Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SSL PENSION PLAN

1b Three-digit plan number (PN) ▶ 020

1c Effective date of plan 09/30/2012

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)
LANTERIS SPACE LLC

PENSION DEPT
3875 FABIAN WAY
PALO ALTO, CA 94303

2b Employer Identification Number (EIN)
23-1602217

2c Plan Sponsor's telephone number
303-684-4088

2d Business code (see instructions)
517000

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	SHIARA LEON-PFEIFFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name MAXAR SPACE, LLC

c Plan Name SSL PENSION PLAN

4b EIN 23-1602217

4d PN 020

5	Total number of participants at the beginning of the plan year	**5**	2868
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)**	354
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	341
b	Retired or separated participants receiving benefits	**6b**	1546
c	Other retired or separated participants entitled to future benefits	**6c**	556
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2443
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	369
f	Total. Add lines **6d** and **6e**.	**6f**	2812
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 3H 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
SSL PENSION PLAN

B Three-digit plan number (PN) ▶ 020

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

D Employer Identification Number (EIN)
23-1602217

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	319997474
b Actuarial value	**2b**	312171391

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	1949	293090603	293090603
b For terminated vested participants	608	40169532	40169532
c For active participants	354	46699824	46892694
d Total	2911	379959959	380152829

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2800000
c Target normal cost	**6c**	2800000

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: 09/28/2026

ZORAST WADIA, CFA, FSA, EA, MAAA
Type or print name of actuary

26-06860
Most recent enrollment number

MILLIMAN
Firm name

646-473-3000
Telephone number (including area code)

463 7TH AVENUE
19TH FLOOR
NEW YORK, NY 10018
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	6669326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6669326
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.08 %	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	82.11 %
15	Adjusted funding target attainment percentage	15	82.11 %
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	87.93 %
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
04/15/2025	2162649		01/15/2026	2162649	
07/15/2025	2162649		09/14/2026	2398923	
09/17/2025	1001247				
09/25/2025	528				
09/25/2025	22				
10/13/2025	2162649				
			Totals ► 18(b)	12051316	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	920171
	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	10555424

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	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**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	920171
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	920171
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**	2800000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	67981438	7755090
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**	10555090

	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**	10555090
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10555424

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

a Total (excess, if any, of line 37 over line 36)	**38a**	334
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
SSL PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
LANTERIS SPACE LLC

D Employer Identification Number (EIN)
23-1602217

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

RUSSELL TRUST COMPANY

91-1116938

(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 28 50	NONE	1032807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

91-0675641

(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 15 50	NONE	412681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	71575	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)

K&L GATES

25-0921018

(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	65336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET

04-1867445

(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?
18 50	NONE	62553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY US, LLP

30-1413443

(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	49350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SSL PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LANTERIS SPACE LLC

D Employer Identification Number (EIN)
23-1602217

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: RUSSELL 15 YR STRIPS FIXED INCOME

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-041	C	34233754

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 10 YR STRIPS FIXED INCOME

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-020	C	31783181

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 14 YR LDI FIXED INCOME

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-033	C	57864406

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 25 PLUS YR STRIPS FIXED INC

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-038	C	20260094

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-046	C	51108321

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BD FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-001	C	15102620

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS INV RUSS 1000 IND FD SR 1

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-0245912-016	C	41618305

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

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

c EIN-PN 91-1117282-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16766573

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

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

c EIN-PN 91-1117282-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9962018

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECS FD

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

c EIN-PN 91-1117282-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9795147

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL LISTED INFRACSTRUCTURE FD

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

c EIN-PN 91-1117282-073	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11858107

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

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

c EIN-PN 91-1117282-072	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8233489

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL INDEX FD SER 1

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

c EIN-PN 91-1117282-081	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24769020

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

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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
SSL PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
LANTERIS SPACE LLC

D Employer Identification Number (EIN)
23-1602217

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)	2117461	4561572
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2669543	2628684
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)	100885	100885
(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)	316112044	333355035
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	320999933	340646176
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	319361	273491
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	319361	273491
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	320680572	340372685

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)	11049541	
(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)		11049541
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)	8995261	
(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)		8995261
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	35330222	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		35330222

		(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)		
(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		55375024
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31674115	
(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)		31674115
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	412681	
(4) IQPA audit fees	2i(4)	49350	
(5) Investment advisory and investment management fees	2i(5)	1073945	
(6) Bank or trust company trustee/custodial fees	2i(6)	47120	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	65336	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2360364	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4008796
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		35682911
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19692113
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: BAKEY TILLY US, LLP **(2)** EIN: 30-1413443

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587863.

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
SSL PENSION PLAN

B Three-digit plan number (PN) ▶ 020

C Plan sponsor's name as shown on line 2a of Form 5500
LANTERIS SPACE LLC

D Employer Identification Number (EIN)
23-1602217

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): 38-0789660

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 | 1

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: 51.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.00 %
High-Yield Debt: 3.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 4.00 % Other: 0.00 %

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_____.

SSL Pension Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

To the SSL Pension Plan Committee of
SSL Pension Plan

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

We have performed audits of the financial statements of SSL Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SSL Pension 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.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Baker Tilly US, LLP

San Jose, California
October 13, 2026

SSL Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value		
Common-collective trusts	$ 333,355,035	$ 316,112,044
Partnership/joint venture interest	100,885	100,885
Total Investments at fair value	333,455,920	316,212,929
Total investments	333,455,920	316,212,929
Receivables		
Employer contributions	4,561,572	2,117,461
Other receivables	2,628,684	2,669,543
Total receivables	7,190,256	4,787,004
Total assets	340,646,176	320,999,933
Liabilities		
Payables		
Administrative expenses payable	273,491	319,361
Total liabilities	273,491	319,361
Net assets available for benefits	$ 340,372,685	$ 320,680,572

See notes to financial statements

SSL Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 44,325,483	$ 18,028,887
Contributions		
Employer contributions	11,049,541	2,117,461
Total additions	55,375,024	20,146,348
Deductions		
Benefits paid to participants	31,674,115	53,327,837
Administrative expenses	4,008,796	4,373,051
Total deductions	35,682,911	57,700,888
Net increase (decrease)	19,692,113	(37,554,540)
Net assets available for benefits		
Beginning of year	320,680,572	358,235,112
End of year	$ 340,372,685	$ 320,680,572

See notes to financial statements

1. Description of Plan

The following description of the SSL Pension Plan (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 SSL Pension Plan (the Plan) is a contributory defined benefit plan that was established on September 30, 2012, as a result of selling Space Systems/Loral, LLC (SS/L), to a former subsidiary of Maxar Technologies Ltd. The Plan mirrors the Loral Pension Plan (the predecessor plan), which transferred all plan assets and liabilities associated with SS/L to the Plan as it was no longer a participating employer in the predecessor plan as a result of the sale of SS/L.

Effective January 1, 2014, the plan document was amended and restated to freeze accrued benefits under the Plan, and to cease future benefit accruals for all active participants as of December 31, 2013.

Effective January 1, 2021, the Plan was amended to change the company from SSL to Maxar Space, LLC (Maxar or the Company).

Effective October 1, 2025, Maxar Technologies, Inc. rebranded to Vantor Parent, Inc. Maxar Intelligence rebranded to Vantor, and Maxar Space Systems rebranded to Lanteris Space Systems.

The Company has appointed the SSL Pension Plan Committee (the Committee) to manage the operation and administration of the Plan.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025.

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

Pension Benefits

For all formulas under the Plan, credited annual earnings are limited under Internal Revenue Code (the Code) Section 401(a)(17).

Under the predecessor plan, effective July 1, 2006, a new benefit formula (the New Formula) was implemented for all credited compensation and credited service. The New Formula applied to all employees who were actively employed on July 1, 2006, and for rehired employees after July 1, 2006, and before January 1, 2014, meeting certain eligibility requirements of the Plan. All employees hired after July 1, 2006, are ineligible to participate in the Plan.

Under the New Formula, employees who elected to contribute 1% of eligible compensation accumulated actual benefits with the Contributory Formula, which credits 1.2% of annual credited earnings up to the Social Security Wage Base (the SSWB), plus 1.45% of the excess. Beginning with the 15th completed year of service, actual benefits accrued at 1.5% of annual credited earnings up to the SSWB, plus 1.75% of the excess. For employees who did not elect to contribute 1% of eligible compensation to the Plan, the Plan provided an annual benefit of $252 for each year of credited accrual service during which they failed to make elective contributions to the Plan.

Prior to July 1, 2006, the Non-Contributory Formula did not change. However, the now “frozen” contributory formula was a final average formula under which, beginning January 1, 1989, the Plan generally provided an annual benefit equal to 1.3% of the highest average credited salary, paid over the past five years times years of total credited services plus 0.45% of the highest average credited salary, paid over the past five years that exceeded 150% of the Social Security covered compensation times years of contributory service up to 35 years. There were other minimum benefits that could have provided a greater benefit than the benefits discussed above.

The Plan was amended effective October 1, 2024, to allow a lump sum window offering to participants, alternative payees, and beneficiaries who meet specific eligibility requirements as of June 30, 2024. This offering applies to individuals with a nonforfeitable accrued benefit that has a present value of less than $5,000 as of June 30, 2024. The commencement date for the window offering was December 1, 2024.

Vesting

The Plan provides that benefits vest to participants based on years of service as follows: less than five years of credited service, zero; five or more years of credited service, 100%.

2. Summary of Accounting Policies

Basis of Accounting

The 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan agreement. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued.

Effective January 13, 2026, Intuitive Machines, Inc. completed it's acquisition of Lanteris Space Systems. There is no impact on the Plan as of the date of these financial statements.

On September 1, 2026, Empower Retirement, LLC acquired Milliman, Inc.'s retirement and health & welfare administration business. Milliman, Inc. provides benefit calculation and administrative services to the Plan.

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 based on employees' year of credited service and benefit credit rates. 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, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that 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, withdrawal or retirement) between the valuation date and the expected date of payment.

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

Assumption	December 31, 2024
Discount rate	4.00%
Mortality	PRI-2012 Generational Mortality with IRS-Modified Scale MP-2021
Retirement age	At ages 55 through 70 at varying rates

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.

The actuarial present value of accumulate plan benefits as of December 31, 2024, are as follows:

Vested benefits:	
Participants currently receiving benefits	$ 325,621,177
Active participants	57,845,126
Other participants	51,265,314
Total vested benefits	434,731,617
Nonvested benefits	123,490
Total actuarial present value of accumulate Plan benefits	$ 434,855,107

The changes in the actuarial present value of accumulated plan benefits for the Plan from December 31, 2023 to December 31, 2024, are as follows:

Actuarial present value of accumulated Plan benefits at beginning of year	$ 473,466,345
Increase (decrease) during the year attributable to:	
Actuarial (gain)/ loss	(3,165,956)
Increase for interest due to the decrease in the discount period	17,882,555
Benefits paid	(53,327,837)
Net decrease	(38,611,238)
Actuarial present value of accumulated Plan benefits at end of year	$ 434,855,107

4. Fair Value Measurements

The Plan's assets are actively managed using multi-asset, multi-style, multi-manager investment approach. Performance results and fund accounting are provided to the Company by Russell on a monthly basis. Periodic reviews of the portfolio are performed by the investment committee with Russell. These reviews typically consist of a market and economic review, a performance review, an allocation review, and a strategy review. Performance is judged by investment type against market indexes. Allocation adjustments or fund changes many occur after these reviews.

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.

Common-collective trusts: Valued at the net asset value (NAV) of units as reported by the common-collective trusts managers. 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, and then divided by the number of units outstanding. The NAV of a common-collective trust is calculated based on a compilation of primarily observable market information. The common-collective trusts have a daily redemption frequency and daily redemption notice period.

Partnership/joint venture interest: Valued at estimated fair value using NAV practical expedient. Pantheon Global Secondary Fund III B, L.P., is a fund that invests in portfolios of secondary interest in established venture capital, buyout, mezzanine, and special situation funds on a global basis. The fund is valued on a quarterly lag with adjustment for subsequent cash activity.

5. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company, the Plan's Custodian and Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation) reported in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

6. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with Russell Investments Trust Company, the Custodian and Trustee of the Plan. Contributions are held and managed by Russell Investments Trust Company, who invests cash received and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. 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 priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested 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's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. Tax Status

The IRS has determined and informed the Company by a letter dated July 25, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

9. Risks and Uncertainties

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

SSL Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 23-1602217 Plan Number: 020

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pantheon Global Secondary Fund III B, L.P.	Partnership/Joint Venture Interests	$ 3	$ 100,885
*	Russell World Equity Fund	Common/Collective Trust	34,741,939	51,108,321
*	Russell High Yield Bond Fund	Common/Collective Trust	11,852,381	15,102,620
*	Russell 15 to 20 Year Strips Fixed Income Fund	Common/Collective Trust	37,151,331	34,233,754
*	Russell 10 to 15 Year Strips Fixed Income Fund	Common/Collective Trust	32,501,336	31,783,181
*	Russell 1000 Index Fund Series I	Common/Collective Trust	25,819,518	41,618,305
*	Russell Emerging Markets Fund	Common/Collective Trust	11,581,733	16,766,573
*	Russell Small Cap Fund	Common/Collective Trust	8,101,350	9,962,018
*	Russell 25 Plus Year Strips Fixed Income Fund	Common/Collective Trust	27,086,776	20,260,094
*	Russell Global Real Estate Securities Fund	Common/Collective Trust	8,217,305	9,795,147
*	Russell Global Listed Infrastructure Fund	Common/Collective Trust	9,336,871	11,858,107
*	Russell Commodities Fund	Common/Collective Trust	6,720,008	8,233,489
*	Russell 14 Year LDI Fixed Income Fund	Common/Collective Trust	61,689,164	57,864,406
*	Russell International Index Fund Series I	Common/Collective Trust	16,397,910	24,769,020
			$291,197,625	$333,455,920

*A party in interest as defined by ERISA.

SSL Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1602217 Plan Number: 020

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
*	Russell Trust Company	Russell World Equity Fund	$ 9,264,493	$ 9,272,457	$ -	$ -	$ 16,143,125	$ 18,536,950	$ 2,393,825
*	Russell Trust Company	Russell 1000 Index Fund Series I	7,546,741	14,007,954	-	-	16,698,373	21,554,695	4,856,322
Total Series Transactions			$ 16,811,234	$ 23,280,411	$ -	$ -	$ 32,841,498	$ 40,091,645	$ 7,250,147

*A party in interest as defined by ERISA.

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Age	Number of Lives Remaining	Retirement Rate	Number of Retirees	Age multiplied by Number of Retirees
55	1,000.000	1.00%	10.000	550.000
56	990.000	1.00%	9.900	554.400
57	980.100	1.00%	9.801	558.657
58	970.299	2.00%	19.406	1,125.548
59	950.893	5.00%	47.545	2,805.155
60	903.348	7.50%	67.751	4,065.060
61	835.597	7.50%	62.670	3,822.870
62	772.927	10.00%	77.293	4,792.166
63	695.634	10.00%	69.563	4,382.469
64	626.071	15.00%	93.911	6,010.304
65	532.160	25.00%	133.040	8,647.600
66	399.120	25.00%	99.780	6,585.480
67	299.340	25.00%	74.835	5,013.945
68	224.505	25.00%	56.126	3,816.568
69	168.379	25.00%	42.095	2,904.555
70	126.284	100.00%	126.284	8,839.880
		TOTALS	1,000.000	64,474.657
	Weighted Average Retirement Age			64

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Basic Information

Plan Name: SSL Pension Plan

EIN/PN: 23-1602217/020

Effective Date of Plan: September 30, 2012 (establishment of the Plan through a spin-off from Predecessor Plan); restated as of January 1, 2014

Effective Date of Last Amendment: October 1, 2024

Date of Benefit Accrual Freeze: January 1, 2014

Plan Year: January 1 – December 31

Employees: Any common-law employee, excluding: independent contractors, employees whose service was subject to collective bargaining, leased employees, temporary employees such as interns, and non-resident aliens employed outside the U.S.

Eligibility: Employees who attain age 21 and have completed one year of Eligibility Service are eligible to participate in the plan. Employees hired after June 30, 2006 are not eligible to participate in the plan.

Compensation: Total pay earned in a plan year (including bonuses, commissions, and overtime) limited by the Statutory Compensation Limit. Compensation earned during a participant's first year of Eligibility Service is not credited for Plan accruals. Compensation shall not include any amount paid after December 31, 2013.

Eligibility Service: Based on elapsed time and excludes partial calendar months. Eligibility Service excludes service earned after December 31, 2013 except for purposes of determining eligibility for Early Retirement.

Accrual Service: Contributory or Non-Contributory Service credited for the purpose of determining Plan benefits. Based on completed calendar months of Eligibility Service and excludes any period of leave, lay-off, or reductions in force. Accrual Service excludes service earned after December 31, 2013.

> **Contributory Service:** Accrual Service during which a Participant elects to make Employee Contributions to the Plan. Contributory Service is forfeited in the event of withdrawal or a Return of Employee Contribution Account.
>
> **Non-Contributory Service:** Accrual Service during which a Participant did not make an election to contribute to the Plan.

Vesting Service: Measured identically to Eligibility Service, except that it includes Qualified Military Service.

Employee Contributions: Voluntary employee contribution of 1% of Compensation on an after-tax basis. No employee contributions are permitted after December 31, 2013. The employer makes all contributions covering the cost of benefits accrued under the Non-Contributory formula and the cost of benefits accrued under the Contributory formula that are not satisfied by employee contributions.

Statutory Compensation Limit: The maximum salary used to determine Plan benefits is limited by IRC Section 401(a)(17). The limit for 2013 was $255,000 (the limit does not apply after 2013 since accruals were frozen as of December 31, 2013).

Statutory Benefit Limit: The valuation applied the 2025 maximum defined benefit limit of $280,000 under IRC Section 415(b).

Benefit Formulas and Eligibilities – after June 30, 2006

Normal Retirement

Normal Retirement Eligibility: First of the month coincident with or next following the later of the attainment of age 65 and the accumulation of five full years of Vesting Service.

Normal Retirement Benefit: Benefit based on the applicable Contributory and/or Non-Contributory formulas as follows:

A) Contributory formula (career average formula):

i) For each of the first full 14 years of Contributory Service:

1.20% of Compensation up to the Social Security Wage Base, plus 1.45% of Compensation in excess of the Social Security Wage Base.

ii) For each partial or full year of Contributory Service after the 14 years:

1.50% of Compensation up to the Social Security Wage Base, plus 1.75% of Compensation in excess of the Social Security Wage Base.

B) Non-Contributory formula (flat benefit formula):

$252 times years of Non-Contributory Service.

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Deferred Retirement

Deferred Retirement Eligibility: Actual retirement date after Normal Retirement Date.

Deferred Retirement Benefit: Calculated in the same manner as described in Normal Retirement above, based on compensation and service at actual retirement date. Suspension of benefits notices are provided to active participants working beyond normal retirement.

Early Retirement

Early Retirement Eligibility: Age 55 with 10 years of Eligibility Service

Early Retirement Benefit: A pension computed as for Normal Retirement, but based on compensation and service through the participant's early retirement date. Such amount shall be reduced for early commencement by 1/180 per month for the first 60 months prior to age 65 and 1/360 per month beyond 60 months prior to age 65.

Vested Termination

Vested Termination Eligibility: 100% vested in accrued benefit after 5 years of Vesting Service. A participant is always vested in Employee Contributions.

Vested Termination Benefit: Accrued benefit payable at Normal Retirement Date. If the Participant had 10 years of Eligibility Service, he can commence his benefit in the same manner as Early Retirement Benefit.

Pre-retirement Surviving Spouse Coverage

Pre-retirement Surviving Spouse Benefit Eligibility: Vested participant dies before annuity starting date who was married for at least one year up to the date of death.

Pre-retirement Surviving Spouse Benefit: Life annuity payable to the beneficiary equal to the survivor portion of the benefit that the participant would have received had he or she retired under the Qualified Joint and Survivor Annuity form on the date of death, or Early Retirement Date, whichever is later. If the participant was eligible for Early Retirement, benefits will commence immediately. Otherwise, benefits will commence on the earliest date the participant would have been eligible to retire.

If there is no surviving spouse, a non-spouse beneficiary shall receive a return of employee contributions (if any) payable as a lump sum.

Post-retirement Surviving Spouse Coverage

Post-retirement Surviving Spouse Benefit: If elected, the survivor portion of a Joint and Survivor Annuity. If a participant is unmarried or had elected a Single Life Annuity, then a lump sum of the remaining Employee Contribution Account Balance (if any), less the amount of total annuity payments, is payable to a beneficiary.

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Forms of Payment

Normal Forms:

Single participants: Single Life Annuity.

Married participants: 50% Joint and Survivor Annuity.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his or her benefits as an actuarially equivalent 50% Joint and Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefit: Actuarially equivalent 50%, 75% or 100% joint and survivor annuity, 10, 15, or 20 years certain and life annuity, Social Security Level Income Option (calculated at age 62), and lump sum (only available when the total lump sum does not exceed $5,000).

1. Conversion of life annuity into 50% joint and survivor annuity -- multiply life annuity benefit by 86% minus (or plus) 0.6% for each full year the Participant is older (or younger) than age 65, minus (or plus) 0.5% for each full year the Participant is older (or younger) than the Spouse.

2. Conversion of life annuity into 75% joint and survivor annuity -- multiply life annuity benefit by 81% minus (or plus) 0.6% for each full year the Participant is older (or younger) than age 65, minus (or plus) 0.8% for each full year the Participant is older (or younger) than the Spouse.

3. Conversion of life annuity into 100% joint and survivor annuity -- multiply life annuity benefit by 75% minus (or plus) 0.6% for each full year the Participant is older (or younger) than age 65, minus (or plus) 1.0% for each full year the Participant is older (or younger) than the Spouse.

4. Conversion of life annuity into life annuity with 10-year period certain guarantee -- multiply life annuity benefit by 91% minus (or plus) 0.7% for each full year the Participant is older (or younger) than age 65.

5. Conversion of life annuity into life annuity with 15-year period certain guarantee -- multiply life annuity benefit by 82.5% minus (or plus) 1.3% for each full year the Participant is older (or younger) than age 65.

6. Conversion of life annuity into life annuity with 20-year period certain guarantee -- multiply life annuity benefit by 74% minus (or plus) 1.6% for each full year the Participant is older (or younger) than age 65.

7. All other conversions -- computed based on actuarial equivalence using 30-year treasury rate for the September (November for commencements prior to January 1, 2015) prior to the applicable plan year and the 1971 Group Annuity Table with 80%/20% male/female mix.

All ages are to be determined as age at nearest birthday; and all conversion factors are not to exceed 99%.

For lump sums and Social Security Level Income Option, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e) published during September of the preceding year are used.

Benefit Formulas and Eligibilities – prior to July 1, 2006

Alternative Service: Aggregate of Contributory Service, pre-membership service if participant made contributions before January 1, 1982 or as soon as entitled to do so, and service under the prior plan.

Breakpoint: 150% of the covered compensation, as defined in Treas. Reg. §1.401(l)-1(c)(7), of a Participant who terminates employment in that Plan Year. The annual amount was $76,800 in 2006.

Final Average Monthly Salary: Highest average monthly Salary as of any five consecutive December 31 dates that occur in the last 120 consecutive months.

Salary: Basic monthly salary rate as of December limited by the IRC 401(a)(17) compensation limit.

Normal Retirement

Normal Retirement Eligibility: First of the month coincident with or next following the participant's 65th birthday.

Normal Retirement Benefit: Benefit based on the applicable Contributory and/or Non-Contributory formulas as follows:

A) Contributory formula: Sum of (i) and (ii), not less than (iii):

   i) Basic Benefit: 1.30% of Final Average Monthly Salary for each year of Alternative Service, plus

   ii) Excess Benefit: 0.45% of Final Average Monthly Salary in excess of the monthly Breakpoint for each year of Contributory Service (capped at 35 years).

   iii) $252 times years of service, plus 0.25% of Final Average Monthly Salary for all years of Alternative Service.

B) Non-Contributory formula (flat benefit formula):

   $252 times years of Non-Contributory Service.

Benefits are subject to other minimum amounts.

Special Age 65 Benefit: Additional benefit of $15.50 per month payable from age 65 for the lifetime of a participant who retires from active service. The benefit is payable to the participant's spouse upon the participant's death (or upon the surviving spouse's attainment of age 65, if later). Effective August 1, 2012, this benefit was discontinued for all participants who were not yet in receipt or had not yet attained age 65 as of that date.

SSL Pension Plan
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Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Early Retirement

Early Retirement Eligibility: Age 55 with 10 years of service.

Early Retirement Benefit: A participant retiring from active service prior to Normal Retirement is entitled to a pension computed the same way as for Normal Retirement, but based on compensation and service through the participant's early retirement date. Such amount shall be reduced for early commencement as summarized below:

	Contributory		Non-Contributory
Age	Basic Benefit	Excess Benefit	Benefit
55	76.7%	48.6%	57.9%
56	80.0	52.9	63.5
57	83.3	57.7	69.4
58	86.7	61.5	75.2
59	90.0	65.4	80.8
60	93.3	69.2	86.7
61	96.7	73.1	93.3
62	100.0	76.9	100.0
63	100.0	84.6	100.0
64	100.0	92.3	100.0

Special Early Retirement Benefit: Temporary benefit of $18 per month for each year of service (up to 30 years) payable until age 62 and one month or until receipt of Social Security benefits, if earlier. Benefit is payable for members who retire under certain conditions.

Vested Termination

Vested Termination Eligibility: 100% vested in accrued benefit after 5 years of Vesting Service. A participant is always vested in Employee Contributions.

Vested Termination Benefit: Accrued benefit payable at Normal Retirement Date. If the Participant had 10 years of service, he or she can commence a benefit reduced for early commencement as summarized below:

	Contributory		Non-Contributory
Age	Basic Benefit	Excess Benefit	Benefit
55	50.0%	48.6%	50.0%
56	53.3	52.9	53.3
57	56.7	56.7	56.7
58	60.0	60.0	60.0
59	63.3	63.3	63.3
60	66.7	66.7	66.7
61	73.3	73.1	73.3
62	80.0	76.9	80.0
63	86.7	84.6	86.7
64	93.3	92.3	93.3

Pre-retirement Surviving Spouse Coverage

Pre-retirement Surviving Spouse Benefit Eligibility: Vested participant dies before annuity starting date who was married for at least one year up to the date of death.

Pre-retirement Surviving Spouse Benefit: Life annuity payable to the beneficiary equal to the survivor portion of the benefit that the participant would have received had he or she retired under the Qualified Joint and Survivor Annuity form on the date of death, or Early Retirement Date, whichever is later. If the participant was eligible for Early Retirement, benefits will commence immediately. Otherwise, benefits will commence on the earliest date the participant would have been eligible to retire.

If there is no surviving spouse, a non-spouse beneficiary shall receive a return of employee contributions (if any) payable as a lump sum.

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Post-retirement Surviving Spouse Coverage

Post-retirement Surviving Spouse Benefit: If elected, the survivor portion of a Joint and Survivor Annuity. If a participant is unmarried or had elected a Single Life Annuity, then a lump sum of the remaining Employee Contribution Account Balance (if any), less the amount of total annuity payments, is payable to a beneficiary.

If a spouse predeceases the participant after commencing a Joint and Survivor Annuity, the participant's monthly benefit shall increase to the amount the participant would have received at commencement had he or she elected a Single Life Annuity.

Forms of Payment

Normal Forms:

Single participants: Single Life Annuity.

Married participants: 50% Joint and Survivor Annuity.

Optional Forms of Benefit: Actuarially equivalent 50%, 75% or 100% joint and survivor annuity, 10, 15, or 20 years certain and life annuity (15 and 20 years certain and life annuities are available for Skynet and Loral Component Plans only), Social Security Level Income Option (calculated at age 62), and lump sum (only available when the total lump sum does not exceed $5,000).

1. Optional forms of payment are generally computed based on 4.5% interest and the 1963 George B. Buck male mortality table.

2. Conversion of life annuity into a 50% Qualified Joint and Survivor Annuity -- life annuity benefit reduced by the following percentage: 5% (i) plus 0.5% for each full year in excess of five by which the Participant's age exceeds that of his or her spouse, or (ii) if the spouse's age exceeds the Participant's, minus 0.5% for each full year in excess of five but not more than ten by which the spouse's age exceeds that of the Participant's.

For lump sums and Social Security Level Income Option, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e) published during September of the preceding year are used.

Lump Sum Windows: From the period October 10, 2016 through November 25, 2016, a one-time lump sum window was offered to terminated vested participants as of July 31, 2016 with nonforfeitable accrued benefits having a present value less than $175,000. Distributions occurred during December 2016 and amounts were determined using the IRC Section 417(e) mortality table in effect for 2016 with segment interest rates of 1.69%, 4.11%, and 5.07%.

During the fourth quarter of 2024, a one-time lump sum window was offered to all terminated vested participants as of June 30, 2024 with nonforfeitable accrued benefits. Distributions occurred during December 2024 and amounts were determined using the IRC Section 417(e) mortality table in effect for 2024 with segment interest rates of 5.58%, 5.66%, and 5.56%.

SSL Pension Plan
EIN/PN: 23-1602217/020
Attachment to 2025 Form 5500
Schedule SB, line 26a - Schedule of Active Participant Data

Number of Participants by Age, Years of Service and Average Annual Accrued Benefits

	Years of Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	2	-	-	-	-	-	2
	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	1	6	1	-	-	-	-	8
	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	17	22	2	-	-	-	41
	-	-	-	-	-	$7,915	-	-	-	-	$6,735
50-54	-	-	1	-	14	29	33	3	-	-	80
	-	-	-	-	-	$9,184	14,907	-	-	-	$10,936
55-59	-	-	-	-	5	39	25	15	3	-	87
	-	-	-	-	-	$11,526	$17,769	-	-	-	$14,754
60-64	-	-	-	-	5	21	29	24	14	2	95
	-	-	-	-	-	$12,597	$19,308	$27,824	-	-	$21,356
65-69	-	-	-	-	2	6	13	4	4	5	34
	-	-	-	-	-	-	-	-	-	-	$23,568
70&Up	-	-	-	-	-	2	-	-	2	3	7
	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	1	1	51	120	102	46	23	10	354
	-	-	-	-	$5,596	$10,832	$17,276	$24,920	$29,947	-	$15,800

Note: Accruals under the plan were frozen effective December 31, 2013, and therefore, average annual accrued benefits are provided in lieu of compensation.

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
SSL Pension Plan

B Three-digit plan number (PN) ▶ 020

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

D Employer Identification Number (EIN)
23-1602217

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	319,997,474
b Actuarial value	**2b**	312,171,391

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	1,949	293,090,603	293,090,603
b For terminated vested participants	608	40,169,532	40,169,532
c For active participants	354	46,699,824	46,892,694
d Total	2,911	379,959,959	380,152,829

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,800,000
c Target normal cost	**6c**	2,800,000

Statement by Enrolled Actuary

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

SIGN HERE

Zorast Wadia

Signature of actuary

09/28/2026
Date

Zorast Wadia, CFA, FSA, EA, MAAA
Type or print name of actuary

26-06860
Most recent enrollment number

Milliman
Firm name

(646)473-3000
Telephone number (including area code)

463 7th Avenue
19th Floor
New York NY 10018
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	6,669,326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,669,326
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.08%	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	82.11%
15	Adjusted funding target attainment percentage	15	82.11%
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	87.93%
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
04/15/2025	2,162,649		01/15/2026	2,162,649	
07/15/2025	2,162,649		09/14/2026	2,398,923	
09/17/2025	1,001,247				
09/25/2025	528				
09/25/2025	22				
10/13/2025	2,162,649				
			Totals ► **18(b)**	12,051,316	**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	920,171
	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	10,555,424

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**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	920,171
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	920,171
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**	2,800,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	67,981,438	7,755,090
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**	10,555,090

	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**	10,555,090
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10,555,424

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

a Total (excess, if any, of line 37 over line 36)	**38a**	334
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

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Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
1/1/2019	Shortfall Amortization	5,799,732	9	42,933,185
1/1/2020	Shortfall Amortization	(1,855,762)	10	(14,902,411)
1/1/2021	Shortfall Amortization	(105,068)	11	(906,361)
1/1/2022	Shortfall Amortization	(2,242,901)	12	(20,617,752)
1/1/2023	Shortfall Amortization	5,030,940	13	48,950,701
1/1/2024	Shortfall Amortization	(876,345)	14	(8,974,047)
1/1/2025	Shortfall Amortization	2,004,494	15	21,498,123
Total		7,755,090		67,981,438

SSL Pension Plan
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Schedule SB, line 24 – Change in Actuarial Assumptions

- The administrative expense assumption was changed from $2,900,000 to $2,800,000.

SSL Pension Plan
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Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
9/17/2025	2024	5.08%	10.08%	$ 1,001,247	$ 919,687
9/25/2025	2024	5.08%	10.08%	528	484
Total				1,001,775	920,171

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
4/15/2025	2025	5.34%		$ 2,162,649	$ 2,130,828
7/15/2025	2025	5.34%		2,162,649	2,103,370
9/25/2025	2025	5.34%		22	21
10/13/2025	2025	5.34%		2,162,649	2,076,561
1/15/2026	2025	5.34%		2,162,649	2,048,925
9/14/2026	2025	5.34%		2,398,923	2,195,719
Total				11,049,541	10,555,424

SSL Pension Plan
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Schedule SB, Line 26b - Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	629,227	846,185	31,293,615	32,769,027
2026	1,088,801	1,075,020	30,142,313	32,306,135
2027	1,560,212	1,427,504	29,000,529	31,988,244
2028	1,955,628	1,779,043	27,829,122	31,563,793
2029	2,310,119	2,051,044	26,618,766	30,979,930
2030	2,664,553	2,377,416	25,402,439	30,444,408
2031	2,971,376	2,523,872	24,178,019	29,673,267
2032	3,203,827	2,703,919	22,946,382	28,854,128
2033	3,414,873	2,898,663	21,706,347	28,019,883
2034	3,600,749	2,994,307	20,469,057	27,064,113
2035	3,733,656	3,149,849	19,241,954	26,125,459
2036	3,846,771	3,247,362	18,035,582	25,129,715
2037	3,931,715	3,325,728	16,845,247	24,102,690
2038	3,990,089	3,403,394	15,675,294	23,068,777
2039	4,031,258	3,412,192	14,531,968	21,975,418
2040	4,046,899	3,432,161	13,416,925	20,895,985
2041	4,045,738	3,427,981	12,333,951	19,807,670
2042	4,010,709	3,441,712	11,285,803	18,738,224
2043	3,952,130	3,472,277	10,275,232	17,699,639
2044	3,870,649	3,412,407	9,304,759	16,587,815
2045	3,778,677	3,351,629	8,376,825	15,507,131
2046	3,662,637	3,258,153	7,493,921	14,414,710
2047	3,531,868	3,169,630	6,658,585	13,360,084
2048	3,392,876	3,069,751	5,873,446	12,336,074
2049	3,246,318	2,955,250	5,141,066	11,342,634
2050	3,093,159	2,822,508	4,463,736	10,379,403
2051	2,927,553	2,682,319	3,843,270	9,453,142
2052	2,754,063	2,535,503	3,280,796	8,570,363
2053	2,576,529	2,383,172	2,776,557	7,736,257
2054	2,397,031	2,226,727	2,329,812	6,953,570
2055	2,215,513	2,067,796	1,938,858	6,222,167
2056	2,034,070	1,908,143	1,600,651	5,542,864
2057	1,854,971	1,749,590	1,311,798	4,916,359
2058	1,680,299	1,593,905	1,068,107	4,342,311
2059	1,511,705	1,442,746	864,966	3,819,418
2060	1,350,504	1,297,577	697,575	3,345,656
2061	1,197,951	1,159,597	561,133	2,918,681
2062	1,054,973	1,029,762	451,013	2,535,747
2063	922,243	908,729	362,895	2,193,867
2064	800,169	796,898	292,862	1,889,929
2065	688,931	694,427	237,464	1,620,822
2066	588,514	601,237	193,742	1,383,494
2067	498,708	517,103	159,213	1,175,024
2068	419,151	441,680	131,837	992,668
2069	349,350	374,536	109,968	833,855
2070	288,708	315,177	92,302	696,187
2071	236,552	263,074	77,826	577,453
2072	192,153	217,691	65,788	475,632
2073	154,738	178,481	55,632	388,851
2074	123,529	144,905	46,945	315,379
2075	97,761	116,429	39,436	253,625
2076	76,697	92,519	32,902	202,119

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

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Valuation Date: January 1, 2025

Actuarial Methods

Attribution Method: The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of accrued benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets, reduced by the Carryover Balance and the Prefunding Balance.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Asset Valuation Method: 2 year (3point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Actuarial Assumptions

Economic Assumptions

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27.

Interest Rates:

PPA Funding: Segment Rates with 4 month look-back period.

Segment 1 Interest Rate:	5.07%
Segment 2 Interest Rate:	5.33%
Segment 3 Interest Rate:	5.36%
Effective Interest Rate:	5.31%

Stabilization Rates:

Segment 1 Interest Rate:	5.07%
Segment 2 Interest Rate:	5.31%
Segment 3 Interest Rate:	5.50%
Effective Interest Rate:	5.34%

Rationale: The interest rates above are prescribed under IRS regulations. The PPA funding rates are based on the Plan Sponsor's interest rate election method.

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FASB ASC Topic 960: 4.00%, compounded annually.

Rationale: The interest rate assumption was chosen at direction of the Plan Sponsor.

Expected Return on Assets:

Assumption: 7.50%, compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation of 2.50% and is used in determining the Actuarial Value of Assets.

Rationale: In developing the investment return assumption, we relied on models and capital market assumptions developed by Milliman investment consultants and the Plan's investment policy. We also reviewed the Plan's actual asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and considered in the investment return assumption.

CPI:

Assumption: 2.50%, compounded annually.

Rationale: In developing the long-term inflation assumption, we considered historical and projected rates for this component. The assumption reflects professional judgement, relevant economic data as of the measurement date, and represents our current best estimate of future experience.

Accumulation Rate for Employee Contribution Account Balances:

Assumption: 2.50%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Rationale: The assumption is equal to the CPI expectation. See above for rationale related to the CPI.

Compensation Increases:

Assumption: Not applicable

Rationale: Plan is frozen

Administrative Expenses:

Assumption: $2,800,000

Rationale: This assumption is based on the previous year's actual administrative expenses (excluding the previous years' PBGC premiums) plus the estimated PBGC premiums for the valuation year.

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

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Demographic Assumptions

Information on demographic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 35. Unless otherwise indicated, demographic assumptions were set based on Milliman's 2018 experience study dated November 30, 2018 and input from the plan sponsor. We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

PPA Funding Mortality:

Assumption: Statutory generational tables based on PRI-2012 mortality tables, with projections to anticipate greater future longevity using IRS-modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430.

FASB ASC Topic 960 Mortality:

Assumption: PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality, projected with Scale MP-2021 for males and females.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table and improvement scale in which credible mortality experience was analyzed.

Withdrawal:

Assumption: Turnover rates associated with the probability of receiving ordinary vesting benefits. Rates at selected ages are illustrated below:

Age	Rate
25	2.10%
30	10.10%
35	9.22%
40	5.12%
45	4.16%
50	3.69%
55	3.34%
60	4.02%

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Active Retirement:

Assumption: Once eligible for retirement, active participants are assumed to retire at the following rates:

Age	Rate
Under 55	0%
55-57	1.00%
58	2.00%
59	5.00%
60-61	7.50%
62-63	10.00%
64	15.00%
65-69	25.00%
70	100%

Inactive Retirement:

Assumption: Terminated vested participants are assumed to retire upon attaining age 65.

Marriage and Beneficiary Age Difference:

Assumption: 80% of future retirees are assumed to be married with females three years younger than males.

Rationale: This assumption was developed based on the Plan's historical experience and anticipated future experience, as well as observations of similar populations.

Form of Payment:

Assumption: Upon retirement, participants are assumed to elect a form of payment at the following probabilities:

Form of Payment	Probability
Single Life	50%
50% Joint and Survivor	10%
100% Joint and Survivor	40%

SSL Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 23-1602217 Plan Number: 020

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pantheon Global Secondary Fund III B, L.P.	Partnership/Joint Venture Interests	$ 3	$ 100,885
*	Russell World Equity Fund	Common/Collective Trust	34,741,939	51,108,321
*	Russell High Yield Bond Fund	Common/Collective Trust	11,852,381	15,102,620
*	Russell 15 to 20 Year Strips Fixed Income Fund	Common/Collective Trust	37,151,331	34,233,754
*	Russell 10 to 15 Year Strips Fixed Income Fund	Common/Collective Trust	32,501,336	31,783,181
*	Russell 1000 Index Fund Series I	Common/Collective Trust	25,819,518	41,618,305
*	Russell Emerging Markets Fund	Common/Collective Trust	11,581,733	16,766,573
*	Russell Small Cap Fund	Common/Collective Trust	8,101,350	9,962,018
*	Russell 25 Plus Year Strips Fixed Income Fund	Common/Collective Trust	27,086,776	20,260,094
*	Russell Global Real Estate Securities Fund	Common/Collective Trust	8,217,305	9,795,147
*	Russell Global Listed Infrastructure Fund	Common/Collective Trust	9,336,871	11,858,107
*	Russell Commodities Fund	Common/Collective Trust	6,720,008	8,233,489
*	Russell 14 Year LDI Fixed Income Fund	Common/Collective Trust	61,689,164	57,864,406
*	Russell International Index Fund Series I	Common/Collective Trust	16,397,910	24,769,020
			$291,197,625	$333,455,920

*A party in interest as defined by ERISA.

SSL Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1602217 Plan Number: 020

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
*	Russell Trust Company	Russell World Equity Fund	$ 9,264,493	$ 9,272,457	$ -	$ -	$ 16,143,125	$ 18,536,950	$ 2,393,825
*	Russell Trust Company	Russell 1000 Index Fund Series I	7,546,741	14,007,954	-	-	16,698,373	21,554,695	4,856,322
Total Series Transactions			$ 16,811,234	$ 23,280,411	$ -	$ -	$ 32,841,498	$ 40,091,645	$ 7,250,147

*A party in interest as defined by ERISA.