

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A This return/report is for: [] a multiemployer plan [x] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan TRIAD DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN) 003
1c Effective date of plan 06/01/2006
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) TRIAD NATIONAL SECURITY, LLC
POST OFFICE BOX 1663 MS P280 LOS ALAMOS NM 87545
2b Employer Identification Number (EIN) 82-3291283
2c Plan Sponsor's telephone number 505-695-6568
2d Business code (see instructions) 541990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRIAD NATIONAL SECURITY, LLC BENEFITS AND INVESTMENT COMMITTEE PO BOX 1663 MAIL STOP P280 LOS ALAMOS NM 87545	3b Administrator's EIN 82-3291283 3c Administrator's telephone number 505-695-6568
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	6,097
---	----------	-------

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)	2,736
a(2) Total number of active participants at the end of the plan year	6a(2)	2,447
b Retired or separated participants receiving benefits.....	6b	2,922
c Other retired or separated participants entitled to future benefits	6c	626
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5,995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	107
f Total. Add lines 6d and 6e	6f	6,102
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1
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 Characteristics Codes in the instructions:
 1A 3F

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan TRIAD DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	003
---	---	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRIAD NATIONAL SECURITY, LLC	D Employer Identification Number (EIN) 82-3291283
--	---

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: LLNS & TRIAD NS DB PLAN GROUP TRUST		
b Name of sponsor of entity listed in (a): LLNS, LLC & TRIAD NATIONAL SECURITY, LLC		
c EIN-PN 26-6431956 001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7,033,033,563

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

A Name of plan TRIAD DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TRIAD NATIONAL SECURITY, LLC		D Employer Identification Number (EIN) 82-3291283	

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)	136,800,000	132,600,000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	6,420,788,853	7,033,033,563
(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)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	6,557,588,853 7,165,633,563
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	3,229,792 3,656,708
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	3,229,792 3,656,708
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	6,554,359,061 7,161,976,855

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	132,600,000
	(B) Participants.....	2a(1)(B)	23,307,467
	(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)	155,907,467
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		633,374,427
(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		789,281,894

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	181,664,100	
(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)		181,664,100
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		181,664,100

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		607,617,794
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) 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: MOSS ADAMS

(2) EIN: 91-0189318

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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		1,500,000
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 No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 435600.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan TRIAD DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TRIAD NATIONAL SECURITY, LLC	D Employer Identification Number (EIN) 82-3291283	

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): 82-3291283

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 54.8% Investment-Grade Debt: 27.8% High-Yield Debt: 0.0% Real Estate: 8.9% Other: 8.5%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 TRIAD DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIAD NATIONAL SECURITY, LLC	D Employer Identification Number (EIN) 82-3291283	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2021</u>
2 Assets:			
a Market value	2a	6,554,715,172	
b Actuarial value	2b	5,902,560,720	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,801	2,664,315,652	2,664,315,652
b For terminated vested participants	647	231,118,097	231,118,097
c For active participants	2,736	2,026,596,565	2,035,842,610
d Total	6,184	4,922,030,314	4,931,276,359
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.70%	
6 Target normal cost			
a Present value of current plan year accruals	6a	129,302,632	
b Expected plan-related expenses	6b	5,800,000	
c Total (line 6a + line 6b)	6c	135,102,632	

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
	Margo A. Burdette	09/21/2022
	Type or print name of actuary	2005676
	AON Consulting, Inc.	Most recent enrollment number
	Firm name	404-261-3400
	MSC#17838 PO BOX 551343	Telephone number (including area code)
	Atlanta GA 30355	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2021 v. 201209**

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	532,359,859
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	532,359,859
10 Interest on line 9 using prior year's actual return of <u>19.45%</u>	0	103,543,993
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		60,336,052
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 <u>5.53%</u>		3,336,584
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		63,672,636
d Portion of (c) to be added to prefunding balance		63,672,636
12 Other reductions in balances due to elections or deemed elections	0	365,290,548
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	334,285,940

Part III Funding Percentages		
14 Funding target attainment percentage	14	112.91%
15 Adjusted funding target attainment percentage	15	119.69%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.55%
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	
12/31/2021	0	23,307,467				
07/12/2022	132,600,000	0				
Totals ▶			18(b)	132,600,000	18(c)	23,307,467

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 121,844,080

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	135,102,632	
b Excess assets, if applicable, but not greater than line 31a	31b	135,102,632	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	121,844,080	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	121,844,080	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

Name of Plan: Triad Defined Benefit Pension Plan
 EIN: 82-3291283
 Plan Number: 003

Multiple-Employer Plan Participating Employer Information

Multiple-employer plan filers are required to attach a list of participating employer information to their Form 5500 or Form 5500SF filing as shown below.

<u>Name of Participating Employer</u>	<u>EIN</u>	<u>Percent of Total Contribution For Plan Year</u>
Triad National Security, LLC	82-3291283	98.96%
Newport News Nuclear BWXT-Los Alamos, LLC	81-4328400	1.04%

Pooled Employer Plan/Pooled Plan Provider Information

Is the pooled plan provider currently in compliance with the requirements for filing the Form PR (Pooled Plan Provider Registration Statement)? (See Form PR Instructions and 29 CFR 2510.3-44.) [] Yes [x] No

If "Yes" is checked in line 1a, enter the AckID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid AckID will subject the Form 5500 filing to rejection as incomplete.) AckID _____

**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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 TRIAD DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIAD NATIONAL SECURITY, LLC	D Employer Identification Number (EIN) 82-3291283	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	6,554,715,172	
b Actuarial value	2b	5,902,560,720	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	2,801	2,664,315,652	2,664,315,652
b For terminated vested participants.....	647	231,118,097	231,118,097
c For active participants	2,736	2,026,596,565	2,035,842,610
d Total.....	6,184	4,922,030,314	4,931,276,359
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.70%	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	129,302,632	
b Expected plan-related expenses	6b	5,800,000	
c Total (line 6a + line 6b)	6c	135,102,632	

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	Margo A. Burdette	9/21/22
	Signature of actuary	Date
	Margo A. Burdette	2005676
	Type or print name of actuary	Most recent enrollment number
	AON Consulting, Inc.	404-261-3400
	Firm name	Telephone number (including area code)
	MSC# 17838 PO Box 551343	
	Atlanta GA 30355	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2021
v. 201209**

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	532,359,859
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	532,359,859
10	Interest on line 9 using prior year's actual return of <u>19.45</u> %	0	103,543,993
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		60,336,052
	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 <u>5.53</u> %		3,336,584
	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		63,672,636
	d Portion of (c) to be added to prefunding balance		63,672,636
12	Other reductions in balances due to elections or deemed elections	0	365,290,548
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	334,285,940

Part III Funding Percentages			
14	Funding target attainment percentage	14	112.91%
15	Adjusted funding target attainment percentage	15	119.69%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.55%
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
12/31/2021	0	23,307,467			
07/12/2022	132,600,000	0			
Totals ▶			18(b)	132,600,000	18(c) 23,307,467

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	121,844,080
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 60

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	135,102,632
b Excess assets, if applicable, but not greater than line 31a	31b	135,102,632

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 121,844,080

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

a Total (excess, if any, of line 37 over line 36)	38a	121,844,080
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Triad National Security, LLC

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service <hr/> 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 <hr/> 2021 <hr/> This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> ▶ 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 SCHEDULE SB - INFORMATION FOR EACH INDIVIDUAL EMPLOYER		B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Triad National Security, LLC Portion		D Employer Identification Number (EIN) 82-3291283
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		
Part I Basic Information		
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2 Assets:		
a Market value	2a	6,521,544,526
b Actuarial value	2b	5,869,390,074
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment.....	2,793	2,657,231,306
b For terminated vested participants.....	646	230,675,381
c For active participants	2,708	2,013,061,982
d Total	6,147	4,900,968,669
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
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 5.70%		
6 Target normal cost.....		
a Present value of current plan year accruals	6a	127,947,158
b Expected plan-related expenses	6b	5,800,000
c Total (line 6a + line 6b)	6c	133,747,158
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 Margo A. Burdette	Date 2005676	
Type or print name of actuary AON Consulting, Inc.	Most recent enrollment number 404-261-3400	
Firm name MSC# 17838 PO Box 551343	Telephone number (including area code)	
Address of the firm Atlanta GA 30355		
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 <input type="checkbox"/>		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule SB (Form 5500) 2021 v. 201209

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Schedule SB (Form 5500) 2021 Page 2 of 6

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	531,224,529					
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0					
9	Amount remaining (line 7 minus line 8).....	0	531,224,529					
10	Interest on line 9 using prior year's actual return of 19.45%.....	0	103,323,171					
11	Prior year's excess contributions to be added to prefunding balance:							
	a Present value of excess contributions (line 38a from prior year).....		59,002,832					
	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 5.53%.....		3,262,857					
	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.....		62,265,689					
	d Portion of (c) to be added to prefunding balance.....		62,265,689					
12	Other reductions in balances due to elections or deemed elections.....	0	365,290,548					
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	331,522,841					
Part III		Funding Percentages						
14	Funding target attainment percentage.....	14	112.78%					
15	Adjusted funding target attainment percentage.....	15	119.53%					
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.44%					
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)			
	12/31/2021	0	23,071,935					
	07/12/2022	131,500,000	0					
				Totals ▶	18(b)	131,500,000	18(c)	23,071,935
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:								
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a				0		
	b Contributions made to avoid restrictions adjusted to valuation date.....	19b				0		
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c				120,833,307		
20 Quarterly contributions and liquidity shortfalls:								
	a Did the plan have a "funding shortfall" for the prior year?.....					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....					<input type="checkbox"/> Yes <input type="checkbox"/> 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				

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21	Discount rate:		
	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %
			3rd segment: 6.11 %
		<input type="checkbox"/> N/A, full yield curve used	
	b Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	60
23	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0
Part VIII Minimum Required Contribution For Current Year			
31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c).....	31a	133,747,158
	b Excess assets, if applicable, but not greater than line 31a	31b	133,747,158
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	0	0
	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	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	120,833,307
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	120,833,307
	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 Pension Relief Act of 2010 (See Instructions)			
41	If an election was made to use PRA 2010 funding relief for this plan:		
	a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
	b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Newport News Nuclear BWXT – Los Alamos, LLC

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration Pension Benefits 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 <hr/> 2021 <hr/> This Form is Open to Public Inspection	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021			
▶ 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 SCHEDULE SB - INFORMATION FOR EACH INDIVIDUAL EMPLOYER	B Three-digit plan number (PN) ▶		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Newport News Nuclear BWXT - Los Alamos, LLC	D Employer Identification Number (EIN) 81-4328400		
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		
Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	33,170,646	
b Actuarial value	2b	33,170,646	
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.....	8	7,084,346	7,084,346
b For terminated vested participants.....	1	442,716	442,716
c For active participants	28	13,534,583	13,641,707
d Total.....	37	21,061,645	21,168,769
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>			
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	5.70%	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	1,355,474	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	1,355,474	
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	
	Margo A. Burdette	2005676	
	Type or print name of actuary	Most recent enrollment number	
	AOn Consulting, Inc.	404-261-3400	
	Firm name	Telephone number (including area code)	
	MSC# 17838 PO Box 551343		
	Atlanta GA 30355		
	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 <input type="checkbox"/>			
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule SB (Form 5500) 2021 v. 201209	

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Schedule SB (Form 5500) 2021

Page 2 -

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	1,135,330		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0		
9	Amount remaining (line 7 minus line 8)	0	1,135,330		
10	Interest on line 9 using prior year's actual return of <u>19.45%</u>	0	220,822		
11	Prior year's excess contributions to be added to prefunding balance:				
a	Present value of excess contributions (line 38a from prior year)		1,333,220		
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 <u>5.53%</u>		73,727		
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		1,406,947		
d	Portion of (c) to be added to prefunding balance		1,406,947		
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	2,763,099		
Part III Funding Percentages					
14	Funding target attainment percentage	14	143.64%		
15	Adjusted funding target attainment percentage	15	156.69%		
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	130.88%		
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
12/31/2021	0	235,532			
07/12/2022	1,100,000	0			
			Totals ▶	18(b)	18(c)
				1,100,000	235,532
19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:					
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0		
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0		
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,010,773		
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> 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		

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Schedule SB (Form 5500) 2021

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)	21b		0
22 Weighted average retirement age	22		60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
			0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
			0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30
			0
Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a		1,355,474
b Excess assets, if applicable, but not greater than line 31a	31b		1,355,474
32 Amortization installments:			
	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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
			0
	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		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		1,010,773
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		1,010,773
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 Pension Relief Act of 2010 (See Instructions)			
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Triad National Security, LLC

Date	Amount	Days to Discount to 1/1/2021 at 5.70%	Interest Adjusted Contribution
July 12, 2022	\$ 131,500,000	557	\$ 120,833,307
Total Contribution	\$ 131,500,000		\$ 120,833,307

Newport News Nuclear BWXT - Los Alamos, LLC

Date	Amount	Days to Discount to 1/1/2021 at 5.70%	Interest Adjusted Contribution
July 12, 2022	\$ 1,100,000	557	\$ 1,010,773
Total Contribution	\$ 1,100,000		\$ 1,010,773

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	2.00%	1.0000	1.01
51.5	2.00%	0.9800	1.01
52.5	2.00%	0.9604	1.01
53.5	2.00%	0.9412	1.01
54.5	2.00%	0.9224	1.01
55.5	6.00%	0.9039	3.01
56.5	6.00%	0.8497	2.88
57.5	8.00%	0.7987	3.67
58.5	10.00%	0.7348	4.30
59.5	20.00%	0.6613	7.87
60.5	30.00%	0.5291	9.60
61.5	20.00%	0.3703	4.56
62.5	20.00%	0.2963	3.70
63.5	25.00%	0.2370	3.76
64.5	25.00%	0.1778	2.87
65.5	25.00%	0.1333	2.18
66.5	30.00%	0.1000	1.99
67.5	30.00%	0.0700	1.42
68.5	25.00%	0.0490	0.84
69.5	25.00%	0.0367	0.64
70.5	25.00%	0.0276	0.49
71.5	25.00%	0.0207	0.37
72.5	25.00%	0.0155	0.28
73.5	25.00%	0.0116	0.21
74.5	25.00%	0.0087	0.16
75	100.00%	0.0065	0.49
		Weighted Average	60.34

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Salary Increases	See Table 1
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.25% per year
COLA Increases	2.00%
Optional Payment Form Election Percentage	Single participants: 100% elect single life annuity. Married participants: 100% elect joint and 50% survivor annuity.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Prior year pensionable earnings rolled forward one year with the salary increase assumption.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$290,000.
Valuation of Plan Assets	Triad: Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. N3B: Fair Market Value
Allocation of Assets Under Multiple Employer Pension Plan	Assets have been allocated between Triad and N3B as of the valuation date. As N3B is de minimis per §1.414(l)-1(n)(2), N3B assets are equal to the Present Value of Accrued Benefits for N3B participants using pre-HATFA interest rates (not reflecting corridors). The remainder of the assets are allocated to Triad.
Expected Return on Assets	
2019 Plan Year	6.75%, limited to 6.11%
2020 Plan Year	6.25%, limited to 5.94%
2021 Plan Year	5.75%
Trust Expenses Included in Target Normal Cost	\$5,800,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
30	8.35%	55	3.55%
31	8.05%	56	3.55%
32	7.85%	57	3.45%
33	7.55%	58	3.35%
34	7.25%	59	3.25%
35	7.05%	60	3.15%
36	6.75%	61	3.15%
37	6.45%	62	3.05%
38	6.25%	63	2.95%
39	5.95%	64	2.85%
40	5.65%	65	2.75%
41	5.45%	66	2.75%
42	5.15%	67	2.65%
43	4.85%	68	2.55%
44	4.65%	69	2.45%
45	4.35%	70+	2.35%
46	4.25%		
47	4.25%		
48	4.15%		
49	4.05%		
50	3.95%		
51	3.85%		
52	3.85%		
53	3.75%		
54	3.65%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Table 2

Retirement Rates

Age	Rate
50	2.00%
51	2.00%
52	2.00%
53	2.00%
54	2.00%
55	6.00%
56	6.00%
57	8.00%
58	10.00%
59	20.00%
60	30.00%
61	20.00%
62	20.00%
63	25.00%
64	25.00%
65	25.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70	25.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	14.00%	45	2.00%
16	14.00%	46	1.50%
17	14.00%	47	1.50%
18	14.00%	48	1.50%
19	14.00%	49	1.50%
20	14.00%	50+	0.00%
21	14.00%		
22	14.00%		
23	14.00%		
24	14.00%		
25	8.00%		
26	8.00%		
27	8.00%		
28	8.00%		
29	8.00%		
30	2.50%		
31	2.50%		
32	2.50%		
33	2.50%		
34	2.50%		
35	2.50%		
36	2.50%		
37	2.50%		
38	2.50%		
39	2.50%		
40	2.50%		
41	2.00%		
42	2.00%		
43	2.00%		
44	2.00%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 1, 2006. Amended and restated effective January 1, 2016. The most recent amendment reflected in the following plan provisions, establishing the plan as a multiple employer pension plan, was effective April 30, 2018.
Eligibility	<p>All of the following:</p> <ul style="list-style-type: none">▪ Employed or on an approved leave of absence with the University of California on May 31, 2006;▪ Former participant (or eligible to become a participant) in the University of California Retirement Plan (“UCRP”); and▪ Elected to accept employment with LANS under Total Compensation Package 1 (“TCP1”) as of June 1, 2006 (or later date if on an approved leave of absence). <p>Includes TCP1 employees who are employed by Newport News Nuclear (N3B).</p>
Participation Date	Later of June 1, 2006 or date of becoming an eligible employee.
Normal Retirement Eligibility	Age 60 and completion of five-year period of service.
Basic Retirement Income	<p>Monthly annuity is the product of:</p> <ul style="list-style-type: none">a. 2.5%;b. Highest average plan compensation less \$133; andc. Years of credited service. <p>The product of (a) and (c) is limited to 100%.</p>
Social Security Supplement	<p>Monthly annuity payable until age 65 is the product of:</p> <ul style="list-style-type: none">a. 2.5%;b. \$133; andc. Years of credited service. <p>The product of (a) and (c) is limited to 100%.</p>

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Adjustment for Members With
 Non Coordinated Benefits May 31, 2006

For members entitled to Social Security benefits:

- In calculation of basic retirement income, offset \$133 only for credited service earned after June 1, 2006.
- Calculation of Social Security supplement based on credited service earned after June 1, 2006.

For members not entitled to Social Security benefits:

- Basic retirement income will be calculated without the \$133 offset.
- Neither the member nor the member's spouse shall be eligible for the Social Security supplement.

Early Retirement
 Eligibility

Age 50 and completion of five-year period of service.

Basic Retirement Income and
 Social Security Supplement

Normal retirement benefits and Social Security Supplements are reduced according to the following table:

Age at Retirement	Percentage of Age 60 Benefit
50	44.0%
51	49.6%
52	55.2%
53	60.8%
54	66.4%
55	72.0%
56	77.6%
57	83.2%
58	88.8%
59	94.4%
60	100.0%

Vested Termination
 Eligibility

Completion of five-year period of service.

Benefit

Early retirement benefit commencing at early retirement date.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Late (or Deferred) Retirement
Eligibility

Any time after eligibility for normal retirement.

Benefit

Normal retirement benefit actuarially increased for those months in which the member was credited for less than 40 hours of service and for those months after April 1 of the calendar year following the year the member turns age 70½ regardless of the hours of service.

Disability
Eligibility

Completion of five-year period of service and eligible for and receives disability income under the employer's Defined Benefit Eligible Disability Program.

Benefit

Early or normal retirement benefit. Credited service continues to accrue until earlier of the date the member ceases to be disabled, retires, or attains normal retirement date.

Maximum basic retirement income is greater of:

- Basic retirement income under vested termination; or
- 40% of final complete month of full-time equivalent compensation. The 40% factor is increased to 60% for members with non-coordinated benefits under the UCRP.

Preretirement Death Benefit
Eligibility

Active with period of service of two years or inactive vested (including disabled members) with a spouse on date of death.

Benefit
Not Retirement Eligible

Amount that would be paid if participant had terminated on the earlier of date of termination or date of death, survived until the spouse's date of retirement, elected a 50% joint and contingent annuity naming the spouse as the contingent annuitant, and then died. The spouse's date of retirement may not be earlier than the date the member would have attained 50 nor later than the member's normal retirement date.

Retirement Eligible

Same as above, except that member is assumed to have elected a 100% joint and contingent annuity.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Basic Death Benefit Eligibility	Active with two years of service or inactive vested (including disabled members).
Benefit	\$7,500. However, active members who were participants in the UCRP prior to October 1, 1990 receive the greater of \$7,500 or \$1,500 plus one month of full-time equivalent compensation.
Normal Form of Payment	
Married Participants	50% joint and contingent annuity.
Unmarried Participants	Single life annuity.
Optional Forms of Payment of the Basic Retirement Income	100% joint and contingent, 75% joint and contingent, 66⅔% joint and contingent, 50% joint and contingent, and single life annuity.
Calculation of Joint and Contingent Form	Actuarial equivalent of the single life annuity increased by 2.4%. For members with non-coordinated benefits on May 31, 2006, the 2.4% factor is replaced by 4.8%, except that if such members are eligible for Social Security benefits, the factor shall be 4.8% for credited service earned prior to June 1, 2006 and 2.4% for credited service earned after June 1, 2006.
Employee Contributions	<p>Beginning April 19, 2010, a participant must contribute 2% of earnings below the Social Security wage base plus 4% of earnings above the Social Security wage base minus \$228 per year.</p> <p>Beginning April 18, 2011, a participant must contribute 4% of earnings below the Social Security wage base plus 6% of earnings above the Social Security wage base minus \$228 per year.</p> <p>Beginning April 16, 2012, a participant must contribute 6% of earnings below the Social Security wage base plus 8% of earnings above the Social Security wage base minus \$228 per year.</p>
Cost of Living Adjustment Applied to Basic Retirement Income	The monthly benefit shall be adjusted each July 1 to reflect movement in the CPI but not more than 2.0%. However, if movement in the CPI exceeds 4.0%, then the benefit is adjusted by 2.0% plus 75% of the amount that CPI movement exceeds 4.0%. The maximum adjustment is 6.0%. No adjustment shall be made if it will decrease the benefit.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Benefits Not Valued

None.

Definitions

Highest Average Plan
Compensation (HAPC)

Monthly amount that is the highest average full-time equivalent compensation during 36 continuous months.

For inactive members, HAPC is adjusted each July 1 for movement in the CPI but not more than 2.0%. However, if movement in the CPI exceeds 4.0%, then HAPC is adjusted by 2.0% plus 75% of the amount that CPI movement exceeds 4.0%. The maximum adjustment is 6.0%. No adjustment to HAPC is provided after the earlier of a member's retirement date and normal retirement date.

Full-Time Equivalent Compensation

100% of plan compensation (base salary excluding overtime or bonus pay) which a member would earn from the employer for that calendar month.

Credited Service

One year for each plan year in which member earns 2,080 hours or more and prorated for plan years in which member earns less than 2,080 hours. For members who retire within 120 days of termination of service, proportional credited service will be granted for accumulated sick leave based on a 2,080-hour year. Includes credited service earned under the UCRP.

Period of Service

Years and complete months from employment commencement to date of termination.

Actuarial Equivalent
Mortality

1994 GAR Mortality Table for males (set back three years for members and set back five years for beneficiaries).

Interest

7.5%.

COLA

2% per year.

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 60 with five years of credited service.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) mortality to the applicable rates for the current plan year.
- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$285,000 for 2020 to \$290,000 for 2021.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Triad National Security, LLC will irrevocably commit the Triad Defined Benefit Pension Plan to use of those rates for the 2021 plan year.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The January 1, 2021 valuation reflects the following non-prescribed assumption changes:

- A change in the salary increase assumption.
- A change in the retirement rates.
- A change in the withdrawal rates.
- A change in the disability rates.
- A change in the assumed spousal age difference from males being three years older to males being two years older than their spouses.
- A change in the percent married assumption for females from 65% to 60%.
- A change in the expected long-term rate of return on assets from 6.25% to 5.75%.
- A change in the assumed expenses payable from the trust from \$5,100,000 to \$5,800,000.

These changes were made to better reflect anticipated future experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in IRC Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021
 Triad National Security, LLC

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1	4	2					
35-39				22 \$120,768	92 \$113,841	4				
40-44				16	204 \$127,024	46 \$120,892				
45-49		2	1	23 \$122,385	268 \$138,037	131 \$142,839	31 \$140,842	1		
50-54				11	289 \$131,569	208 \$162,967	92 \$164,204	30 \$136,376	2	
55-59				15	267 \$138,672	217 \$160,385	141 \$178,595	88 \$152,927	39 \$131,918	1
60-64				13	135 \$135,348	75 \$160,359	47 \$177,727	40 \$180,745	6	1
65-69				2	52 \$138,844	23 \$182,337	9	9	16	4
70+				1	16	3	2	3	1	1

N-2,708

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021
 Newport News Nuclear BWXT – Los Alamos, LLC

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					2					
40-44					3	1				
45-49					6					
50-54				1	1	1				
55-59				1	2	4				
60-64				1	3		1			
65-69				1						
70+										

N-28

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Triad National Security, LLC

<p>SCHEDULE SB (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Single-Employer Defined Benefit Plan Actuarial Information</p> <p>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).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<p>OMB No. 1210-0110</p> <p>2021</p> <p>This Form is Open to Public Inspection</p>																				
<p>For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021</p> <p>▶ Round off amounts to nearest dollar.</p> <p>▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</p>																						
<p>A Name of plan SCHEDULE SB - INFORMATION FOR EACH INDIVIDUAL EMPLOYER</p>		<p>B Three-digit plan number (PN) ▶</p>																				
<p>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Triad National Security, LLC Portion</p>		<p>D Employer Identification Number (EIN) 82-3291283</p>																				
<p>E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500</p>																						
<p>Part I Basic Information</p>																						
<p>1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u></p>																						
<p>2 Assets:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a Market value</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:10%; text-align: right;">6,521,544,526</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">5,869,390,074</td> </tr> </table>			a Market value	2a	6,521,544,526	b Actuarial value	2b	5,869,390,074														
a Market value	2a	6,521,544,526																				
b Actuarial value	2b	5,869,390,074																				
<p>3 Funding target/participant count breakdown</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:15%; text-align: center;">(1) Number of participants</th> <th style="width:15%; text-align: center;">(2) Vested Funding Target</th> <th style="width:20%; text-align: center;">(3) Total Funding Target</th> </tr> </thead> <tbody> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: right;">2,793</td> <td style="text-align: right;">2,657,231,306</td> <td style="text-align: right;">2,657,231,306</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: right;">646</td> <td style="text-align: right;">230,675,381</td> <td style="text-align: right;">230,675,381</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: right;">2,708</td> <td style="text-align: right;">2,013,061,982</td> <td style="text-align: right;">2,022,200,903</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: right;">6,147</td> <td style="text-align: right;">4,900,968,669</td> <td style="text-align: right;">4,910,107,590</td> </tr> </tbody> </table>				(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	2,793	2,657,231,306	2,657,231,306	b For terminated vested participants.....	646	230,675,381	230,675,381	c For active participants	2,708	2,013,061,982	2,022,200,903	d Total.....	6,147	4,900,968,669	4,910,107,590
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																			
a For retired participants and beneficiaries receiving payment.....	2,793	2,657,231,306	2,657,231,306																			
b For terminated vested participants.....	646	230,675,381	230,675,381																			
c For active participants	2,708	2,013,061,982	2,022,200,903																			
d Total.....	6,147	4,900,968,669	4,910,107,590																			
<p>4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:10%;"></td> </tr> <tr> <td>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.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>			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															
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																					
<p>5 Effective interest rate</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">5</td> <td style="width:10%; text-align: right;">5.70%</td> </tr> </table>				5	5.70%																	
	5	5.70%																				
<p>6 Target normal cost.....</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a Present value of current plan year accruals</td> <td style="width:10%; text-align: center;">6a</td> <td style="width:10%; text-align: right;">127,947,158</td> </tr> <tr> <td>b Expected plan-related expenses</td> <td style="text-align: center;">6b</td> <td style="text-align: right;">5,800,000</td> </tr> <tr> <td>c Total (line 6a + line 6b)</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">133,747,158</td> </tr> </table>			a Present value of current plan year accruals	6a	127,947,158	b Expected plan-related expenses	6b	5,800,000	c Total (line 6a + line 6b)	6c	133,747,158											
a Present value of current plan year accruals	6a	127,947,158																				
b Expected plan-related expenses	6b	5,800,000																				
c Total (line 6a + line 6b)	6c	133,747,158																				
<p>Statement by Enrolled Actuary</p> <p>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.</p>																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black; text-align: center;">SIGN HERE</td> <td style="width:50%;"></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Signature of actuary</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Margo A. Burdette</td> <td style="border-top: 1px solid black; text-align: center;">2005676</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Type or print name of actuary</td> <td style="border-top: 1px solid black; text-align: center;">Most recent enrollment number</td> </tr> <tr> <td style="border-top: 1px solid black;">AON Consulting, Inc.</td> <td style="border-top: 1px solid black; text-align: center;">404-261-3400</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Firm name</td> <td style="border-top: 1px solid black; text-align: center;">Telephone number (including area code)</td> </tr> <tr> <td style="border-top: 1px solid black;">MSC# 17838 PO Box 551343</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">Atlanta GA 30355</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Address of the firm</td> <td></td> </tr> </table>			SIGN HERE		Signature of actuary	Date	Margo A. Burdette	2005676	Type or print name of actuary	Most recent enrollment number	AON Consulting, Inc.	404-261-3400	Firm name	Telephone number (including area code)	MSC# 17838 PO Box 551343		Atlanta GA 30355		Address of the firm			
SIGN HERE																						
Signature of actuary	Date																					
Margo A. Burdette	2005676																					
Type or print name of actuary	Most recent enrollment number																					
AON Consulting, Inc.	404-261-3400																					
Firm name	Telephone number (including area code)																					
MSC# 17838 PO Box 551343																						
Atlanta GA 30355																						
Address of the firm																						
<p>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 <input type="checkbox"/></p>																						
<p>For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.</p>		<p>Schedule SB (Form 5500) 2021 v. 201209</p>																				

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21	Discount rate:		
	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %
			3rd segment: 6.11 %
		<input type="checkbox"/> N/A, full yield curve used	
	b Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	60
23	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0
Part VIII Minimum Required Contribution For Current Year			
31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c).....	31a	133,747,158
	b Excess assets, if applicable, but not greater than line 31a	31b	133,747,158
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	0	0
	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	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	120,833,307
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	120,833,307
	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 Pension Relief Act of 2010 (See Instructions)			
41	If an election was made to use PRA 2010 funding relief for this plan:		
	a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
	b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Newport News Nuclear BWXT – Los Alamos, LLC

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration Pension Benefits 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 <hr/> 2021 <hr/> This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
▶ 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 SCHEDULE SB - INFORMATION FOR EACH INDIVIDUAL EMPLOYER	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Newport News Nuclear BWXT - Los Alamos, LLC	D Employer Identification Number (EIN) 81-4328400	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	
Part I Basic Information		
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2 Assets:		
a Market value	2a	33,170,646
b Actuarial value	2b	33,170,646
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment.....	8	7,084,346
b For terminated vested participants.....	1	442,716
c For active participants	28	13,534,583
d Total.....	37	21,061,645
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>		
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	5.70%
6 Target normal cost.....		
a Present value of current plan year accruals.....	6a	1,355,474
b Expected plan-related expenses	6b	0
c Total (line 6a + line 6b)	6c	1,355,474
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
	Margo A. Burdette	2005676
	Type or print name of actuary	Most recent enrollment number
	AOn Consulting, Inc.	404-261-3400
	Firm name	Telephone number (including area code)
	MSC# 17838 PO Box 551343	
	Atlanta GA 30355	
	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 <input type="checkbox"/>		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule SB (Form 5500) 2021 v. 201209

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line E—Information for Each Individual Employer

Schedule SB (Form 5500) 2021

Page 3

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)	21b		0
22 Weighted average retirement age	22		60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....			
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
			0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
			0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30
			0
Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a		1,355,474
b Excess assets, if applicable, but not greater than line 31a	31b		1,355,474
32 Amortization installments:			
	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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
			0
	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
			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37
			1,010,773
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		1,010,773
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 Pension Relief Act of 2010 (See Instructions)			
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years		<input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Triad National Security, LLC

Date	Amount	Days to Discount to 1/1/2021 at 5.70%	Interest Adjusted Contribution
July 12, 2022	\$ 131,500,000	557	\$ 120,833,307
Total Contribution	\$ 131,500,000		\$ 120,833,307

Newport News Nuclear BWXT - Los Alamos, LLC

Date	Amount	Days to Discount to 1/1/2021 at 5.70%	Interest Adjusted Contribution
July 12, 2022	\$ 1,100,000	557	\$ 1,010,773
Total Contribution	\$ 1,100,000		\$ 1,010,773

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	2.00%	1.0000	1.01
51.5	2.00%	0.9800	1.01
52.5	2.00%	0.9604	1.01
53.5	2.00%	0.9412	1.01
54.5	2.00%	0.9224	1.01
55.5	6.00%	0.9039	3.01
56.5	6.00%	0.8497	2.88
57.5	8.00%	0.7987	3.67
58.5	10.00%	0.7348	4.30
59.5	20.00%	0.6613	7.87
60.5	30.00%	0.5291	9.60
61.5	20.00%	0.3703	4.56
62.5	20.00%	0.2963	3.70
63.5	25.00%	0.2370	3.76
64.5	25.00%	0.1778	2.87
65.5	25.00%	0.1333	2.18
66.5	30.00%	0.1000	1.99
67.5	30.00%	0.0700	1.42
68.5	25.00%	0.0490	0.84
69.5	25.00%	0.0367	0.64
70.5	25.00%	0.0276	0.49
71.5	25.00%	0.0207	0.37
72.5	25.00%	0.0155	0.28
73.5	25.00%	0.0116	0.21
74.5	25.00%	0.0087	0.16
75	100.00%	0.0065	0.49
		Weighted Average	60.34

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The January 1, 2021 valuation reflects the following non-prescribed assumption changes:

- A change in the salary increase assumption.
- A change in the retirement rates.
- A change in the withdrawal rates.
- A change in the disability rates.
- A change in the assumed spousal age difference from males being three years older to males being two years older than their spouses.
- A change in the percent married assumption for females from 65% to 60%.
- A change in the expected long-term rate of return on assets from 6.25% to 5.75%.
- A change in the assumed expenses payable from the trust from \$5,100,000 to \$5,800,000.

These changes were made to better reflect anticipated future experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in IRC Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021
 Triad National Security, LLC

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1	4	2					
35-39				22 \$120,768	92 \$113,841	4				
40-44				16	204 \$127,024	46 \$120,892				
45-49		2	1	23 \$122,385	268 \$138,037	131 \$142,839	31 \$140,842	1		
50-54				11	289 \$131,569	208 \$162,967	92 \$164,204	30 \$136,376	2	
55-59				15	267 \$138,672	217 \$160,385	141 \$178,595	88 \$152,927	39 \$131,918	1
60-64				13	135 \$135,348	75 \$160,359	47 \$177,727	40 \$180,745	6	1
65-69				2	52 \$138,844	23 \$182,337	9	9	16	4
70+				1	16	3	2	3	1	1

N-2,708

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021
 Newport News Nuclear BWXT – Los Alamos, LLC

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					2					
40-44					3	1				
45-49					6					
50-54				1	1	1				
55-59				1	2	4				
60-64				1	3		1			
65-69				1						
70+										

N-28

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Salary Increases	See Table 1
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.25% per year
COLA Increases	2.00%
Optional Payment Form Election Percentage	Single participants: 100% elect single life annuity. Married participants: 100% elect joint and 50% survivor annuity.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	Prior year pensionable earnings rolled forward one year with the salary increase assumption.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$230,000 and the IRC section 401(a)(17) compensation limit of \$290,000.
Valuation of Plan Assets	Triad: Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. N3B: Fair Market Value
Allocation of Assets Under Multiple Employer Pension Plan	Assets have been allocated between Triad and N3B as of the valuation date. As N3B is de minimis per §1.414(l)-1(n)(2), N3B assets are equal to the Present Value of Accrued Benefits for N3B participants using pre-HATFA interest rates (not reflecting corridors). The remainder of the assets are allocated to Triad.
Expected Return on Assets	
2019 Plan Year	6.75%, limited to 6.11%
2020 Plan Year	6.25%, limited to 5.94%
2021 Plan Year	5.75%
Trust Expenses Included in Target Normal Cost	\$5,800,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
30	8.35%	55	3.55%
31	8.05%	56	3.55%
32	7.85%	57	3.45%
33	7.55%	58	3.35%
34	7.25%	59	3.25%
35	7.05%	60	3.15%
36	6.75%	61	3.15%
37	6.45%	62	3.05%
38	6.25%	63	2.95%
39	5.95%	64	2.85%
40	5.65%	65	2.75%
41	5.45%	66	2.75%
42	5.15%	67	2.65%
43	4.85%	68	2.55%
44	4.65%	69	2.45%
45	4.35%	70+	2.35%
46	4.25%		
47	4.25%		
48	4.15%		
49	4.05%		
50	3.95%		
51	3.85%		
52	3.85%		
53	3.75%		
54	3.65%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Table 2

Retirement Rates

Age	Rate
50	2.00%
51	2.00%
52	2.00%
53	2.00%
54	2.00%
55	6.00%
56	6.00%
57	8.00%
58	10.00%
59	20.00%
60	30.00%
61	20.00%
62	20.00%
63	25.00%
64	25.00%
65	25.00%
66	30.00%
67	30.00%
68	25.00%
69	25.00%
70	25.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	14.00%	45	2.00%
16	14.00%	46	1.50%
17	14.00%	47	1.50%
18	14.00%	48	1.50%
19	14.00%	49	1.50%
20	14.00%	50+	0.00%
21	14.00%		
22	14.00%		
23	14.00%		
24	14.00%		
25	8.00%		
26	8.00%		
27	8.00%		
28	8.00%		
29	8.00%		
30	2.50%		
31	2.50%		
32	2.50%		
33	2.50%		
34	2.50%		
35	2.50%		
36	2.50%		
37	2.50%		
38	2.50%		
39	2.50%		
40	2.50%		
41	2.00%		
42	2.00%		
43	2.00%		
44	2.00%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	June 1, 2006. Amended and restated effective January 1, 2016. The most recent amendment reflected in the following plan provisions, establishing the plan as a multiple employer pension plan, was effective April 30, 2018.
Eligibility	All of the following: <ul style="list-style-type: none">▪ Employed or on an approved leave of absence with the University of California on May 31, 2006;▪ Former participant (or eligible to become a participant) in the University of California Retirement Plan (“UCRP”); and▪ Elected to accept employment with LANS under Total Compensation Package 1 (“TCP1”) as of June 1, 2006 (or later date if on an approved leave of absence). Includes TCP1 employees who are employed by Newport News Nuclear (N3B).
Participation Date	Later of June 1, 2006 or date of becoming an eligible employee.
Normal Retirement Eligibility	Age 60 and completion of five-year period of service.
Basic Retirement Income	Monthly annuity is the product of: <ul style="list-style-type: none">a. 2.5%;b. Highest average plan compensation less \$133; andc. Years of credited service. The product of (a) and (c) is limited to 100%.
Social Security Supplement	Monthly annuity payable until age 65 is the product of: <ul style="list-style-type: none">a. 2.5%;b. \$133; andc. Years of credited service. The product of (a) and (c) is limited to 100%.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Triad Defined Benefit Pension Plan
 EIN: 82-3291283 PN: 003

Adjustment for Members With
 Non Coordinated Benefits May 31, 2006

For members entitled to Social Security benefits:

- In calculation of basic retirement income, offset \$133 only for credited service earned after June 1, 2006.
- Calculation of Social Security supplement based on credited service earned after June 1, 2006.

For members not entitled to Social Security benefits:

- Basic retirement income will be calculated without the \$133 offset.
- Neither the member nor the member's spouse shall be eligible for the Social Security supplement.

Early Retirement
 Eligibility

Age 50 and completion of five-year period of service.

Basic Retirement Income and
 Social Security Supplement

Normal retirement benefits and Social Security Supplements are reduced according to the following table:

Age at Retirement	Percentage of Age 60 Benefit
50	44.0%
51	49.6%
52	55.2%
53	60.8%
54	66.4%
55	72.0%
56	77.6%
57	83.2%
58	88.8%
59	94.4%
60	100.0%

Vested Termination
 Eligibility

Completion of five-year period of service.

Benefit

Early retirement benefit commencing at early retirement date.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Late (or Deferred) Retirement
Eligibility

Any time after eligibility for normal retirement.

Benefit

Normal retirement benefit actuarially increased for those months in which the member was credited for less than 40 hours of service and for those months after April 1 of the calendar year following the year the member turns age 70½ regardless of the hours of service.

Disability
Eligibility

Completion of five-year period of service and eligible for and receives disability income under the employer's Defined Benefit Eligible Disability Program.

Benefit

Early or normal retirement benefit. Credited service continues to accrue until earlier of the date the member ceases to be disabled, retires, or attains normal retirement date.

Maximum basic retirement income is greater of:

- Basic retirement income under vested termination; or
- 40% of final complete month of full-time equivalent compensation. The 40% factor is increased to 60% for members with non-coordinated benefits under the UCRP.

Preretirement Death Benefit
Eligibility

Active with period of service of two years or inactive vested (including disabled members) with a spouse on date of death.

Benefit
Not Retirement Eligible

Amount that would be paid if participant had terminated on the earlier of date of termination or date of death, survived until the spouse's date of retirement, elected a 50% joint and contingent annuity naming the spouse as the contingent annuitant, and then died. The spouse's date of retirement may not be earlier than the date the member would have attained 50 nor later than the member's normal retirement date.

Retirement Eligible

Same as above, except that member is assumed to have elected a 100% joint and contingent annuity.

Schedule SB Attachment (Form 5500)—2021 Plan Year

Triad Defined Benefit Pension Plan

EIN: 82-3291283 PN: 003

Basic Death Benefit

Eligibility

Active with two years of service or inactive vested (including disabled members).

Benefit

\$7,500. However, active members who were participants in the UCRP prior to October 1, 1990 receive the greater of \$7,500 or \$1,500 plus one month of full-time equivalent compensation.

Normal Form of Payment

Married Participants

50% joint and contingent annuity.

Unmarried Participants

Single life annuity.

Optional Forms of Payment of the Basic Retirement Income

100% joint and contingent, 75% joint and contingent, 66⅔% joint and contingent, 50% joint and contingent, and single life annuity.

Calculation of Joint and Contingent Form

Actuarial equivalent of the single life annuity increased by 2.4%. For members with non-coordinated benefits on May 31, 2006, the 2.4% factor is replaced by 4.8%, except that if such members are eligible for Social Security benefits, the factor shall be 4.8% for credited service earned prior to June 1, 2006 and 2.4% for credited service earned after June 1, 2006.

Employee Contributions

Beginning April 19, 2010, a participant must contribute 2% of earnings below the Social Security wage base plus 4% of earnings above the Social Security wage base minus \$228 per year.

Beginning April 18, 2011, a participant must contribute 4% of earnings below the Social Security wage base plus 6% of earnings above the Social Security wage base minus \$228 per year.

Beginning April 16, 2012, a participant must contribute 6% of earnings below the Social Security wage base plus 8% of earnings above the Social Security wage base minus \$228 per year.

Cost of Living Adjustment Applied to Basic Retirement Income

The monthly benefit shall be adjusted each July 1 to reflect movement in the CPI but not more than 2.0%. However, if movement in the CPI exceeds 4.0%, then the benefit is adjusted by 2.0% plus 75% of the amount that CPI movement exceeds 4.0%. The maximum adjustment is 6.0%. No adjustment shall be made if it will decrease the benefit.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Benefits Not Valued

None.

Definitions

Highest Average Plan
Compensation (HAPC)

Monthly amount that is the highest average full-time equivalent compensation during 36 continuous months.

For inactive members, HAPC is adjusted each July 1 for movement in the CPI but not more than 2.0%. However, if movement in the CPI exceeds 4.0%, then HAPC is adjusted by 2.0% plus 75% of the amount that CPI movement exceeds 4.0%. The maximum adjustment is 6.0%. No adjustment to HAPC is provided after the earlier of a member's retirement date and normal retirement date.

Full-Time Equivalent Compensation

100% of plan compensation (base salary excluding overtime or bonus pay) which a member would earn from the employer for that calendar month.

Credited Service

One year for each plan year in which member earns 2,080 hours or more and prorated for plan years in which member earns less than 2,080 hours. For members who retire within 120 days of termination of service, proportional credited service will be granted for accumulated sick leave based on a 2,080-hour year. Includes credited service earned under the UCRP.

Period of Service

Years and complete months from employment commencement to date of termination.

Actuarial Equivalent
Mortality

1994 GAR Mortality Table for males (set back three years for members and set back five years for beneficiaries).

Interest

7.5%.

COLA

2% per year.

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 60 with five years of credited service.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Triad Defined Benefit Pension Plan
EIN: 82-3291283 PN: 003

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An update to the mortality rates for determining minimum lump sum payments under IRC section 417(e)(3) mortality to the applicable rates for the current plan year.
- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$285,000 for 2020 to \$290,000 for 2021.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Triad National Security, LLC will irrevocably commit the Triad Defined Benefit Pension Plan to use of those rates for the 2021 plan year.



*Report of Independent Auditors and
Financial Statements*

Triad Defined Benefit Pension Plan

December 31, 2021 and 2020

Table of Contents

REPORT OF INDEPENDENT AUDITORS	1
---	----------

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits.....	5
--	---

Statements of Changes in Net Assets Available for Benefits	6
--	---

Notes to Financial Statements	7
-------------------------------------	---

Report of Independent Auditors

The Participants and Plan Administrator
Triad Defined Benefit Pension Plan

Report on the Audit of the Financial Statements

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

We have performed an audit of the financial statements of Triad Defined Benefit Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (collectively, the 2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 2021 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 (GAAP).
- the information in the accompanying 2021 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 audit 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 Triad Defined Benefit Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Triad Defined Benefit 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 Triad Defined Benefit Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2021 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 GAAP.

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

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

Other Matter

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Triad Defined Benefit Pension Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Campbell, California
October 4, 2022

Financial Statements

Triad Defined Benefit Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at fair value:		
Participation in the LLNS/Triad Group Trust	<u>\$ 7,033,033,563</u>	<u>\$ 6,420,788,853</u>
Receivables:		
Employer's contribution receivable	<u>132,600,000</u>	<u>136,800,000</u>
Total assets	<u>7,165,633,563</u>	<u>6,557,588,853</u>
Liabilities:		
Accrued expenses	<u>3,656,708</u>	<u>3,229,792</u>
Net assets available for benefits	<u><u>\$ 7,161,976,855</u></u>	<u><u>\$ 6,554,359,061</u></u>

Triad Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to:		
Investment income:		
Participation in the LLNS/Triad Group Trust	\$ 656,636,324	\$ 1,059,530,124
Contributions:		
Employer's	132,600,000	136,800,000
Participants'	23,307,467	24,351,921
	155,907,467	161,151,921
Total additions	812,543,791	1,220,682,045
Deductions from net assets attributed to:		
Benefits paid to participants	181,664,100	158,929,762
Administrative expenses	23,261,897	21,003,963
Total deductions	204,925,997	179,933,725
Net increase in net assets	607,617,794	1,040,748,320
Net assets available for benefits:		
Beginning of year	6,554,359,061	5,513,610,741
End of year	\$ 7,161,976,855	\$ 6,554,359,061

Triad Defined Benefit Pension Plan

Notes to Financial Statements

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

General – The following description of the Triad Defined Benefit Pension Plan (the Plan), provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is a defined benefit plan that was established on June 1, 2006, to provide benefits to eligible employees, as defined in the plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (the Code) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Triad National Security, LLC (Triad or the Company) is the Plan's sponsor.

The Plan is a closed plan and participants under the Plan including employees of the Company who on May 31, 2006, were employed by or on an approved leave of absence from employment with the University of California, and were participating in the University of California Retirement Plan (UCRP) or in an employment classification eligible to participate in the Plan, and who did not elect retired or inactive vested status in the UCRP, and who made a Choice Election to accept employment with the Company on June 1, 2006, in accordance with the terms of Total Compensation Package 1 (TCP1). Participants of the Plan also include individuals who transitioned from employment with the University of California to employment with the Company as of June 1, 2006, who are identified by the Company and the National Nuclear Security Administration as "key personnel" in clause I-119 DEAR 952.215-70 of Contract Number DE-AC52-06NA25396 between the Company and the Department of Energy/National Nuclear Security Administration related to the operation of the Company.

On August 1, 2008, the Lawrence Livermore National Security, LLC (LLNS), and Triad National Security, LLC Defined Benefit Pension Plan Group Trust (the Group Trust), was formed from the pension assets of the Plan and the LLNS Defined Benefit Pension Plan. In the context of pension plans, a group trust is a separate trust which invests together some or all of the assets of "participating trusts." The Plan is one participating trust and the LLNS Defined Benefit Pension Plan is the other participating trust. The assets are commingled for investment purposes only at the direction of the participating trusts and are not commingled to pay plan benefits. The Company and LLNS will continue to sponsor separate qualified pension plans and maintain separate participating trusts. As of December 31, 2021 and 2020, the Plan's interest in the Group Trust was 59.59% and 59.42%, respectively.

The pooling of assets of tax exempt trusts does not affect the tax exempt status of the participating trusts or the qualified status of their related plans, according to Internal Revenue Service Revenue Ruling (Rev. Rul.) 81-100. According to Rev. Rul. 81-100, each participating trust remains fully separate and independent from the other participating trust.

Effective April 30, 2018, a portion of the scope of work awarded to the Company by the U.S. Department of Energy (DOE) was transferred to Newport News Nuclear BWXT-Los Alamos, LLC (N3B). Some of the active participants of the Plan who were employed by the Company were offered and accepted employment with N3B (former employees). In order to allow these former employees to participate in the Plan, the Plan was amended to become a multiple employer plan effective April 30, 2018, and N3B adopted the Plan as a participating employer.

Triad Defined Benefit Pension Plan Notes to Financial Statements

Administration – The Company has appointed the Benefits and Investment Committee (the Committee) to manage the operation and administration of the Plan. The Company has contracted with The Bank of New York Mellon, successor by operation of law to Mellon Bank, N.A. (Mellon), to act as the trustee for the Plan. The Company contracted with Willis Towers Watson (Towers Watson), to act as the Plan's actuary and Aon to act as the third-party administrator. Effective April 2020, the Company contracted with Aon to act as the Plan's actuary. Substantially all expenses incurred for administering the Plan are paid out of the Plan, unless paid by the Company.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of 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. Actual results could differ from those estimates.

Basis of accounting – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Vesting – The Plan provides that benefits vest to participants based on years of service as follows: less than five years of credited service, 0%; five or more years of credited service, 100%. Regardless of service, participants are always 100% vested in their contributions.

Pension benefits – Benefits become payable to the participant after five years of service and:

- (a) electing early retirement upon attaining age 50; or
- (b) electing normal retirement upon attaining age 60; or
- (c) upon actual retirement if later than age 60.

For married participants who do not elect otherwise, benefits will be paid on the basis of a 50% joint and contingent annuity, as stipulated by ERISA, and will be the amount determined under the benefit formula stated in the Plan multiplied by the appropriate factor. If a participant is unmarried, benefits will be paid on the basis of a Single Life Annuity and will be for the amount determined under the Plan's benefit formula.

Death and disability benefits – There are no benefits payable during a period of disability prior to retirement under the Plan. The surviving spouse of a participant who has provided at least two years of credited service will be eligible to receive a survivor annuity and the designated beneficiary of such participant will receive a one-time single-sum basic death benefit from the Plan.

Investment valuation and income recognition – The Plan's investments are held in the Group Trust by Mellon and investment elections are based solely on the instructions received from the Committee. The investments held in the Group Trust are reported at fair value. The Plan's trustee, Mellon, certifies the fair market value of all investments. If available, quoted market prices are used to value investments. 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 2 for discussion of fair value measurements.

Triad Defined Benefit Pension Plan

Notes to Financial Statements

The Group Trust records purchases and sales of securities on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation reported by the Group Trust includes the gains and losses of investments bought or sold as well as held during the year. The Plan presents its share of the investment income in the Group Trust in the statements of changes in net assets available for benefits.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Income taxes – The Plan has been amended since receiving its latest favorable determination letter dated February 2, 2018. The plan administrator believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and uncertainties – The Plan invests its assets in the Group Trust. The Group Trust utilizes 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 statement of net assets available for benefits.

Plan contributions, if any, 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 reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 2 – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

Triad Defined Benefit Pension Plan Notes to Financial Statements

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following are descriptions of the valuation techniques used for assets held by the Group Trust measured at fair value. There have been no changes in the techniques used at December 31, 2021 and 2020.

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

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

Common/collective trusts: Units held in common/collective trusts (CCT) are valued using the NAV practical expedient of the CCT as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities and then divided by the number of units outstanding. Certain CCTs on the Group Trust's investments have redemption restrictions and requires written notice ranging from 10 business days to 45 business days.

Preferred corporate stocks, government securities, government short term investment funds (interest-bearing cash and cash equivalents), and other investments listed on a national securities exchange and over-the-counter securities: Valued at the last reported sale price on the valuation date or, if no sales are reported for that day, the last published sale price.

Corporate debt instruments: Valued based on market values quoted by dealers who are market makers in these securities, by independent pricing services or by a methodology approved by Mellon.

Partner/joint venture interests: Valued using the market approach at the NAV practical expedient. NAV is used as a practical expedient to estimate fair value and which represents the Group Trust's proportionate share of the estimated fair value of the underlying net assets of the partner/joint venture interests. Certain partner/joint venture interests on the Group Trust's investments have redemption restrictions and requires written notice ranging from 15 business days to 24 months. Certain partner/joint venture interests are invested in master limited partnerships (MLPs). MLPs are business ventures that exists in the form of publicly traded limited partnerships and are valued at the closing price reported on the active market on which the MLPs are traded.

Triad Defined Benefit Pension Plan Notes to Financial Statements

Asset-backed securities included in securities lending collateral: These are bonds or notes backed by financial assets. Institutional observable inputs are used with an income valuation technique provided by outside vendors.

Certificates of deposit, repurchase agreements, and commercial paper included in securities lending collateral are valued using a market approach and are carried at cost, which approximates fair value.

Other investments: Other investments mainly consists of domestic and foreign bonds and U.S. Treasury Bonds. The fair value of certain bonds are valued at the closing price reported in an active market in which the individual security is traded. U.S. Ultra bonds, U.S. Treasury Bonds and U.S. Note futures are valued at the prices listed on the national exchanges as of the last sales price. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximize observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

The following tables set forth by level, within the fair value hierarchy, the investments of the Group Trust at fair value as of December 31, 2021 and 2020:

	2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Interest-bearing cash	\$ 3,474,689	\$ 477,385	\$ -	\$ 3,952,074
Corporate stock - common	3,130,739,716	-	-	3,130,739,716
U.S. and other government securities	1,338,413,035	7,412,276	-	1,345,825,311
Corporate stock - preferred	2,798,464	-	-	2,798,464
Corporate debt instruments - preferred	-	1,015,297,630	-	1,015,297,630
Corporate debt instruments	-	867,636,748	-	867,636,748
Other investments	17,395,809	123,269,102	-	140,664,911
Registered investment companies	519,057,854	-	-	519,057,854
Security lending collateral	37,911	1,129,268,188	-	1,129,306,099
Total assets in the fair value hierarchy	<u>\$ 5,011,917,478</u>	<u>\$ 3,143,361,329</u>	<u>\$ -</u>	<u>8,155,278,807</u>
Investments measured at NAV practical expedient				<u>4,788,975,685</u>
Investments at fair value				<u>\$ 12,944,254,492</u>
Liabilities:				
Obligation to return collateral under security lending agreement	<u>\$ 400,000</u>	<u>\$ 1,129,431,944</u>	<u>\$ -</u>	<u>\$ 1,129,831,944</u>

Triad Defined Benefit Pension Plan Notes to Financial Statements

	2020			Total
	Level 1	Level 2	Level 3	
Assets:				
Interest-bearing cash	\$ 10,864,219	\$ 10,000	\$ -	\$ 10,874,219
Corporate stock - common	4,617,064			4,617,064
Corporate stock - common	3,539,148,711	-	-	3,539,148,711
U.S. and other government securities	1,008,074,448	14,036,778	-	1,022,111,226
Corporate stock - preferred	3,824,872	252,575	-	4,077,447
Corporate debt instruments - preferred	-	991,580,381	-	991,580,381
Corporate debt instruments	-	822,994,600	-	822,994,600
Other investments	(17,136,408)	133,929,645	-	116,793,237
Registered investment companies	797,570,449	-	-	797,570,449
Security lending collateral	158,044	1,091,524,354	-	1,091,682,398
Total assets in the fair value hierarchy	\$ 5,347,121,399	\$ 3,054,328,333	\$ -	8,401,449,732
Investments measured at NAV practical expedient				<u>3,491,726,070</u>
Investments at fair value				<u>\$ 11,893,175,802</u>
Liabilities:				
Obligation to return collateral under security lending agreement	<u>\$ 2,099,565</u>	<u>\$ 1,091,224,121</u>	<u>\$ -</u>	<u>\$ 1,093,323,686</u>

NOTE 3 – PARTY-IN-INTEREST TRANSACTIONS

Certain investments and securities lending activities in the Group Trust are managed by Mellon. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represent the estimated future periodic payments under the Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to:

- (a) retired or terminated employees or their beneficiaries; or
- (b) beneficiaries of employees who have died; or
- (c) present employees or their beneficiaries.

Benefits under the Plan are based on years of service and benefit credit rates. The accumulated Plan benefits for active employees are based on years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Triad Defined Benefit Pension Plan

Notes to Financial Statements

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Aon, 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), anticipated Cost of Living Adjustments, and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2021 (beginning of the Plan year), are as follows:

Interest rate:	5.75%
Cost of Living Adjustments	2.00%
Mortality assumption:	Pri-2012 Mortality table with fully generational projection using scale MP-2020 for healthy participants, Pri-2012 Disabled Retirement Mortality table with fully generational projection using scale MP-2020 for disabled participants and Pri-2012 Contingent Survivor Mortality table generational projection using scale MP-2020 for contingent survivors.
Retirement age:	Retirement rates vary by age 50 to 75 years old, average age 61

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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated Plan benefits at December 31, 2020, is as follows:

Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 2,611,077,459
Vested benefits for other participants	<u>2,292,320,336</u>
Total vested Plan benefits	4,903,397,795
Nonvested benefits	<u>5,133,362</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 4,908,531,157</u></u>

Triad Defined Benefit Pension Plan Notes to Financial Statements

The change in the actuarial present value of accumulated Plan benefits for the year ended December 31, 2020, is as follows:

Actuarial present value of Plan benefits, December 31, 2019	<u>\$ 4,265,042,948</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	261,673,897
Benefits paid	(158,929,762)
Plan amendments	239,755
Assumption changes	375,750,823
Other changes	<u>164,753,496</u>
	<u>643,488,209</u>
Actuarial present value of accumulated Plan benefits, December 31, 2020	<u><u>\$ 4,908,531,157</u></u>

The following assumptions were changed since January 1, 2020 (the last valuation date):

- The mortality improvement scale changed from MP-2019 to MP-2020.
- The interest rate changed from 6.25% to 5.75%.

NOTE 5 – FUNDING POLICY

Participant contributions – The Plan requires mandatory participant contributions equal to 6% of earnings below the Social Security Wage Base, plus 8% of earnings above the Social Security Wage Base minus \$8.77 each pay period (\$228 per year).

Employer contributions – It is the policy of the Company to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law. Triad National Security, LLC may, at its discretion, contribute amounts in excess of the minimum required contribution.

Annual contributions, if any, are determined by the Plan's actuary. The Plan has satisfied the minimum funding standards required by ERISA and the Code for the years ended December 31, 2021 and 2020.

Triad Defined Benefit Pension Plan Notes to Financial Statements

NOTE 6 – PARTICIPATION IN THE GROUP TRUST

The Plan's participation in the Group Trust reported on the statements of net assets consists of the investments held at fair value, certain receivables and liabilities that are not reported separately on the Plan's financial statements as follows at December 31:

	<u>2021</u>	<u>2020</u>
Investments, at fair value (Note 2)	\$ 12,944,254,492	\$ 11,893,175,802
Due from investment managers	47,928,120	877,665,510
Obligation to return collateral under security lending agreement	(1,129,831,944)	(1,093,323,686)
Due to investment managers	<u>(30,983,895)</u>	<u>(864,102,970)</u>
Net assets allocable to the participating Plans	<u>\$ 11,831,366,773</u>	<u>\$ 10,813,414,656</u>
Allocated to the Triad Defined Benefit Pension Plan	\$ 7,033,033,563	\$ 6,420,788,853
Allocated to the LLNS Defined Benefit Pension Plan	<u>4,798,333,210</u>	<u>4,392,625,803</u>
	<u>\$ 11,831,366,773</u>	<u>\$ 10,813,414,656</u>

The Plan's participation in the Group Trust reported on the statements of changes in net assets consists of investment income as follows for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Investment income		
Net appreciation in fair value of investments	\$ 895,008,903	\$ 1,600,151,829
Interest	92,444,395	89,636,772
Dividends	79,334,641	76,320,192
Other investment income	<u>26,283,128</u>	<u>7,330,346</u>
Total investment income reported by the Group Trust	<u>\$ 1,093,071,067</u>	<u>\$ 1,773,439,139</u>
Allocated to the Triad Defined Benefit Pension Plan	656,636,324	1,059,530,124
Allocated to the LLNS Defined Benefits Pension Plan	<u>436,434,743</u>	<u>713,909,015</u>
	<u>\$ 1,093,071,067</u>	<u>\$ 1,773,439,139</u>

NOTE 7 – CERTIFIED INFORMATION

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mellon, the trustee of the Plan, has certified to the completeness and accuracy of:

- The Plan's participation in the Group Trust reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.

Triad Defined Benefit Pension Plan Notes to Financial Statements

- The Plan's interest in the investment income in the Group Trust reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Investment information, investment related receivables and liabilities, and investment income disclosed related to the Group Trust in Note 6 as of and for the years ended December 31, 2021 and 2020.

NOTE 8 – FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK

In the normal course of operations, assets in the Group Trust are invested in financial instruments that may give rise to off-balance sheet risk. These instruments involve, in varying degrees, elements of credit and market risk in excess of the amounts recognized on the statements of net assets available for benefits. The notional value provides a measure of the Group Trust's involvement in such instruments but is not indicative of potential loss. The intent is to use these financial instruments to reduce, rather than increase, market risk. For 2021 and 2020, these financial instruments consisted of futures contracts and are included under "Other investments" on the Group Trust's statements of net assets available for benefits.

NOTE 9 – DERIVATIVE FINANCIAL INSTRUMENTS

The Committee adopted a "Statement of Investment Policy" that applies to the Group Trust. This statement provides guidelines for certain plan investment managers to allow the use of derivative instruments to achieve investment objectives. It is the investment managers' responsibility to understand the potential impact of derivative instruments on the total portfolio under various market risk scenarios and to comply with these guidelines. As with other marketable securities, all derivatives are recorded at fair value.

Derivatives are subject to risks which include the possible inability of the counterparty to meet the terms of the contracts (counterparty risk), and adverse market movements (market risk).

During the years ended December 31, 2021 and 2020, the following types of derivative instruments were used in the Group Trust:

Foreign currency contracts – The Group Trust's global equity portfolio includes equity securities denominated in foreign currencies. The Committee has retained an investment manager to hedge a portion of the foreign currency risk associated with these securities. Consistent with this strategy, the investment manager enters into forward foreign currency agreements to exchange foreign currencies at a specified future date and at a specified rate.

The trustee's commitments to buy and sell foreign currencies on behalf of the Group Trust totaled approximately \$5,608,000 and \$821,261,000, at December 31, 2021 and 2020, respectively. Commitments at December 31, 2021 expire through January 2022.

Triad Defined Benefit Pension Plan

Notes to Financial Statements

Futures contracts – The Group Trust enters into futures contracts in the normal course of its investing activities to manage market risk associated with the Group Trust’s fixed income investments and to achieve overall investment portfolio objectives. During 2021 and 2020, futures contracts consisted of U.S. Treasury securities and these investments were made in accordance with the guidelines set forth by the Committee. The credit risk associated with these contracts is minimal because they are traded on organized exchanges. The Group Trust’s notional exposure related to these futures contracts was approximately \$1,305,514,000 and \$2,217,921,000, for 2021 and 2020, respectively.

During the period the contract is open, changes in the value of the contract are recognized as unrealized gains or losses by daily marking to market the contract to reflect the market value of the contract at the end of each day’s trading. The Group Trust receives from, or pays to the broker, an amount equal to the daily fluctuation in the market value of the contract known as margin variation, which is recognized in the net appreciation in fair value of investments.

The Group Trust is exposed to credit loss in the event of nonperformance by a counterparty to its contractual obligations. Based on the extent of the investment in these derivatives with any one counterparty, the Company has determined that the risk of loss to the Group Trust in the event of nonperformance by a counterparty is not significant. The Group Trust does not anticipate nonperformance by a counterparty.

In the Group Trust’s statements of net assets, all derivative financial instruments are carried at fair value. The fair value of the Group Trust’s derivative financial instruments are as follows:

Asset Derivatives December 31, 2021		Liability Derivatives December 31, 2021		Number of Open Contracts
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
<i>Cash Equivalents</i>		<i>Cash Equivalents</i>		
Foreign Currency	\$ 3,475,075	Foreign Currency	\$ 385	47
<i>Other Assets</i>		<i>Other Assets</i>		
Futures	\$ 19,142,496	Futures	\$ 1,746,688	24
Asset Derivatives December 31, 2020		Liability Derivatives December 31, 2020		Number of Open Contracts
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
<i>Cash Equivalents</i>		<i>Cash Equivalents</i>		
Foreign Currency	\$ 6,262,204	Foreign Currency	\$ 79	61
<i>Other Assets</i>		<i>Other Assets</i>		
Futures	\$ 647,912	Futures	\$ 18,699,565	21

Triad Defined Benefit Pension Plan Notes to Financial Statements

NOTE 10 – SECURITIES LENDING

The Group Trust participates in a securities lending program with the trustee. The program allows the trustee to lend securities, which are assets of the Group Trust, to approved borrowers. The trustee requires the borrowers, pursuant to a security loan agreement, to deliver collateral having a market value of not less than the collateral requirement. For U.S. securities, the collateral requirement is 102% of the fair market value of the securities lent. For foreign securities, the collateral requirement is 105% of the fair market value of the securities lent. The Group Trust bears the risk of loss with respect to any unfavorable change in fair value of the invested cash collateral. However, the borrowers bear the risk of loss related to the decrease in the fair value of the noncash collateral and, therefore, would have to deliver additional securities to maintain the required collateral. In the event that the securities lent are not returned by the borrower and the collateral proceeds are insufficient to replace any of the loaned securities, the trustee will pay such amounts as are necessary to make the Group Trust whole. The fair value of the investment of cash collateral received pursuant to securities lending transactions is reflected on the statement of net assets available for benefits as an asset and the obligation to return the amount received is reflected as a liability. As of December 31, 2021 and 2020, collateral for securities on loan from the Group Trust included reinvested collateral in accordance with the guidelines in the “Securities Lending Authorization Agreement” (the Lending Agreement).

Noncash collateral of approximately \$82,557,000 and \$71,977,000, received for securities on loan at December 31, 2021 and 2020, respectively, consisted of sovereign debt securities as in accordance with the Lending Agreement held by the trustee on behalf of the Plan. Noncash collateral is not included with the collateral balance included in the statement of net assets available for benefits because it may not be sold or repledged.

The Group Trust and the trustee receive a percentage of the net income derived from the securities lending activities based on the type of securities received as collateral. Income earned during 2021 and 2020, was approximately \$2,650,000 and \$5,077,000, respectively, which is included in other investment income, net of trustee fees.

NOTE 11 – PLAN TERMINATION OR MODIFICATION

With prior approval of the National Nuclear Security Administration, the Company can terminate the Plan, subject to the provisions of federal law. Upon the termination of the Plan, partially or in its entirety, the rights of all affected participants to benefits accrued to the date of such termination, to the extent funded as of such date, are nonforfeitable. Provided, however, that upon termination of the Plan, the Company’s obligation to make further contributions to the Plan on behalf of affected participants shall cease, except for any additional contribution that may be necessary to meet the minimum funding or other requirements of ERISA.

In the event of a complete termination of the Plan, funds will be distributed to the extent available, in the following order:

- Accrued benefits derived from mandatory employee contributions.
- Annuity benefits that were in pay status before the beginning of the three-year period ending on the termination date, and those annuity benefits that could have been in pay status for participants who, before the beginning of the three-year period ending on the termination date, had reached their earliest retirement date as defined by the Pension Benefit Guaranty Corporation (the PBGC).

Triad Defined Benefit Pension Plan

Notes to Financial Statements

- Other vested benefits insured by the PBGC up to the applicable limits
- All other vested benefits
- All other participants

Any residual assets of the Plan will be distributed to the Company, provided that all liabilities of the Plan have been paid.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of termination. There is a statutory ceiling, which is adjusted periodically, on the amount of a participant's monthly benefit that the PBGC guarantees. 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's sponsor and the level of benefits guaranteed by the PBGC.

NOTE 12 – SUBSEQUENT EVENT

The Plan has evaluated subsequent events through October 4, 2022, which is the date the financial statements were available to be issued.

