reduced by 1% for each year by

[1] *As of August 1, 2011, URS | CH2M Oak Ridge LLC and as of May 23, 2022, UCOR LLC ("UCOR")*

Schedule MB, Line 6 – Summary of Plan Provisions

	which Credited Service is less than 8 years, plus $18. 3. 1.5% of Average Monthly Compensation times years of Credited Service, less (a) times (b) a. actual or projected Social Security benefit b. a factor, the least of 1.5% times Credited Service, 50%, or the maximum offset based on IRS rules 4. 42% of Average Monthly Compensation multiplied by a fraction, the numerator of which is the Participant's actual years of Credited Service up to 30 and the denominator of which is 30. In addition, the benefit increases 0.5% of Average Monthly Compensation for each year above 30 years of Credited Service up to 40 years of Credited Service. For ATLC union employees, the 30-year service cap and maximum on the multiplier are removed. 5. 53% of Average Monthly Compensation minus 50% of the projected Social Security Benefit multiplied by a fraction, the numerator of which is the Participant's actual years of Credited Service up to 30 and the denominator of which is 30. In addition, the benefit increases 0.5% of Average Monthly Compensation for each year above 30 years of Credited Service up to 40 years of Credited Service. For ATLC union employees, the 30-year service cap and maximum on the multiplier are removed.
Reduced Retirement	
Eligibility	Retired after age 50 with 10 or more years of Credited Service
Monthly Benefit	Unreduced Retirement Benefit, reduced by Table 1 factors shown in the plan document (i.e., a 5% reduction for every year a participant is not eligible for unreduced early retirement).
Vested Retirement	
Eligibility	Age 50 if employee terminated with 5 or more years of Credited Service.
*Monthly Benefit**	Greatest of (1), (2), (3), (4), or (5) reduced by 6 2/3% for each of the first 3 years prior to age 65 and by 5% for each additional year early. 1. 1.2% of Average Monthly Compensation times years of Credited Service, plus $18 prorated for accrued service. 2. $5.00 per month for each year of Credited Service for the first 10 years, plus $7.00 per month for each year of Credited Service for the next 10 years, plus $9.00 per month for each year of Credited Service over 20 years, plus 10% of Average Monthly Compensation reduced by 1% for each year by which Credited Service is less than 10 years, plus $18 prorated for accrued service. 3. The Unreduced Retirement Benefit described in (3) in above section, projected to age 65 assuming, for Social Security, that compensation remains level until retirement. The resulting benefit is prorated for accrued service. 4. 42% of Average Monthly Compensation multiplied by a fraction, the numerator of which is the Participant's actual years of Credited Service

Schedule MB, Line 6 – Summary of Plan Provisions

	up to 30 and the denominator of which is 30. In addition, the benefit increases 0.5% of Average Monthly Compensation for each year above 30 years of Credited Service up to 40 years of Credited Service. For ATLC union employees, the 30-year service cap and maximum on the multiplier are removed. 5. 53% of Average Monthly Compensation minus 50% of the projected Social Security Benefit multiplied by a fraction, the numerator of which is the Participant's actual years of Credited Service up to 30 and the denominator of which is 30. In addition, the benefit increases 0.5% of Average Monthly Compensation for each year above 30 years of Credited Service up to 40 years of Credited Service. For ATLC union employees, the 30-year service cap and maximum on the multiplier are removed. The participant's social security benefit offset should be calculated assuming the participant continued in employment at his or her earnings rate at termination until Normal Retirement Age. If benefits commence prior to Normal Retirement Age, benefits shall be reduced by 6 2/3% for each of the first 3 years prior to age 65 and 5% for each additional year early.
Disability Benefit	
Eligibility	If totally disabled, benefit will be available at age 65 on same terms as retirement benefit. Participation in Plan continues during disability.
Monthly Benefit	Retirement benefit based on Credited Service, including service during disability, and average monthly compensation at the time of disability.
Survivors' Benefits	
While Actively Employed:	
Eligibility	Death while employed with 5 or more years of Credited Service.
Monthly Benefit	With 10 or more years of Credited Service, 50% of the benefit that would have been paid to the employee if he had retired at date of death, reduced for spouses more than five years younger than the participant. If unmarried, the benefit is paid to dependent children until age 23, or to dependent parents. With fewer than 10 years of Credited Service, 50% of the benefit that would have been paid to the employee if he terminated employment on his date of death and commenced payment at age 65. Reduced benefits are payable as early as the date the employee would have attained age 50. If unmarried, the benefit is paid to dependent children to age 23, or to dependent parents.
After Termination:	
Eligibility	Death after termination of employment, with a vested benefit, without a waiver of preretirement death coverage at termination.
Monthly Benefit	50% of the benefit that would have been received under the 50% joint and survivor benefit, commencing at or after the deceased would have attained age 50. The benefit is reduced for each year of preretirement death coverage.
Bridge Benefits	
Eligibility	Involuntary terminations (except for cause)
Benefit	An additional 2 years of age and/or service credit towards early and unreduced retirement eligibility. The additional service credit is not counted for purposes of the early retirement reduction factor and is not counted in the

Schedule MB, Line 6 – Summary of Plan Provisions

	benefit formula.
Forms of benefit	Life annuity. Joint & 50% Contingent Annuity with pop-up for married participants or single participants with dependent child or parent. Joint & 75% Contingent Annuity with pop-up for married participants or single participants with dependent child or parent. Level income option with surviving beneficiary benefit and the pop-up feature for married participants or single participants with dependent child or parent.
Optional Forms of Payment Conversion Assumptions	Conversion factors for optional forms of payment are based on the factors specified in the tables of the plan document, which take into account interest and mortality. All forms of payment are actuarially equivalent, with the exception of the pop-up feature, which is provided at no additional charge.
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. For 2025, the limit is $350,000 (updated from $345,000 in 2024).
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 (updated from $275,000 in 2024).
Material benefits excluded from the valuation	None.

* Prior to July 1, 2001, for non-union participants and ATLC union participants and prior to October 15, 2001, for PACE union participants, the Monthly Benefit Plan Formula was the greatest of (1), (2), or (3). Effective July 1, 2001 (October 15, 2001, for PACE), the Monthly Benefit Plan Formula was amended to provide the greatest of (1) through (5) up to June 30, 2011 (October 14, 2011, for PACE). Starting July 1, 2011 (October 15, 2011, for PACE), the Monthly Benefit Plan Formula is the greater of (4) and (5).

Plan provision changes since prior valuation

There were no changes in Plan provisions since the prior valuation. Note that updates to the maximum compensation and maximum benefits are made automatically; from 2024 to 2025, the maximum annual compensation considered for benefit calculation purposes increased from $345,000 to $350,000 and the maximum annual benefit amount payable under the Plan increased from $275,000 to $280,000.

Oak Ridge Reservation Cleanup Contract
Pension Plan for Grandfathered Employees
EIN: 85-2867528 Plan No: 335
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Year Ended December 31, 2025

(a)	(b) Identity of issue, Borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Mercer Non-US Core Equity Portfolio	Common/ Collective Trust Fund	$ 14,821,001	$ 31,150,744
*	Mercer US Large Cap Passive Equity Portfolio	Common/ Collective Trust Fund	36,562,008	65,740,460
*	Mercer Emerging Markets Equity Portfolio	Common/ Collective Trust Fund	8,775,637	12,832,140
*	Mercer US Small/Mid Cap Growth Equity Portfolio	Common/ Collective Trust Fund	5,025,289	8,849,922
*	Mercer ERISA Hedge Fund Investors Portfolio Fund	Common/ Collective Trust	8,659,821	13,714,414
*	Mercer Active Long Corporate Fixed Income	Common/ Collective Trust Fund	103,900,994	105,876,011
*	Mercer Long Strips Fixed Income Portfolio Fund	Common/ Collective Trust	73,351,362	67,851,560
*	Mercer Opportunistic Fixed Income	Common/ Collective Trust Fund	19,037,218	20,606,938
	Federated Money Market	Registered Investment Company	2,646,290	2,646,290
	Cohen & Steers Global Realty Fund	Real Estate Fund	8,052,483	8,525,822
	Portfolio Advisors Private Equity Fund VI, L.P.	Limited Partnership	44,577	110,531
*	Mercer Private Investment Fund VI, L.P.	Private Equity Fund	5,963,871	9,533,073
*	Mercer Private Investment Fund VII, L.P.	Private Equity Fund	6,682,484	12,241,029
*	Mercer Private Investment Fund VIII, L.P.	Private Equity Fund	960,000	926,166
	Goldcom Inc.	Corporate Stock	-	36,910
Total			$ 294,483,035	$ 360,642,010

*Indicates the issuer on the line is identified as a person known to be a party-in-interest to the Plan.

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Amortization schedule for minimum funding standard

	Amortization Period			Balances		
Charge	Date Created	Initial Years	Years Left	Initial	Outstanding	Beginning-of-Year Payment
Plan Change for 415 & 401(a)(17) limits	01/01/2004	30	9	$90,219	48,085	6,818
Assumption changes for Oak Ridge Headcount Reductions	01/01/2004	30	9	164,660	87,762	12,443
Benefit Enhancement for Portsmouth[1]	05/01/2004	30	9.33	281,655	153,951	21,258
Remove Service Cap for ATLC[2]	07/01/2004	30	9.50	676,276	374,301	51,010
Change 50% J&S Reduction Factors for ATLC[2]	07/01/2004	30	9.50	446,111	246,913	33,650
Assumption Changes	01/01/2006	30	11	6,130,722	3,743,648	459,985
Assumption Changes	01/01/2007	30	12	574,240	370,613	42,939
Actuarial Loss	01/01/2012	15	2	24,139,019	4,798,553	2,476,485
Assumption Changes	01/01/2014	15	4	451,633	167,416	45,978
Plan Change[3]	01/01/2014	15	4	972,098	360,347	98,964
Actuarial Loss	01/01/2015	15	5	6,486,996	2,904,407	657,977
Assumption Changes	01/01/2015	15	5	16,234,674	7,268,710	1,646,685
Actuarial Loss	01/01/2016	15	6	22,722,851	11,810,483	2,298,247
Assumption Changes	01/01/2016	15	6	3,339,879	1,735,944	337,804
Actuarial Loss	01/01/2017	15	7	6,524,032	3,830,523	658,337
Assumption Changes	01/01/2017	15	7	3,657,895	2,147,698	369,117
Actuarial Loss	01/01/2018	15	8	5,240,085	3,407,516	527,832
Assumption Changes	01/01/2018	15	8	13,128,784	8,537,367	1,322,459
Actuarial Loss	01/01/2019	15	9	13,286,070	9,434,589	1,337,643
Actuarial Loss	01/01/2020	15	10	5,722,847	4,384,541	575,901
Interest Rate Change	01/01/2021	15	11	19,720,899	16,141,511	1,983,319
Assumption Changes	01/01/2022	15	12	5,898,279	5,126,642	593,969
Actuarial Loss	01/01/2023	15	13	7,376,047	6,766,119	744,103
Actuarial Loss	01/01/2024	15	14	2,920,453	2,802,432	294,188
Assumption Changes	01/01/2024	15	14	6,842,620	6,566,098	689,282
Actuarial Loss	01/01/2025	15	15	15,639,410	15,639,410	1,574,645
Total					**$ 118,855,579**	**$ 18,861,038**

[1] *Reflected as of May 1, 2004*
[2] *Reflected as of July 1, 2004*
[3] *Certain assets and liabilities were transferred on July 1, 2013 from the East Tennessee Technology Park Pension Plan for Grandfathered Employees to other DOE contractor pension plans.*

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Amortization schedule for minimum funding standard (continued)

	Amortization Period			Balances		
Credit	Date Created	Initial Years	Years Left	Initial	Outstanding	Beginning-of-Year Payment
Assumption Changes	01/01/2003	30	8	$ 2,825,142	$ 1,383,389	$ 214,290
Oak Ridge Disability Incidence Change	01/01/2005	30	10	724,409	415,259	54,543
Limit bonus	01/01/2005	30	10	221,297	126,856	16,662
Oak Ridge Decrement Changes	01/01/2005	30	10	2,316,622	1,327,964	174,426
Actuarial Gain	01/01/2011	15	1	14,414,064	28,910	28,910
Assumption Changes	01/01/2011	15	1	280,663	1,484,739	1,484,739
Assumption Changes	01/01/2012	15	2	5,301,776	1,053,931	543,923
Plan Change	01/01/2013	15	3	872,141	251,054	89,127
Actuarial Gain	01/01/2013	15	3	6,357,848	1,830,158	649,723
Assumption Changes	01/01/2013	15	3	1,250,191	359,878	127,760
Actuarial Gain	01/01/2014	15	4	8,188,408	3,035,366	833,620
Asset Method Change	01/01/2017	10	2	16,312,194	4,162,359	2,148,152
Assumption Changes	01/01/2019	15	9	1,451,112	1,030,449	146,098
Assumption Changes	01/01/2020	15	10	2,003,622	1,535,067	201,628
Actuarial Gain	01/01/2021	15	11	2,448,817	2,004,351	246,276
Actuarial Gain	01/01/2022	15	12	10,801,918	9,388,767	1,087,775
Assumption Changes	01/01/2023	15	13	31,117,603	28,544,480	3,139,177
Total					**$ 57,962,977**	**$ 11,186,829**

Description of bases operating under an extension of time: None

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

- The RPA ’94 current liability interest rate was changed from 3.29% to 4.01%, due to changes in the required interest rate under Code Section 412(l)(7)(C)(i).
- The assumed long-term investment return and the discount rate for funding was changed from 6.80% to 6.65% based on the expected inflation, projected real returns for various asset classes in which the trust assets are invested, and the estimated alpha to reflect the effects of active management less investment and trustee expenses.