Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

D Check box if filing under:
- [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
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

BLDG. 992-2W, ROOM 121
AIKEN, SC 29808

2b Employer Identification Number (EIN)
61-1565172

2c Plan Sponsor's telephone number
803-952-5706

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CHRISTOPHER HORTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ROSANNE THORNTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SAVINGS PENSION PLAN BEN. COMM. PLAN ADMINISTRATOR

SAVANNAH RIVER NUCLEAR SOLUTIONS
BLDG. 992-2W, ROOM 121
AIKEN, SC 29808

3b Administrator's EIN: 27-0583928

3c Administrator's telephone number: 803-952-5748

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	15689
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)**	1489
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1272
b	Retired or separated participants receiving benefits	**6b**	10353
c	Other retired or separated participants entitled to future benefits	**6c**	1230
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12855
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1849
f	Total. Add lines **6d** and **6e**.	**6f**	14704
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

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

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

a Pension Schedules

- **(1)** ☒ **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	3698898326
b Actuarial value	**2b**	3737839463

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	12116	2761305070	2761305070
b For terminated vested participants	2084	153655812	153655812
c For active participants	1489	861608823	869590153
d Total	15689	3776569705	3784551035

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	53549983
b Expected plan-related expenses	**6b**	9246086
c Target normal cost	**6c**	62796069

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/08/2026
Date

DAVID R. JARRETT
Type or print name of actuary

26-04821
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

412-281-2506
Telephone number (including area code)

600 GRANT ST
SUITE 2880
PITTSBURGH, PA 15219-2702
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.76 %
15	Adjusted funding target attainment percentage	15	98.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2026	71648849	0			
			Totals ► 18(b)	71648849	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	67151477

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	62796069
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	46711572	4355408
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	67151477

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

36 Additional cash requirement (line 34 minus line 35)	**36**	67151477
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	67151477
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SAVANNAH RIVER NUCLEAR SOLUTIONS

26-0240191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	951630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
15 50	NONE	757103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-3954297

(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	351364	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)

NORTHERN TRUST

36-1561860

(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	201390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRYOR CASHMAN, LP

57-0381582

(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	95150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID WRIGHT TREMAINE, LLP

91-0839480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	27676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN PIER FIDUCIARY MGMT INC

26-3521867

(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?
16 50	NONE	18500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: ELLIOTT DAVIS, LLC
b EIN: 57-0381582
c Position: AUDITOR
d Address: 2151 PICKENS STREET, SUITE 200
COLUMBIA, SC 29201
e Telephone: 706-722-9090

Explanation: THE FIRM PROVIDING AUDIT SERVICES DIDN'T CHANGE, BUT THE STRUCTURE OF THE FIRM CHANGED RESULTING IN A NEW EIN FOR THE FIRM.

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
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

Part I **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: SRNS MASTER TRUST

b Name of sponsor of entity listed in (a): SAVINGS PENSION BEN. COMM. PLAN ADMIN.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0240191-001	M	3733700478

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

Part I Asset and Liability Statement

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

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	71648849
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9831365	2802999
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	3696071905	3733700478
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	3705903270	3808152326
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	7544995	45957
1k Total liabilities (add all amounts in lines 1g through1j)	1k	7544995	45957
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3698358275	3808106369

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)	71648849	
(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)		71648849
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		373968561
(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		445617410
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	326253648	
(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)		326253648
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)	653495	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	757103	
(4) IQPA audit fees	2i(4)	95150	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	201390	
(7) Actuarial fees	2i(7)	351364	
(8) Legal fees	2i(8)	27676	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7529490	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		9615668
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		335869316
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		109748094
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ELLIOTT DAVIS, LLC **(2)** EIN: 90-2857750

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 591227.

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
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

Part I 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): 61-1565172

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 805

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 17.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 67.0 %
High-Yield Debt: 4.2 % Real Assets: 6.2 % Cash or Cash Equivalents: 1.1 % Other: 4.3 %

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_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SAVINGS PENSION PLAN BEN. COMM. PLAN ADMINISTRATOR	**D** Administrator's EIN 27-0583928

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	26-0240191	58.19	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
SAVANNAH RIVER MISSION COMPLETION, LLC	85-0584794	23.65	

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BATTELLE SAVANNAH RIVER ALLIANCE, LLC	85-0942867	18.16	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

Part III Pooled Employer Plan Information

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

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

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

ACK ID _____

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

Report on Financial Statements

For the years ended December 31, 2025 and 2024

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

Page

Independent Auditor's Report 1-3

Financial Statements

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Statement of Accumulated Plan Benefits 6

Statement of Changes in Accumulated Plan Benefits 7

Notes to Financial Statements 8-20

elliott davis

Independent Auditor's Report

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

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

We have performed audits of the financial statements of Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (collectively, the "financial statements").

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

Management has obtained certifications from The Northern Trust Company as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



Columbia, South Carolina
October 13, 2026

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

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Plan interest in Master Trust (see Note 4)	$ 3,733,700,478	$ 3,696,071,905
Receivables		
Company contributions	71,648,849	-
Other receivables	2,802,999	9,831,365
Total receivables	74,451,848	9,831,365
Total assets	3,808,152,326	3,705,903,270
Liabilities		
Accrued expenses	36,389	540,051
Other liabilities	9,568	7,004,944
Total liabilities	45,957	7,544,995
Net assets available for benefits	$ 3,808,106,369	$ 3,698,358,275

See Notes to Financial Statements

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

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Plan interest in investment income of Master Trust	$ 368,121,158	$ 44,255,478
Interest and dividends	222,705	-
Other income	5,624,698	7,374,500
Total investment income	373,968,561	51,629,978
Employer contributions	71,648,849	-
Total additions	445,617,410	51,629,978
Deductions		
Benefits paid to participants	326,253,648	247,515,473
Administrative expenses	9,615,668	4,560,139
Total deductions	335,869,316	252,075,612
Net increase (decrease)	109,748,094	(200,445,634)
Net assets available for benefits, beginning of year	3,698,358,275	3,898,803,909
Net assets available for benefits, end of year	$ 3,808,106,369	$ 3,698,358,275

See Notes to Financial Statements

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

Statement of Accumulated Plan Benefits

As of December 31, 2024

Actuarial present value of accumulated Plan benefits	
Vested benefits:	
Participants currently receiving payments	$ 2,536,666,113
Other participants	903,971,167
Total vested benefits	3,440,637,280
Nonvested benefits	7,080,295
Total actuarial present value of accumulated Plan benefits	$ 3,447,717,575

See Notes to Financial Statements

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

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2024

Actuarial present value of accumulated Plan benefits at beginning of year	$ 3,401,138,998
Increase (decrease) during the year attributed to:	
Change due to amendment (See Note 1)	9,267,043
Benefits accumulated	71,797,225
Increase for interest	213,029,782
Benefits paid	(247,515,473)
Net increase	46,578,577
Actuarial present value of accumulated Plan benefits at end of year	$ 3,447,717,575

See Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

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

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

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

Plan amendment:

Effective August 1, 2024, the Plan was amended to provide a one-time lump-sum payment window under which certain eligible participants were permitted to elect an immediate distribution of the present value of their vested accrued benefits, regardless of their otherwise applicable commencement date under the Plan. Elections made under this program were settled in April 2025.

Eligibility:

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

Pension benefits:

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

Note 1. Description of the Plan, Continued

Vesting:

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

Contributions and funding policy:

Contributions to the Plan are made at the direction of the Plan Sponsor from the DOE's operating budget for SRS. The funding policy adopted for the Plan, subject to minimum and maximum funding requirements of ERISA and the Internal Revenue Code ("IRC"), is to contribute such amounts as determined on an actuarial basis to provide assets sufficient to meet the Plan's benefit obligations. The Plan Sponsor contributed $71,648,849 for the year ended December 31, 2025. No Plan Sponsor contributions were made for the year ended December 31, 2024. The Plan Sponsor directs the payment of quarterly contributions, on behalf of the DOE, based on the operating budget for SRS to meet, or exceed, minimum funding requirements of the Plan. The Plan met the minimum funding requirements for the Plan years ended December 31, 2025 and 2024, and the Adjusted Funding Target Attainment Percentages determined by the Plan's actuary (see Note 7) as of January 1, 2025 and 2024 were 98.76% and 106.27%, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrator and the Savings and Pension Administrative Committee determines the Plan's valuation policies utilizing information provided by the Trustee and investment managers. See Note 5 for discussion of fair value measurements. See Note 4 for disclosure of the Plan's interest in the Master Trust.

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

Note 2. Summary of Significant Accounting Policies, Continued

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Expenses:

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

Subsequent events:

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

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

Note 3. Actuarial Present Value of Accumulated Plan Benefits

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

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

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

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

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

The actuary's estimate of the actuarial present value of accumulated plan benefits is made as of the beginning of the Plan year, January 1, 2025. The Plan Administrator estimates that there were no material changes in the accumulated plan benefits from December 31, 2024 to January 1, 2025. The following were significant actuarial assumptions used in the Plan's valuations as of January 1, 2025 and January 1, 2024:

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

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

2025	
Age	**Salary increase assumptions**
40	5.37%
50	3.97%
60	2.97%

2024	
Age	**Salary increase assumptions**
40	3.97%
50	2.97%

Normal retirement: The probability of retirement at age 50 is 2.50%, at age 60 is 28%, at age 65 is 32%, and at age 70 is 100%, which remained the same as the prior valuation.

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

Mortality rates: Mortality is based on the Pri-2012 Mortality table, projected with Mortality Improvement Scale MP-2021, which remained the same as the prior valuation.

Investment return: The expected return on Plan assets is estimated to be 6.50% per annum, which remained the same as the prior valuation.

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

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

As described in Note 1, the Plan was amended to allow certain terminated vested participants to elect a lump sum payment of all future benefits. This amendment resulted in an increase of $9,267,043 in accumulated plan benefits, as reported in the accompanying statement of changes in accumulated plan benefits.

Note 4. Interest in Master Trust and Trustee Certification

The Plan invests in a Master Trust which was established for the investment of the Plan's assets and the retirement plans of other plan sponsors. At December 31, 2025 and 2024, the Plan was the only participating plan in the Master Trust, and, thus, the Plan had a 100% interest in the net assets of the Master Trust. As discussed in Note 1, the assets of the Master Trust were held by Northern Trust.

The following table presents the net assets of the Master Trust as of December 31, 2025 and 2024:

	2025 *(in thousands)*	2024 *(in thousands)*
Assets		
Investments at fair value:		
Corporate stocks	$ 2	$ 3
Investment corporations and limited partnership Interests	282,648	267,749
Common collective trust funds	3,451,045	3,428,316
Total investments	3,733,695	3,696,068
Securities sold but not settled	2,803	9,831
Cash, non-interest bearing	5	4
Total assets	3,736,503	3,705,903
Securities purchased but not settled	9	7,005
Total liabilities	9	7,005
Master Trust's net assets available for benefits	$ 3,736,494	$ 3,698,898
Plan interest in Master Trust	$ 3,736,494	$ 3,698,898

The following table presents the changes in net assets for the Master Trust for the years ended December 31, 2025 and 2024:

	2025 *(in thousands)*	2024 *(in thousands)*
Interest and dividends	$ 223	$ -
Other investment income	5,625	7,375
Net appreciation in fair value of investments	368,121	44,255
Total Master Trust investment income	373,969	51,630
Administrative and other expenses	(10,746)	(6,442)
Master Trust investment income, net	363,223	45,188
Net transfers between the Plan and Master Trust	(325,627)	(220,236)
Net increase (decrease) in net assets of Master Trust	37,596	(175,048)
Master Trust net assets, beginning of year	3,698,898	3,873,946
Master Trust net assets, end of year	$ 3,736,494	$ 3,698,898

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

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

The Plan Administrator obtained a certification from the trustee that the information provided to the Plan Administrator regarding the Plan's interest in the investment income in the Master Trust is complete and accurate. Accordingly, as permitted by 29 CFR 2520 103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements related to the 2025 net assets and changes in net assets of the Master Trust. The trustee certified the completeness and accuracy of $368,121,158 and $44,255,478 of the Plan's interest in the investment income of the Master Trust, $222,705 and $0 of interest and dividends, as well as $5,624,698 and $7,374,500 of other investment income for the years ended December 31, 2025 and 2024, respectively.

Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

Note 5. Fair Value Measurements, Continued

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

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

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Corporate stocks	$ 2	$ -	$ -	$ 2
Master Trust investments in the fair value hierarchy	$ 2	$ -	$ -	2
Investments measured at NAV (a)				3,733,693
Total Master Trust investments at fair value				$ 3,733,695

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Corporate stocks	$ 3	$ -	$ -	$ 3
Master Trust investments in the fair value hierarchy	$ 3	$ -	$ -	3
Investments measured at NAV (a)				3,696,065
Total Master Trust investments at fair value				$ 3,696,068

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

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

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

	December 31, 2025			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	(in thousands)			
As of December 31, 2025:				
Investment corporations and limited Partnership interests:				
Aon Private Credit Opportunities Fund (a)	$ 21,049	$ 15,580	See (a)	See (a)
Brookfield Premier RE PRTNS (b)	29,061	-	Quarterly	90 days (b)
Clarion Lion Industrial Trust (c)	24,229	-	Quarterly	90 days (c)
Clarion Lion Properties Fund (d)	39,681	-	Daily	90 days (d)
Credit basket funds (e)	8,623	-	See (e)	See (e)
Graham Absolute Return LTD (f)	30,777	-	Quarterly	4 days (f)
OWS Capital Offshore Fund (g)	29,857	-	Quarterly	90 days (g)
Prisa LP (h)	42,856	-	Quarterly	90 days (h)
Stratus Fund (i)	32,260	-	Quarterly	60 days (i)
UBS Trumbull Property (j)	32,464	-	Quarterly	60 days (j)
Wolverine Flagship Fund (k)	34,648	-	Quarterly	45 days (k)
Common collective trust funds:				
Index funds	701,536	-	Daily	None/10-15 days
Strategic Property Fund	60,977	-	Quarterly	None
U.S. Government, LT fixed income	2,645,675	-	Daily	None/10-15 days
	$ 3,733,693	$ 15,580		

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

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

(a) The investment, Aon Private Credit Opportunities Fund II LP, is an investment in a Delaware limited partnership. The investment objective of the fund is to provide diversification in the credit markets by investing in pooled investment vehicles primarily focused on direct lending, real estate credit, and specialty finance. Redemption of the investment cannot be made and is subject to the discretion of the general partner of the Fund. At December 31, 2025 and 2024, no such redemption was requested, and there were unfunded capital commitments in the amount of $15,579,643 and $18,180,069, respectively, to the Plan. See Note 5.

(b) The investment, Brookfield Premier Real Estate Partners, is an investment in a Delaware and Luxembourg limited partnership that invests in real estate in the U.S., REITs, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(c) The investment, Clarion Lion Industrial Trust, is an investment in a Maryland, Delaware and New York limited partnership that invests in real estate in the U.S. and REITs. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(d) The investment, Clarion Lion Properties Fund, is an investment in a Delaware and New York limited partnership that invests in real estate in the U.S., REITs, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a day, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(e) The credit basket funds consist of investments in Anchorage Capital Partners Offshore, Ltd, class M shares ("Anchorage"); York Credit Opportunities Unit Trust, class AR1 shares ("York"); and King Street Capital, Ltd, class A1 and S shares ("King Street"). The Anchorage and York investments are in companies that are incorporated under the laws of the Cayman Islands. The King Street investment is in a company incorporated under the laws of the British Virgin Islands. Each of the credit basket investments invest substantially all of their assets in other funds. The investments pursue risk adjusted high yield investment strategies in debt securities of distressed or reorganizing companies. The credit basket investments are subject to certain redemption restrictions, as follows: Anchorage – redemption has been suspended for the fund; York – redemption has been suspended for the fund; King Street – redemption may be requested for up to 25% of its shares on a quarterly basis with a 65 day notice, or for an accelerated redemption if notice of at least 180 days is provided. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

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

(f) The investment, Graham Absolute Return, LTD, is an investment that invests in Absolute Return Trading LTD, a British Virgin Island business company. The investment objective of the fund is to achieve long-term capital appreciation through professionally managed trading in both U.S. and foreign markets primarily in futures contracts, forward contracts, spot currency contracts, and associated derivative instruments, such as options and swaps as well as equity and fixed income securities, through its investment in Absolute Return Trading LTD, which in turn invests in various master funds. At December 31, 2025 and 2024, redemption of the investment can be made quarterly, subject to a 4 day notice period. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(g) The investment, OWS Capital Offshore Fund, is an investment in an open-ended investment company incorporated under the laws of the Cayman Islands. The fund invests in One William Street Capital Management, L.P. (the "Master Fund"). The investment objective of the fund and Master Fund are to seek superior risk-adjusted absolute returns primarily through an actively managed portfolio of asset-based credit instruments. Redemption of the investment can be made quarterly, on anniversary, subject to a 90 day notice period. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(h) The investment, Prisa LP, is an investment in an open ended, commingled limited partnership incorporated in Delaware that invests in real estate in the U.S., and PRISA UHC, LP. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(i) The investment, Stratus Feeder Limited, class B shares, is an investment in an open-ended investment company incorporated under the laws of the British Virgin Islands (the "Stratus Fund"). The Stratus Fund invests substantially all of its capital in the Stratus Master Limited, class D1 and E1 shares (the "Stratus Master Fund"). The investment objective of the Stratus Master Fund is to achieve long-term capital appreciation, through returns that seek to be uncorrelated with traditional asset classes. The investment program of the fund consisted of a directional trading strategy, directional volatility trading, an intraday trading, a volatility arbitrage strategy and an equity statistical arbitrage strategy. Redemption of the investment can be made monthly, subject to a 60 day notice period. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

(j) The investment, UBS Trumbull Property Fund LP, is an investment in a Delaware limited partnership that invests in rental real estate in the U.S., REITs, other real estate holding companies, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 60 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limited partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

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

(k) The investment, Wolverine Flagship Fund, is an investment in an open-ended investment company incorporated under the laws of the Cayman Islands. The fund invests in Wolverine Flagship Fund Trading Limited (the "Master Fund"). The investment objective of the fund and Master Fund are to seek returns on capital through the use of arbitrage and relative value strategies. Redemption of the investment can be made quarterly, subject to a 45 day notice period. At December 31, 2025 and 2024, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

Note 7. Risks and Uncertainties

The Master Trust, in which the Plan invests, holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks as well as liquidity risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 2025 statement of net assets available for benefits.

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

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The AFTAP for the Plan as of January 1, 2025 and 2024 was 98.76% and 106.27%, respectively.

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

Note 8. Plan Termination

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

Note 8. Plan Termination, Continued

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

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The benefit amount is limited to the lowest benefit that was payable (or would have been payable) during those years. The amount is further limited to the lowest benefit that would have been payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) up to the applicable limitations.

c. All other vested benefits (vested benefits not insured by the PBGC).

d. All non-vested benefits.

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

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

Note 9. Tax Status

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

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

Note 10. Related-Party and Party in Interest Transactions

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

Administrative expenses incurred by the Master Trust and allocated to the Plan include fiduciary, investment management, actuarial and other professional service fees, and other administrative fees. Expenses incurred and paid directly by the Plan include insurance premiums paid to the PBGC and administrative fees. Premiums paid, on a cash basis, to the PBGC for the years ended December 31, 2025 and 2024 were $5,966,086 and $1,606,001, respectively. Other administrative fees include certain costs reimbursed to the Plan Sponsor and fees from other service providers.

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

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

Combined Distribution by Age & Service as of January 1, 2025

		Service									
Age		**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 +**
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	1	1	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	17	11	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	0	22	62	14	0	0	0
	Avg. Salary					$174,181	$157,553				
50 - 54	Number	0	0	0	0	9	40	26	28	3	0
	Avg. Salary						$162,713	$163,922	$165,831		
55 - 59	Number	0	0	0	0	6	28	33	204	229	0
	Avg. Salary						$154,437	$177,349	$163,485	$151,618	
60 - 64	Number	0	0	0	0	3	14	25	106	279	37
	Avg. Salary							$172,994	$154,908	$146,261	$153,063
65-69	Number	0	0	0	0	0	6	7	45	83	75
	Avg. Salary								$155,702	$144,739	$149,928
70 +	Number	0	0	0	0	0	2	1	20	28	24
	Avg. Salary								$155,102	$136,181	$148,133

Savannah River Nuclear Solutions Distribution by Age & Service as of January 1, 2025

		Service									
Age		**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 +**
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	1	0	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	11	8	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	0	15	40	8	0	0	0
	Avg. Salary						$155,802				
50 - 54	Number	0	0	0	0	2	25	11	13	2	0
	Avg. Salary						$159,073				
55 - 59	Number	0	0	0	0	2	19	15	116	138	0
	Avg. Salary								$161,924	$145,748	
60 - 64	Number	0	0	0	0	2	7	14	61	174	26
	Avg. Salary								$154,251	$142,488	$153,006
65-69	Number	0	0	0	0	0	3	3	27	53	54
	Avg. Salary								$156,695	$139,128	$144,190
70 +	Number	0	0	0	0	0	0	1	14	18	16
	Avg. Salary										

Savannah River Mission Completion Distribution by Age & Service as of January 1, 2025

		Service									
Age		**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 +**
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	3	3	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	0	0	18	4	0	0	0
	Avg. Salary										
50 - 54	Number	0	0	0	0	3	4	10	12	0	0
	Avg. Salary										
55 - 59	Number	0	0	0	0	0	6	5	61	63	0
	Avg. Salary								$162,545	$158,518	
60 - 64	Number	0	0	0	0	0	2	4	29	66	9
	Avg. Salary								$140,267	$154,363	
65-69	Number	0	0	0	0	0	2	4	15	18	11
	Avg. Salary										
70 +	Number	0	0	0	0	0	2	0	4	9	3
	Avg. Salary										

Battelle Savannah River Alliance Distribution by Age & Service as of January 1, 2025

		Service									
Age		**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 +**
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	0	1	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	3	0	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	0	7	4	2	0	0	0
	Avg. Salary										
50 - 54	Number	0	0	0	0	4	11	5	3	1	0
	Avg. Salary										
55 - 59	Number	0	0	0	0	4	3	13	27	28	0
	Avg. Salary								$172,315	$165,019	
60 - 64	Number	0	0	0	0	1	5	7	16	39	2
	Avg. Salary									$149,383	
65-69	Number	0	0	0	0	0	1	0	3	12	10
	Avg. Salary										
70 +	Number	0	0	0	0	0	0	0	2	1	5
	Avg. Salary										

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

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

Prescribed Funding/PBGC Assumptions and Methods

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

Funding interest rates

For 2025 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	5.07%	5.07%
Second Segment Rate	5.33%	5.31%
Third Segment Rate	5.36%	5.50%
Effective Interest Rate	5.32%	5.35%

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

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

* Used for maximum tax deduction and 4010 reporting purposes.

** Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

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

Non-Prescribed Funding Assumptions and Methods

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

Salary increases

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

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

Expenses

Expected administrative expenses of $9,246,086 were added to the Target Normal Cost. The expected plan administrative expenses consist of PBGC premiums and administrative expenses anticipated for the plan year.

Frequency of optional payment forms

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

Marital percentage

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

Retirement rates

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

Terminated vested participants are assumed to commence receiving benefits the earliest age eligible for unreduced benefits. For the 2025 temporary Lump Sum Window, 40% of participants are assumed to elect a lump sum form of payment.

Disability rates

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

Withdrawal rates for active participants not eligible for retirement

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

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

Asset valuation method

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

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	6.50%	5.50%	5.50%
2024 Expected Return	6.50%	5.59%	5.59%
2023 Expected Return	7.60%	5.74%	5.74%

Future actuarial measurements

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

Use of Models

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

Summary of Changes from the January 1, 2024 Valuation

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

Non-Prescribed Assumptions: None.

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

Schedule SB – Statement by Enrolled Actuary

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	3,698,898,326
b Actuarial value	**2b**	3,737,839,463

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	12,116	2,761,305,070	2,761,305,070
b For terminated vested participants	2,084	153,655,812	153,655,812
c For active participants	1,489	861,608,823	869,590,153
d Total	15,689	3,776,569,705	3,784,551,035

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

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

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	53,549,983
b Expected plan-related expenses	**6b**	9,246,086
c Target normal cost	**6c**	62,796,069

Statement by Enrolled Actuary

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

SIGN HERE

DAVID R. JARRETT
Signature of actuary

October 8, 2026
Date

DAVID R. JARRETT
Type or print name of actuary

2604821
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

412-281-2506
Telephone number (including area code)

600 GRANT ST
SUITE 2880
PITTSBURGH PA 15219-2702
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.76 %
15	Adjusted funding target attainment percentage	15	98.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2026	71,648,849	0			
			Totals ► 18(b)	71,648,849	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	67,151,477

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	62,796,069
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	46,711,572	4,355,408
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	67,151,477

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

36 Additional cash requirement (line 34 minus line 35)	**36**	67,151,477
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	67,151,477

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

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

Combined

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	127.3108	0.0129	1.6378	81.8900
51	138.9628	0.0150	2.0844	106.3065
52	153.1542	0.0150	2.2973	119.4603
53	163.9191	0.0150	2.4588	130.3157
54	192.2871	0.0150	2.8843	155.7525
55	234.8073	0.0150	3.5221	193.7160
56	295.0108	0.0350	10.3254	578.2211
57	405.4150	0.0450	18.2437	1,039.8894
58	495.1281	0.1434	71.0185	4,119.0712
59	528.4692	0.1362	71.9580	4,245.5210
60	564.0510	0.1383	78.0354	4,682.1249
61	578.8914	0.1393	80.6587	4,920.1828
62	599.8906	0.1701	102.0173	6,325.0695
63	582.6505	0.1698	98.9587	6,234.3977
64	555.2579	0.1700	94.3661	6,039.4308
65	505.8949	0.2500	126.4737	8,220.7929
66	440.9095	0.2500	110.2274	7,275.0075
67	378.2748	0.2500	94.5687	6,336.1031
68	327.4391	0.2000	65.4878	4,453.1723
69	281.7917	0.2000	56.3583	3,888.7259
70	246.3885	1.0000	246.3885	17,247.1961
71	14.0000	1.0000	14.0000	994.0000
72	15.0000	1.0000	15.0000	1,080.0000
73	10.0000	1.0000	10.0000	730.0000
74	8.0000	1.0000	8.0000	592.0000
75	3.0000	1.0000	3.0000	225.0000
76	3.0000	1.0000	3.0000	228.0000
77	1.0000	1.0000	1.0000	77.0000
78	3.0000	1.0000	3.0000	234.0000
79	0.0000	1.0000	0.0000	0.0000
80	2.0000	1.0000	2.0000	160.0000
81	0.0000	1.0000	0.0000	0.0000
82	2.0000	1.0000	2.0000	164.0000
83	1.0000	1.0000	1.0000	83.0000
84	1.0000	1.0000	1.0000	84.0000
Total			1,402.9710	91,043.3473

WARA: Total (5) / Total (4) = 64.89 years

Savannah River Nuclear Solutions

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	80.7600	0.0123	0.9925	49.6235
51	86.6469	0.0150	1.2997	66.2849
52	95.8955	0.0150	1.4384	74.7985
53	98.8707	0.0150	1.4831	78.6022
54	111.6819	0.0150	1.6752	90.4623
55	138.0835	0.0150	2.0713	113.9189
56	169.6798	0.0350	5.9388	332.5725
57	240.8663	0.0450	10.8390	617.8220
58	283.0371	0.1433	40.5601	2,352.4872
59	310.6922	0.1364	42.3862	2,500.7878
60	325.9357	0.1384	45.1172	2,707.0348
61	336.1443	0.1395	46.8992	2,860.8493
62	354.4220	0.1700	60.2617	3,736.2274
63	348.3267	0.1699	59.1832	3,728.5439
64	332.7244	0.1699	56.5354	3,618.2662
65	306.2247	0.2500	76.5562	4,976.1507
66	267.1765	0.2500	66.7941	4,408.4127
67	229.9478	0.2500	57.4869	3,851.6250
68	200.1024	0.2000	40.0205	2,721.3922
69	176.7783	0.2000	35.3557	2,439.5410
70	156.1476	1.0000	156.1476	10,930.3312
71	11.0000	1.0000	11.0000	781.0000
72	10.0000	1.0000	10.0000	720.0000
73	1.0000	1.0000	1.0000	73.0000
74	6.0000	1.0000	6.0000	444.0000
75	2.0000	1.0000	2.0000	150.0000
76	3.0000	1.0000	3.0000	228.0000
77	0.0000	1.0000	0.0000	0.0000
78	2.0000	1.0000	2.0000	156.0000
79	0.0000	1.0000	0.0000	0.0000
80	2.0000	1.0000	2.0000	160.0000
81	0.0000	1.0000	0.0000	0.0000
82	1.0000	1.0000	1.0000	82.0000
83	1.0000	1.0000	1.0000	83.0000
Total			848.0420	55,132.7340

WARA: **Total (5) / Total (4) =** **65.01 years**

Savannah River Mission Completion

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	29.6098	0.0138	0.4081	20.4035
51	30.8234	0.0150	0.4624	23.5799
52	34.1989	0.0150	0.5130	26.6751
53	38.4745	0.0150	0.5771	30.5872
54	48.6196	0.0150	0.7293	39.3819
55	56.4826	0.0150	0.8472	46.5981
56	75.0827	0.0350	2.6279	147.1620
57	102.6164	0.0450	4.6177	263.2110
58	136.7151	0.1464	20.0100	1,160.5788
59	137.8596	0.1377	18.9878	1,120.2804
60	147.9095	0.1400	20.7073	1,242.4395
61	152.0503	0.1400	21.2870	1,298.5093
62	154.5497	0.1700	26.2734	1,628.9536
63	144.1319	0.1700	24.5024	1,543.6529
64	135.7696	0.1700	23.0808	1,477.1730
65	122.4419	0.2500	30.6105	1,989.6810
66	110.2016	0.2500	27.5504	1,818.3256
67	95.0247	0.2500	23.7562	1,591.6630
68	80.6764	0.2000	16.1353	1,097.1995
69	64.9887	0.2000	12.9977	896.8440
70	55.5055	1.0000	55.5055	3,885.3821
71	3.0000	1.0000	3.0000	213.0000
72	3.0000	1.0000	3.0000	216.0000
73	5.0000	1.0000	5.0000	365.0000
74	2.0000	1.0000	2.0000	148.0000
75	1.0000	1.0000	1.0000	75.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	1.0000	1.0000	1.0000	84.0000
Total			348.1870	22,526.2817

WARA: **Total (5) / Total (4) =** **64.7 years**

Battelle Savannah River Alliance

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	16.9410	0.0140	0.2373	11.8630
51	21.4925	0.0150	0.3224	16.4418
52	23.0598	0.0150	0.3459	17.9866
53	26.5739	0.0150	0.3986	21.1262
54	31.9856	0.0150	0.4798	25.9083
55	40.2412	0.0150	0.6036	33.1990
56	50.2483	0.0350	1.7587	98.4866
57	61.9323	0.0450	2.7870	158.8563
58	75.3759	0.1386	10.4484	606.0052
59	79.9173	0.1324	10.5839	624.4527
60	90.2059	0.1354	12.2108	732.6506
61	90.6969	0.1375	12.4725	760.8242
62	90.9190	0.1703	15.4821	959.8884
63	90.1918	0.1693	15.2730	962.2009
64	86.7639	0.1700	14.7499	943.9916
65	77.2284	0.2500	19.3071	1,254.9611
66	63.5315	0.2500	15.8829	1,048.2692
67	53.3024	0.2500	13.3256	892.8151
68	46.6603	0.2000	9.3321	634.5806
69	40.0247	0.2000	8.0049	552.3410
70	34.7355	1.0000	34.7355	2,431.4829
71	0.0000	1.0000	0.0000	0.0000
72	2.0000	1.0000	2.0000	144.0000
73	4.0000	1.0000	4.0000	292.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	1.0000	1.0000	1.0000	78.0000
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	1.0000	1.0000	1.0000	82.0000
Total			206.7419	13,384.3316

WARA: **Total (5) / Total (4) =** **64.74 years**

Note: The table presents values rounded to fewer significant digits than used in the calculations.

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

Savannah River Nuclear Solutions, LLC

Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

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

Combined

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	17,742,238	2,594,032	250,567,074	270,903,344
2026	28,509,833	3,995,838	244,359,993	276,865,664
2027	38,493,856	5,295,974	238,353,981	282,143,811
2028	46,607,809	6,663,369	232,632,728	285,903,906
2029	53,213,008	7,954,746	227,305,670	288,473,424
2030	58,159,559	9,394,648	222,053,090	289,607,297
2031	62,258,130	10,479,347	216,658,648	289,396,125
2032	65,424,593	11,616,740	210,931,030	287,972,363
2033	67,817,117	12,490,292	204,916,743	285,224,152
2034	69,404,988	13,112,847	198,572,075	281,089,910
2035	70,430,399	13,287,837	191,886,693	275,604,929
2036	70,931,726	13,309,089	184,876,213	269,117,028
2037	70,961,089	13,189,449	177,535,249	261,685,787
2038	70,665,834	13,130,982	169,876,521	253,673,337
2039	69,897,932	12,986,962	161,918,662	244,803,556
2040	68,852,441	12,864,783	153,687,156	235,404,380
2041	67,547,946	12,696,965	145,214,896	225,459,807
2042	66,016,450	12,502,785	136,542,080	215,061,315
2043	64,327,568	12,260,694	127,715,899	204,304,161
2044	62,445,694	11,962,408	118,790,077	193,198,179
2045	60,384,492	11,597,265	109,824,134	181,805,891
2046	58,154,940	11,173,801	100,883,007	170,211,748
2047	55,768,702	10,685,017	92,036,120	158,489,839
2048	53,233,309	10,150,626	83,355,680	146,739,615
2049	50,523,353	9,592,856	74,914,564	135,030,773
2050	47,700,874	9,033,334	66,783,997	123,518,205
2051	44,771,018	8,445,380	59,031,040	112,247,438
2052	41,756,035	7,832,034	51,715,846	101,303,915
2053	38,687,097	7,212,791	44,889,380	90,789,268
2054	35,590,138	6,593,887	38,591,669	80,775,694
2055	32,501,267	5,982,011	32,850,551	71,333,829
2056	29,446,210	5,384,016	27,681,133	62,511,359
2057	26,457,905	4,806,630	23,085,355	54,349,890
2058	23,569,745	4,256,151	19,052,646	46,878,542
2059	20,812,863	3,738,120	15,560,910	40,111,893
2060	18,215,683	3,256,976	12,578,150	34,050,809
2061	15,801,908	2,815,843	10,064,836	28,682,587
2062	13,589,349	2,416,419	7,976,047	23,981,815
2063	11,588,787	2,059,025	6,263,757	19,911,569
2064	9,803,904	1,742,744	4,879,098	16,425,746
2065	8,231,659	1,465,627	3,774,275	13,471,561
2066	6,862,908	1,224,975	2,904,139	10,992,022
2067	5,684,095	1,017,623	2,227,354	8,929,072
2068	4,678,668	840,214	1,707,071	7,225,953
2069	3,828,508	689,392	1,311,253	5,829,153
2070	3,115,091	561,947	1,012,729	4,689,767
2071	2,520,336	454,890	789,014	3,764,240
2072	2,027,359	365,499	621,911	3,014,769
2073	1,620,824	291,312	497,030	2,409,166
2074	1,287,168	230,145	403,227	1,920,540

Savannah River Nuclear Solutions

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	10,686,752	2,217,830	161,232,061	174,136,643
2026	17,285,963	3,398,011	157,514,629	178,198,603
2027	23,121,604	4,476,371	153,983,794	181,581,769
2028	27,903,447	5,628,997	150,617,196	184,149,640
2029	31,742,371	6,682,017	147,546,017	185,970,405
2030	34,587,750	7,898,299	144,443,114	186,929,163
2031	36,919,419	8,775,792	141,173,492	186,868,703
2032	38,724,994	9,740,886	137,629,863	186,095,743
2033	40,082,971	10,399,278	133,899,145	184,381,394
2034	40,957,336	10,830,086	129,936,565	181,723,987
2035	41,470,106	10,922,134	125,728,304	178,120,544
2036	41,733,079	10,900,002	121,285,656	173,918,737
2037	41,662,229	10,792,943	116,597,923	169,053,095
2038	41,482,425	10,759,548	111,671,393	163,913,366
2039	40,998,591	10,646,031	106,517,031	158,161,653
2040	40,363,845	10,537,169	101,151,213	152,052,227
2041	39,572,686	10,387,189	95,596,234	145,556,109
2042	38,647,665	10,197,687	89,880,406	138,725,758
2043	37,642,914	9,983,010	84,037,881	131,663,805
2044	36,510,444	9,746,924	78,108,312	124,365,680
2045	35,281,925	9,405,571	72,136,119	116,823,615
2046	33,966,065	9,033,221	66,169,904	109,169,190
2047	32,535,431	8,625,185	60,261,521	101,422,137
2048	31,031,297	8,178,790	54,464,451	93,674,538
2049	29,418,375	7,716,844	48,832,107	85,967,326
2050	27,749,613	7,245,088	43,415,850	78,410,551
2051	26,014,657	6,752,287	38,263,029	71,029,973
2052	24,230,587	6,248,085	33,415,203	63,893,875
2053	22,422,736	5,739,721	28,906,544	57,069,001
2054	20,602,600	5,232,438	24,762,906	50,597,944
2055	18,792,523	4,731,844	21,001,103	44,525,470
2056	17,006,381	4,243,680	17,628,718	38,878,779
2057	15,265,526	3,773,586	14,644,248	33,683,360
2058	13,588,189	3,326,803	12,037,655	28,952,647
2059	11,991,813	2,907,871	9,791,418	24,691,102
2060	10,492,151	2,520,336	7,881,807	20,894,294
2061	9,101,992	2,166,609	6,280,427	17,549,028
2062	7,830,697	1,847,880	4,955,853	14,634,430
2063	6,683,538	1,564,169	3,875,097	12,122,804
2064	5,661,684	1,314,497	3,005,122	9,981,303
2065	4,762,600	1,097,047	2,314,082	8,173,729
2066	3,980,306	909,424	1,772,199	6,661,929
2067	3,306,520	748,887	1,352,499	5,407,906
2068	2,731,350	612,562	1,031,144	4,375,056
2069	2,244,158	497,618	787,585	3,529,361
2070	1,834,257	401,367	604,539	2,840,163
2071	1,491,306	321,302	467,810	2,280,418
2072	1,205,773	255,147	365,987	1,826,907
2073	969,059	200,865	290,104	1,460,028
2074	773,606	156,654	233,258	1,163,518

Savannah River Mission Completion

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,337,629	257,195	63,003,225	67,598,049
2026	6,913,042	418,618	61,215,221	68,546,881
2027	9,474,927	573,232	59,475,929	69,524,088
2028	11,604,134	715,460	57,864,131	70,183,725
2029	13,421,828	901,714	56,335,730	70,659,272
2030	14,760,999	1,067,626	54,915,593	70,744,218
2031	15,844,726	1,187,426	53,564,195	70,596,347
2032	16,678,177	1,313,179	52,156,509	70,147,865
2033	17,364,646	1,505,968	50,673,032	69,543,646
2034	17,826,905	1,675,370	49,111,943	68,614,218
2035	18,155,789	1,719,269	47,473,687	67,348,745
2036	18,312,677	1,759,714	45,759,429	65,831,820
2037	18,396,248	1,756,024	43,971,235	64,123,507
2038	18,341,233	1,741,209	42,112,242	62,194,684
2039	18,167,426	1,722,879	40,186,794	60,077,099
2040	17,909,321	1,720,544	38,200,634	57,830,499
2041	17,595,636	1,716,767	36,160,998	55,473,401
2042	17,224,018	1,726,777	34,076,479	53,027,274
2043	16,799,292	1,715,730	31,956,977	50,471,999
2044	16,325,765	1,671,609	29,813,584	47,810,958
2045	15,808,838	1,668,803	27,658,518	45,136,159
2046	15,238,382	1,640,589	25,505,240	42,384,211
2047	14,651,951	1,584,081	23,368,353	39,604,385
2048	14,002,805	1,521,415	21,263,400	36,787,620
2049	13,316,198	1,452,040	19,206,392	33,974,630
2050	12,596,041	1,382,329	17,213,507	31,191,877
2051	11,844,546	1,306,146	15,300,702	28,451,394
2052	11,074,222	1,225,831	13,482,945	25,782,998
2053	10,282,102	1,144,043	11,773,686	23,199,831
2054	9,480,160	1,061,485	10,184,196	20,725,841
2055	8,676,054	978,926	8,723,181	18,378,161
2056	7,875,804	897,146	7,396,531	16,169,481
2057	7,088,528	816,903	6,206,940	14,112,371
2058	6,322,921	738,951	5,154,067	12,215,939
2059	5,587,778	664,028	4,234,505	10,486,311
2060	4,891,334	592,811	3,442,105	8,926,250
2061	4,240,766	525,845	2,768,598	7,535,209
2062	3,641,741	463,538	2,204,006	6,309,285
2063	3,098,076	406,155	1,737,249	5,241,480
2064	2,611,650	353,791	1,356,679	4,322,120
2065	2,182,366	306,404	1,050,579	3,539,349
2066	1,808,358	263,827	807,650	2,879,835
2067	1,486,398	225,799	617,341	2,329,538
2068	1,212,356	192,028	470,092	1,874,476
2069	981,534	162,185	357,469	1,501,188
2070	788,961	135,945	272,214	1,197,120
2071	629,693	113,008	208,238	950,939
2072	499,015	93,098	160,535	752,648
2073	392,579	75,941	125,098	593,618
2074	306,506	61,283	98,774	466,563

Battelle Savannah River Alliance

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,717,857	119,007	26,331,788	29,168,652
2026	4,310,828	179,209	25,630,143	30,120,180
2027	5,897,326	246,372	24,894,258	31,037,956
2028	7,100,228	318,912	24,151,401	31,570,541
2029	8,048,810	371,015	23,423,924	31,843,749
2030	8,810,810	428,723	22,694,383	31,933,916
2031	9,493,985	516,129	21,920,961	31,931,075
2032	10,021,422	562,674	21,144,658	31,728,754
2033	10,369,499	585,046	20,344,566	31,299,111
2034	10,620,748	607,391	19,523,567	30,751,706
2035	10,804,504	646,434	18,684,703	30,135,641
2036	10,885,970	649,372	17,831,128	29,366,470
2037	10,902,612	640,482	16,966,091	28,509,185
2038	10,842,176	630,225	16,092,886	27,565,287
2039	10,731,915	618,052	15,214,838	26,564,805
2040	10,579,274	607,070	14,335,309	25,521,653
2041	10,379,624	593,009	13,457,665	24,430,298
2042	10,144,766	578,320	12,585,196	23,308,282
2043	9,885,362	561,955	11,721,040	22,168,357
2044	9,609,486	543,875	10,868,180	21,021,541
2045	9,293,729	522,891	10,029,497	19,846,117
2046	8,950,493	499,991	9,207,863	18,658,347
2047	8,581,321	475,751	8,406,246	17,463,318
2048	8,199,207	450,421	7,627,829	16,277,457
2049	7,788,780	423,972	6,876,065	15,088,817
2050	7,355,219	405,918	6,154,640	13,915,777
2051	6,911,814	386,947	5,467,309	12,766,070
2052	6,451,226	358,118	4,817,698	11,627,042
2053	5,982,258	329,026	4,209,151	10,520,435
2054	5,507,378	299,964	3,644,567	9,451,909
2055	5,032,690	271,242	3,126,267	8,430,199
2056	4,564,025	243,190	2,655,884	7,463,099
2057	4,103,851	216,140	2,234,166	6,554,157
2058	3,658,635	190,397	1,860,924	5,709,956
2059	3,233,272	166,220	1,534,988	4,934,480
2060	2,832,198	143,829	1,254,238	4,230,265
2061	2,459,150	123,388	1,015,811	3,598,349
2062	2,116,910	105,001	816,189	3,038,100
2063	1,807,174	88,702	651,411	2,547,287
2064	1,530,570	74,457	517,297	2,122,324
2065	1,286,693	62,175	409,615	1,758,483
2066	1,074,245	51,724	324,289	1,450,258
2067	891,177	42,938	257,514	1,191,629
2068	734,963	35,625	205,836	976,424
2069	602,816	29,589	166,199	798,604
2070	491,873	24,635	135,975	652,483
2071	399,338	20,579	112,967	532,884
2072	322,572	17,253	95,389	435,214
2073	259,186	14,505	81,828	355,519
2074	207,055	12,207	71,195	290,457

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025
FORM 5500

Schedule SB, Line E – Information for Each Individual Employer

---

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC

D Employer Identification Number (EIN)
61-1565172

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	2,381,327,634
b Actuarial value	**2b**	2,406,397,695

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	7,213	1,797,449,183	1,797,449,183
b For terminated vested participants	1,744	126,356,655	126,356,655
c For active participants	899	507,959,913	512,665,292
d Total	9,856	2,431,765,751	2,436,471,130

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

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

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	30,927,546
b Expected plan-related expenses	**6b**	5,340,034
c Target normal cost	**6c**	36,267,580

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

DAVID R. JARRETT

Type or print name of actuary

2604821

Most recent enrollment number

BUCK GLOBAL, LLC

Firm name

412-281-2506

Telephone number (including area code)

600 GRANT ST
SUITE 2880
PITTSBURGH PA 15219-2702

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.76 %
15	Adjusted funding target attainment percentage	15	98.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2026	41,688,406	0			
		Totals ► 18(b)	41,688,406	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	39,071,640

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	36,267,580
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	30,073,435	2,804,060
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	39,071,640

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

36 Additional cash requirement (line 34 minus line 35)	**36**	39,071,640
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	39,071,640

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAVANNAH RIVER MISSION COMPLETION, LLC

D Employer Identification Number (EIN)
61-1565172

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	911,273,065
b Actuarial value	**2b**	920,866,735

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,087	688,593,242	688,593,242
b For terminated vested participants	244	20,113,590	20,113,590
c For active participants	370	221,614,185	223,667,061
d Total	3,701	930,321,017	932,373,893

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

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

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	12,628,839
b Expected plan-related expenses	**6b**	2,180,530
c Target normal cost	**6c**	14,809,369

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

DAVID R. JARRETT

Type or print name of actuary

2604821

Most recent enrollment number

BUCK GLOBAL, LLC

Firm name

412-281-2506

Telephone number (including area code)

600 GRANT ST
SUITE 2880
PITTSBURGH PA 15219-2702

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.76 %
15	Adjusted funding target attainment percentage	15	98.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2026	16,945,996	0			
			Totals ► 18(b)	16,945,996	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	15,882,302

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	14,809,369
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,507,158	1,072,933
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	15,882,302

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

36 Additional cash requirement (line 34 minus line 35)	**36**	15,882,302
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	15,882,302

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BATTELLE SAVANNAH RIVER ALLIANCE, LLC

D Employer Identification Number (EIN)
61-1565172

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	406,297,627
b Actuarial value	**2b**	410,575,033

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,816	275,262,645	275,262,645
b For terminated vested participants	96	7,185,567	7,185,567
c For active participants	220	132,034,724	133,257,800
d Total	2,132	414,482,936	415,706,012

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

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

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,993,598
b Expected plan-related expenses	**6b**	1,725,522
c Target normal cost	**6c**	11,719,120

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

DAVID R. JARRETT

Type or print name of actuary

2604821

Most recent enrollment number

BUCK GLOBAL, LLC

Firm name

412-281-2506

Telephone number (including area code)

600 GRANT ST
SUITE 2880
PITTSBURGH PA 15219-2702

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	98.76 %
15	Adjusted funding target attainment percentage	15	98.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2026	13,014,447	0			
			Totals ► 18(b)	13,014,447	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12,197,535

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	11,719,120
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,130,979	478,415
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12,197,535

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

36 Additional cash requirement (line 34 minus line 35)	**36**	12,197,535
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	12,197,535

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

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

Eligible Employees

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

Retirement Types

Normal Retirement: Age 65 with 15 years of service.

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

Early Retirement: Age 50 with 15 years of service.

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

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

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

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

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

Normal Retirement Benefit

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

(1) 1.2% of average monthly pay multiplied by benefit service,

(2) 1.5% of average monthly pay multiplied by benefit service, minus 50% of the Primary Social Security Benefit, or

(3) $9 multiplied by benefit service, plus 10% of average monthly pay accrued on a pro-rata basis prior to attainment of 15 years of benefit service.

Unreduced Early Retirement Benefit

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

Early Retirement Benefit

The monthly regular pension is either:

(a) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or

(b) an immediate regular pension equal to the deferred pension as follows:

i) If service at retirement is less than or equal to 20 years, 5% for each year prior to age 65 that payments start (50% maximum reduction),

ii) If service at retirement is greater than 20 and less than 27, 5% times (85 minus age minus service) up to a maximum of 50%, or

iii) If service at retirement is greater than or equal to 27, 5% for each year prior to age 58 that payments commence.

Vested Termination & Benefit

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

The pension is payable based on the following table:

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

2025 Vested Terminated Lump Sum Window

A temporary lump sum window was implemented in Spring 2025 to offer certain terminated vested participants the option to take a lump sum of all future benefits.

Incapability Retirement Benefit

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

Optional Retirement Benefit

The monthly regular pension is either:

(a) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or

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

Normal Form of Payment

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

Pre-Retirement Death Benefit

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

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

Grandfathered Employer-Paid Post-Retirement Death Benefit

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

The monthly benefit is the greater of:

(1) .5% of average monthly pay as of December 31, 2011 multiplied by benefit service as of December 31, 2011, or

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

This amount is reduced for early retirement, if applicable.

Summary of Changes from the January 1, 2024 Valuation

The plan was amended to provide certain terminated vested participants the option to elect a lump sum of all future benefits. This change increased the Funding Target by approximately $200,000.

Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2025 FORM 5500

Schedule SB, Line 32 – Schedule of Amortization Bases

Combined

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2025	Shortfall	15	$ 4,355,408	$ 46,711,572
Total			$ 4,355,408	$ 46,711,572

Savannah River Nuclear Solutions

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2025	Shortfall	15	$ 2,804,060	$ 30,073,435
Total			$ 2,804,060	$ 30,073,435

Savannah River Mission Completion

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2025	Shortfall	15	$ 1,072,933	$ 11,507,158
Total			$ 1,072,933	$ 11,507,158

Battelle Savannah River Alliance

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
January 1, 2025	Shortfall	15	$ 478,415	$ 5,130,979
Total			$ 478,415	$ 5,130,979