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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NSS ENTERPRISES, INC. LOCAL 12 RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1964

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)
NSS ENTERPRISES, INC.

3115 FRENCHMENS ROAD
TOLEDO, OH 43607

2b Employer Identification Number (EIN)
34-1888804

2c Plan Sponsor's telephone number
419-531-2121

2d Business code (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/01/2020	ADAM SCHOESLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	106
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)**	30
a(2) Total number of active participants at the end of the plan year	**6a(2)**	25
b Retired or separated participants receiving benefits	**6b**	45
c Other retired or separated participants entitled to future benefits	**6c**	11
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	81
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	87
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**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **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
NSS ENTERPRISES, INC. LOCAL 12 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NSS ENTERPRISES, INC.

D Employer Identification Number (EIN)
34-1888804

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

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

Part I Basic Information

1 Enter the valuation date: Month 11 Day 01 Year 2018

2 Assets:

a Market value	**2a**	5571820
b Actuarial value	**2b**	5680500

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	48	2989553	2989553
b For terminated vested participants	28	695550	695550
c For active participants	30	1673576	1988578
d Total	106	5358679	5673681

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.65 %
6 Target normal cost	**6**	1545

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: 05/28/2020
DEBBIE P. SICHKO, E.A., F.S.A.	Most recent enrollment number: 20-07411
Type or print name of actuary	
FINDLEY, INC.	Telephone number (including area code): 216-875-1900
Firm name	
1660 WEST SECOND STREET SUITE 900 CLEVELAND, OH 44113	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	856196
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	74663
9	Amount remaining (line 7 minus line 8)	0	781533
10	Interest on line 9 using prior year's actual return of -0.20 %	0	-1563
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.86%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	779970

Part III Funding Percentages

14	Funding target attainment percentage	14	86.37%
15	Adjusted funding target attainment percentage	15	100.12%
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	84.16%
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
08/06/2019	42000	0			
			Totals ► 18(b)	42000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40278

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions)

Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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 6)	**31a**	1545
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	773151	183572
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** 185117

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	144839	144839

36 Additional cash requirement (line 34 minus line 35)	**36**	40278
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	40278

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

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

Part IX Pension Funding Relief Under 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan
NSS ENTERPRISES, INC. LOCAL 12 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NSS ENTERPRISES, INC.

D Employer Identification Number (EIN)
34-1888804

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE
1M0B2D
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	32523	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan
NSS ENTERPRISES, INC. LOCAL 12 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NSS ENTERPRISES, INC.

D Employer Identification Number (EIN)
34-1888804

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	347	603
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	151172	399702
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5420642	4850311
(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	5572161	5250616
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5572161	5250616

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	42000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		42000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2964	
	(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)		2964
	(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)	185946	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		185946
	(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		417277
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		648187
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	937209	
(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)		937209
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)	32523	
(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)		32523
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		969732
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-321545
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) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: WILLIAM VAUGHAN COMPANY **(2)** EIN: 34-1145015

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4216204. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan
NSS ENTERPRISES, INC. LOCAL 12 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NSS ENTERPRISES, INC.

D Employer Identification Number (EIN)
34-1888804

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): 34-6815341

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** 17

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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):

NSS ENTERPRISES, INC.
UAW LOCAL 12 RETIREMENT PLAN

FINANCIAL STATEMENTS

Years Ended October 31, 2019 and 2018

WILLIAM VAUGHAN
COMPANY

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WILLIAM VAUGHAN
COMPANY

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
NSS Enterprises, Inc.
UAW Local 12 Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the NSS Enterprises, Inc. UAW Local 12 Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of October 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has

obtained certifications from the Trustee as of and for the years ended October 31, 2019 and 2018, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) and the supplemental Schedule H, line 4j – Schedule of Reportable Transactions as of and for the year ended October 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

May 29, 2020

NSS ENTERPRISES, INC.
UAW LOCAL 12 RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
October 31, 2019 and 2018

Assets

	2019	2018
Investments at fair value	$ 5,250,013	$ 5,571,814
Receivables		
Accrued income	603	347
Total receivables	603	347
Net assets available for benefits	$ 5,250,616	$ 5,572,161

See independent auditor's report and accompanying notes.

NSS ENTERPRISES, INC.
UAW LOCAL 12 RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended October 31, 2019 and 2018

	2019	2018
Additions		
Investment income (loss)		
Net appreciation (depreciation) of investments	$ 417,277	$ (209,033)
Interest and dividends	188,910	198,066
Total investment income (loss)	606,187	(10,967)
Employer contributions	42,000	108,000
Total additions	648,187	97,033
Deductions		
Benefits paid directly to participants	937,209	291,225
Administrative expenses	32,523	-
Total deductions	969,732	291,225
Net increase (decrease) in net assets available for benefits	(321,545)	(194,192)
Net assets available for benefits		
Beginning of year	5,572,161	5,766,353
End of year	$ 5,250,616	$ 5,572,161

Note 1 – Description of Plan

The following description of the NSS Enterprises, Inc. UAW Local 12 Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit plan established for the principal purpose of providing retirement, death, or disability benefits to employees of NSS Enterprises, Inc. (the Company and Plan Sponsor) who are represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and its Local 12 and who are members of the bargaining unit. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2008, participants no longer accrue years of service, the benefit provision paid to qualifying retirees is frozen at $26.00 per year of credited service, and all participants became fully vested.

Funding

Participants are not permitted to make contributions to the Plan. The Company contributes annually to meet the minimum funding requirements of ERISA and, at its discretion, may contribute more than the minimum funding requirement.

Benefits

Participants are entitled to benefits beginning at normal retirement age (the later of attaining age 65 or the completion of five years of creditable service as defined by the Plan). Retired employees eligible for the normal retirement benefits are entitled to a monthly benefit equal to multiplying a dollar amount, as specified by the date of retirement, by the years of credited service, both defined in the Plan document. Prior to January 1, 2009, accrued benefits were fully vested after completion of five years of credited service. Effective January 1, 2009, all participants became fully vested. Benefits are payable upon early, normal or late retirement.

Early retirement benefits, as defined by the Plan, are provided to employees who have attained age 60 and completed 10 years of credited service. Late retirement benefits are permitted, as defined by the Plan. Benefits are paid as a lump sum if less than $5,000 or monthly in the form of joint and survivor or single life annuity, subject to the limitations set forth in the Plan document.

Effective August 1, 2019, the Plan was amended to allow a lump sum distribution option for certain deferred vested participants not currently receiving benefits. Participants received a lump sum payout of their vested benefits regardless of their age or service if they made an election during the period beginning August 2, 2019 and ending September 20, 2019. All related payments were distributed prior to October 31, 2019. This amendment is not reflected in the actuarial present value of accumulated plan benefits disclosed in Note 5.

Note 1 – Description of Plan (continued)

Benefits (continued)

If an active participant, prior to attaining age 65 and with a vested interest in the Plan, becomes totally and permanently disabled, a disability pension, calculated in a manner similar to a normal retirement pension based on credited service as of the disability date, is paid to the participant.

Supplemental benefits shall also be paid to certain participants, as further discussed in the Plan document.

Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Administrative Expenses

Administrative expenses are paid by the Plan Sponsor or by the Plan, as permitted in the Plan document. The services are rendered by parties-in-interest to the Plan.

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Benefit payments to participants are recorded upon distribution.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There have been no changes in the valuation methods used. The Plan's investments are held at Fifth Third Bank, the Plan's Trustee.

Mutual funds represent investments with various investment managers. The fair values of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are valued at net asset value.

Exchange traded funds are valued at fair value based on closing prices on the last business day of each period presented.

Note 2 – Significant Accounting Policies (continued)

Investments Valuation and Income Recognition (continued)

Money market funds are valued using the amortized cost method as permitted by Rule 2a-7 under the Investment Company Act of 1940, which approximates their fair value.

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

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Note 3 – Investments

All investment information disclosed in the accompanying financial statements and schedules, including investments held at October 31, 2019 and 2018, net appreciation (depreciation) of investments, and interest and dividends for the years then ended, were obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by the Trustee.

Note 4 – Fair Value Measurement

The various inputs that may be used to determine the value of the Plan's investments are summarized in three broad levels within the fair value hierarchy. The three levels are described below:

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

Note 4 – Fair Value Measurement (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2019 and 2018. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Level 1 Investments at Fair Value as of October 31,	
	2019	2018
Mutual funds	$ 2,075,045	$ 3,303,186
Money market fund	399,702	151,172
Exchange traded funds	2,775,266	2,117,456
Total investments at fair value	$ 5,250,013	$ 5,571,814

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are future periodic payments, including lump sum, that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are determined by considering the retirement date and the years of credited service. The accumulated plan benefit for active employees was determined using each employee's years of credited service and the benefit provision (based on a maximum of $26.00) at October 31, 2018 and 2017. 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.

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

Note 5 – Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefit information as of October 31, 2018 (the latest available date) and 2017 are as follows:

	2018	2017
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 2,551,530	$ 2,372,915
Other participants	1,975,599	1,947,233
	4,527,129	4,320,148
Nonvested benefits	277,307	314,034
Total actuarial present value of accumulated plan benefits	$ 4,804,436	$ 4,634,182

Changes in the actuarial present value of accumulated plan benefits are as follows:

	2018
Actuarial present value of accumulated plan benefits as of beginning of year	$ 4,634,182
Increase (decrease) attributable to:	
Benefits accumulated (including gains and losses)	(33,640)
Decrease in discount period	336,840
Change in actuarial assumptions	158,279
Benefits paid	(291,225)
Net increase (decrease)	170,254
Actuarial present value of accumulated plan benefits as of end of year	$ 4,804,436

Significant assumptions underlying the actuarial computations are:

Mortality basis	RP-2000 static, non-generational Mortality Table
Retirement	At Normal Retirement (65)
ASC 960 Discount Rate	7.0% (7.5% at October 31, 2017)

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

Note 6 – Income Taxes

The Internal Revenue Service has determined and informed the Company by a letter dated October 15, 2015 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has since been amended. The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor will take the necessary steps, if any, to bring the Plan's operations into compliance with the IRC.

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

Note 7 – Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of the 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 the uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 8 – Subsequent Events

Management has evaluated subsequent events through May 29, 2020, the date the financial statements were available to be issued, and determined that no events have occurred that require recognition or disclosure.

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2018 Valuation
NSS Enterprises, Inc. UAW Local 12 Retirement Plan
(EIN: 34-1888804; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	1 (*)	-	-	-	-	-	-
50 to 54	-	-	-	-	-	-	-	-	-	-
55 to 59	-	-	-	2 (*)	4 (*)	3 (*)	4 (*)	1 (*)	-	-
60 to 64	-	-	-	5 (*)	4 (*)	3 (*)	1 (*)	-	-	-
65 to 69	-	-	-	1 (*)	-	-	-	-	1 (*)	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Appendix B
Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates

24-month segment rates averaged through the end of June 2018 and published in July 2018 (as prescribed by IRC 430) and adjusted to reflect BBA:

- Segment 1 (0 – 5 years) 3.92%
- Segment 2 (5 to 20 years) 5.52%
- Segment 3 (more than 20 years) 6.29%
- Effective Interest Rate 5.65%

Maximum Deductible Annual Interest Rates

24-month segment rates averaged through the end of June 2018 and published in July 2018 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 2.14%
- Segment 2 (5 to 20 years) 3.73%
- Segment 3 (more than 20 years) 4.44%
- Effective Interest Rate 3.90%

Annual Expected Return on Assets

Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 6.48%

Rationale: as selected by the Plan Sponsor

PBGC Annual Interest Rates

24-month segment rates averaged through the end of June 2018 and published in July 2018 using the Alternative Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 2.14%
- Segment 2 (5 to 20 years) 3.73%
- Segment 3 (more than 20 years) 4.44%
- Effective Interest Rate 3.91%

Salary Scale

Not applicable

Mortality

RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants (as prescribed by IRC 430).

This reflects a delay in the adoption of the updated mortality table methodology until the plan year beginning November 1, 2019 and is permitted by IRS Notice 2017-60 and §1.430(h)(3)-1(f)(2).

Appendix B (Continued)

Rates of Retirement

Age(s)	Rate for Employees with Less than 20 Years of Service	Rate for Employees with 20 or more Years of Service
60	5%	5%
61	2	2
62	5	40
63	2	30
64	2	25
65	70	70
66-69	50	50
70	100	100

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

None.

Rates of Turnover

Based on age and sex as follows:

Age	Males	Females
25	.099	.149
30	.069	.099
35	.049	.069
40	.028	.049
45	.017	.028
50	.004	.017
55	.000	.004

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and seventy percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Election

All employees are assumed to elect the life annuity benefit.

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Appendix B (Continued)

Asset Method	Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
Funding Method	Pure Unit Credit
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the funding target were 4.16%, 5.72% and 6.48%. These rates were updated to the rates required for the current plan year. The mortality table for the funding target was changed as required under PPA '06.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

NSS ENTERPRISES, INC.
UAW LOCAL 12 RETIREMENT PLAN
EIN: 34-1888804 PLAN NUMBER: 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended October 31, 2019

The following Fifth Third Bank schedule of reportable transactions (Pages 132 to 139) is incorporated herein by reference.

SINGLE TRANSACTION EXCEEDS 5% 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	05/28/19	2,555.000	282,736.30	76.65	.00	282,812.95	.00
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	09/16/19	2,614.000	294,414.82	78.42	6.09	289,432.10	4,898.21
	1 PURCHASES FOR		282,736.30	1 SALES FOR	294,414.82			

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
BLACKROCK FDS II STRG OPP INSTL	SAL	01/29/19	16,979.159	163,848.88	.00	.00	166,953.67	-3,104.79
	SAL	05/24/19	28,494.065	278,102.07	.00	.00	280,178.10	-2,076.03
	PUR	08/16/19	17,528.091	173,878.66	.00	.00	173,878.66	.00
	PUR	09/13/19	19,578.782	194,025.73	.00	.00	194,025.73	.00
	SAL	10/18/19	13,505.108	133,835.62	.00	.00	133,899.41	-63.79
	SAL	10/21/19	2,549.295	25,263.52	.00	.00	25,275.56	-12.04
2 PURCHASES FOR			367,904.39	4 SALES FOR	601,050.09	ISSUE AGGREGATE TOTAL		968,954.48	
DOUBLELINE TOTAL RETURN BOND I	PUR	01/29/19	2,320.514	24,179.76	.00	.00	24,179.76	.00
	PUR	06/25/19	918.223	9,834.17	.00	.00	9,834.17	.00
	PUR	07/22/19	1,052.670	11,242.52	.00	.00	11,242.52	.00
	PUR	09/13/19	17,954.574	192,652.58	.00	.00	192,652.58	.00
	SAL	10/15/19	2,004.501	21,508.30	.00	.00	21,252.17	256.13
	SAL	10/18/19	9,921.921	106,462.21	.00	.00	105,194.44	1,267.77
	SAL	10/21/19	6,905.161	74,092.34	.00	.00	73,210.08	882.26
4 PURCHASES FOR			237,909.03	3 SALES FOR	202,062.85	ISSUE AGGREGATE TOTAL		439,971.88	
FIFTH THIRD BANKSAFE TRUST	SAL	11/30/18	25,031.000	25,031.00	.00	.00	25,031.00	.00
	PUR	11/30/18	1,193.000	1,193.00	.00	.00	1,193.00	.00
	PUR	11/30/18	2,895.000	2,895.00	.00	.00	2,895.00	.00
	PUR	11/30/18	1.000	1.00	.00	.00	1.00	.00
	PUR	11/30/18	5.000	5.00	.00	.00	5.00	.00
	PUR	11/30/18	7.000	7.00	.00	.00	7.00	.00
	PUR	11/30/18	4.000	4.00	.00	.00	4.00	.00
	PUR	11/30/18	3.000	3.00	.00	.00	3.00	.00
	PUR	11/30/18	92.000	92.00	.00	.00	92.00	.00
	SAL	12/31/18	25,106.000	25,106.00	.00	.00	25,106.00	.00
	PUR	12/31/18	1,951.000	1,951.00	.00	.00	1,951.00	.00
	PUR	12/31/18	7,408.000	7,408.00	.00	.00	7,408.00	.00
	PUR	12/31/18	4,750.000	4,750.00	.00	.00	4,750.00	.00
	PUR	12/31/18	9,423.000	9,423.00	.00	.00	9,423.00	.00
	PUR	12/31/18	8,429.000	8,429.00	.00	.00	8,429.00	.00
	PUR	12/31/18	4,547.000	4,547.00	.00	.00	4,547.00	.00
	PUR	12/31/18	7,461.000	7,461.00	.00	.00	7,461.00	.00
	PUR	12/31/18	15,527.000	15,527.00	.00	.00	15,527.00	.00
	PUR	01/31/19	74,444.000	74,444.00	.00	.00	74,444.00	.00
	SAL	01/31/19	2,925.000	2,925.00	.00	.00	2,925.00	.00
	SAL	01/31/19	11,485.000	11,485.00	.00	.00	11,485.00	.00
	SAL	01/31/19	3,795.000	3,795.00	.00	.00	3,795.00	.00
	SAL	01/31/19	10,275.000	10,275.00	.00	.00	10,275.00	.00
	SAL	01/31/19	8,577.000	8,577.00	.00	.00	8,577.00	.00
	SAL	01/31/19	4,646.000	4,646.00	.00	.00	4,646.00	.00
	SAL	01/31/19	7,282.000	7,282.00	.00	.00	7,282.00	.00
	SAL	01/31/19	19,495.000	19,495.00	.00	.00	19,495.00	.00

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FIFTH THIRD BANKSAFE TRUST	SAL	02/28/19	25,790.000	25,790.00	.00	.00	25,790.00	.00
	PUR	02/28/19	1,929.000	1,929.00	.00	.00	1,929.00	.00
	PUR	02/28/19	2,683.000	2,683.00	.00	.00	2,683.00	.00
	PUR	02/28/19	20.000	20.00	.00	.00	20.00	.00
	SAL	02/28/19	315.000	315.00	.00	.00	315.00	.00
	PUR	02/28/19	263.000	263.00	.00	.00	263.00	.00
	PUR	02/28/19	499.000	499.00	.00	.00	499.00	.00
	SAL	02/28/19	376.000	376.00	.00	.00	376.00	.00
	PUR	02/28/19	3,141.000	3,141.00	.00	.00	3,141.00	.00
	SAL	03/31/19	26,450.000	26,450.00	.00	.00	26,450.00	.00
	PUR	03/31/19	1,944.000	1,944.00	.00	.00	1,944.00	.00
	PUR	03/31/19	4,797.000	4,797.00	.00	.00	4,797.00	.00
	SAL	03/31/19	619.000	619.00	.00	.00	619.00	.00
	PUR	03/31/19	1.000	1.00	.00	.00	1.00	.00
	PUR	03/31/19	11.000	11.00	.00	.00	11.00	.00
	PUR	03/31/19	401.000	401.00	.00	.00	401.00	.00
	PUR	03/31/19	634.000	634.00	.00	.00	634.00	.00
	PUR	03/31/19	2,236.000	2,236.00	.00	.00	2,236.00	.00
	SAL	04/30/19	26,465.000	26,465.00	.00	.00	26,465.00	.00
	PUR	04/30/19	2,192.000	2,192.00	.00	.00	2,192.00	.00
	PUR	04/30/19	2,435.000	2,435.00	.00	.00	2,435.00	.00
	PUR	04/30/19	1,683.000	1,683.00	.00	.00	1,683.00	.00
	PUR	04/30/19	2.000	2.00	.00	.00	2.00	.00
	SAL	04/30/19	1.000	1.00	.00	.00	1.00	.00
	PUR	04/30/19	1.000	1.00	.00	.00	1.00	.00
	SAL	04/30/19	2.000	2.00	.00	.00	2.00	.00
	SAL	04/30/19	2,392.000	2,392.00	.00	.00	2,392.00	.00
	SAL	05/31/19	41,520.000	41,520.00	.00	.00	41,520.00	.00
	PUR	05/31/19	2,135.000	2,135.00	.00	.00	2,135.00	.00
	SAL	05/31/19	2,271.000	2,271.00	.00	.00	2,271.00	.00
	PUR	05/31/19	4.000	4.00	.00	.00	4.00	.00
	PUR	05/31/19	64.000	64.00	.00	.00	64.00	.00
	PUR	05/31/19	2.000	2.00	.00	.00	2.00	.00
	SAL	05/31/19	1,279.000	1,279.00	.00	.00	1,279.00	.00
	SAL	05/31/19	609.000	609.00	.00	.00	609.00	.00
	SAL	05/31/19	2,218.000	2,218.00	.00	.00	2,218.00	.00
	SAL	06/30/19	26,322.000	26,322.00	.00	.00	26,322.00	.00
	SAL	06/30/19	8,210.000	8,210.00	.00	.00	8,210.00	.00
	SAL	06/30/19	4,308.000	4,308.00	.00	.00	4,308.00	.00
	SAL	06/30/19	1,720.000	1,720.00	.00	.00	1,720.00	.00
	PUR	06/30/19	94.000	94.00	.00	.00	94.00	.00
	PUR	06/30/19	253.000	253.00	.00	.00	253.00	.00
	PUR	06/30/19	3.000	3.00	.00	.00	3.00	.00
	PUR	06/30/19	1,150.000	1,150.00	.00	.00	1,150.00	.00

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FIFTH THIRD BANKSAFE TRUST	SAL	06/30/19	806.000	806.00	.00	.00	806.00	.00
	PUR	07/31/19	86,005.000	86,005.00	.00	.00	86,005.00	.00
	SAL	07/31/19	539.000	539.00	.00	.00	539.00	.00
	SAL	07/31/19	3,894.000	3,894.00	.00	.00	3,894.00	.00
	PUR	07/31/19	525.000	525.00	.00	.00	525.00	.00
	SAL	07/31/19	227.000	227.00	.00	.00	227.00	.00
	SAL	07/31/19	1,090.000	1,090.00	.00	.00	1,090.00	.00
	SAL	07/31/19	123.000	123.00	.00	.00	123.00	.00
	SAL	07/31/19	748.000	748.00	.00	.00	748.00	.00
	SAL	07/31/19	1,595.000	1,595.00	.00	.00	1,595.00	.00
	PUR	08/31/19	5,485.000	5,485.00	.00	.00	5,485.00	.00
	PUR	08/31/19	1,765.000	1,765.00	.00	.00	1,765.00	.00
	PUR	08/31/19	603.000	603.00	.00	.00	603.00	.00
	PUR	08/31/19	5.000	5.00	.00	.00	5.00	.00
	PUR	08/31/19	20.000	20.00	.00	.00	20.00	.00
	PUR	08/31/19	998.000	998.00	.00	.00	998.00	.00
	PUR	08/31/19	405.000	405.00	.00	.00	405.00	.00
	PUR	08/31/19	25.000	25.00	.00	.00	25.00	.00
	SAL	09/30/19	27,741.000	27,741.00	.00	.00	27,741.00	.00
	SAL	09/30/19	1,736.000	1,736.00	.00	.00	1,736.00	.00
	PUR	09/30/19	2,843.000	2,843.00	.00	.00	2,843.00	.00
	PUR	09/30/19	2,061.000	2,061.00	.00	.00	2,061.00	.00
	PUR	09/30/19	338.000	338.00	.00	.00	338.00	.00
	PUR	09/30/19	2,395.000	2,395.00	.00	.00	2,395.00	.00
	PUR	09/30/19	195.000	195.00	.00	.00	195.00	.00
	PUR	09/30/19	536.000	536.00	.00	.00	536.00	.00
	PUR	09/30/19	8,800.000	8,800.00	.00	.00	8,800.00	.00
	PUR	10/31/19	70,804.000	70,804.00	.00	.00	70,804.00	.00
	PUR	10/31/19	129,310.000	129,310.00	.00	.00	129,310.00	.00
	PUR	10/31/19	109,161.000	109,161.00	.00	.00	109,161.00	.00
	SAL	10/31/19	3,043.000	3,043.00	.00	.00	3,043.00	.00
	SAL	10/31/19	356.000	356.00	.00	.00	356.00	.00
	SAL	10/31/19	1,894.000	1,894.00	.00	.00	1,894.00	.00
	SAL	10/31/19	387.000	387.00	.00	.00	387.00	.00
	SAL	10/31/19	1,032.000	1,032.00	.00	.00	1,032.00	.00
	SAL	10/31/19	5,771.000	5,771.00	.00	.00	5,771.00	.00
63 PURCHASES FOR			588,996.00	44 SALES FOR		340,466.00	ISSUE AGGREGATE TOTAL	929,462.00
HARDING LOEVNER INTL EQUITY INST	PUR	01/29/19	3,166.233	64,686.13	.00	.00	64,686.13	.00
	SAL	02/21/19	7,678.672	163,018.20	.00	.00	166,621.59	-3,603.39
	SAL	05/24/19	2,635.886	56,355.25	.00	.00	57,196.81	-841.56
	SAL	08/05/19	109.519	2,382.03	.00	.00	2,376.48	5.55
	SAL	10/21/19	1,245.370	27,647.21	.00	.00	27,023.62	623.59

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
1 PURCHASES FOR		64,686.13	4 SALES FOR	249,402.69	ISSUE AGGREGATE TOTAL		314,088.82	
ISHARES CORE S&P 500 ETF	PUR	12/12/18	415.000	110,702.00	16.60	.00	110,718.60	.00
	PUR	12/21/18	19.000	4,775.08	.76	.00	4,775.84	.00
	SAL	01/29/19	186.000	49,234.50	7.44	.64	47,750.03	1,476.39
	PUR	03/27/19	660.000	185,380.21	26.40	.00	185,406.61	.00
	PUR	04/23/19	660.000	192,643.18	26.40	.00	192,669.58	.00
	PUR	05/28/19	394.000	111,989.89	15.76	.00	112,005.65	.00
	SAL	05/28/19	48.000	13,646.93	1.92	.28	12,706.56	938.17
	PUR	05/28/19	441.000	125,349.09	17.64	.00	125,366.73	.00
	PUR	05/28/19	288.000	81,860.63	11.52	.00	81,872.15	.00
	SAL	05/31/19	836.000	234,172.38	33.44	4.85	221,305.90	12,828.19
	PUR	06/27/19	37.000	10,891.32	1.48	.00	10,892.80	.00
	SAL	06/28/19	441.000	128,873.65	17.64	2.67	125,366.73	3,486.61
	SAL	07/23/19	292.000	87,375.16	11.68	1.81	77,377.33	9,984.34
	SAL	08/06/19	6.000	1,761.81	.24	.04	1,705.67	55.86
	SAL	08/06/19	288.000	84,566.94	11.52	1.75	81,872.15	2,681.52
	SAL	08/06/19	26.000	7,634.52	1.04	.16	6,889.76	743.56
	PUR	09/10/19	320.000	95,964.83	12.80	.00	95,977.63	.00
	SAL	10/21/19	388.000	116,709.43	15.52	2.42	110,299.98	6,391.51
	SAL	10/22/19	456.000	136,904.88	18.24	2.84	122,092.82	14,790.98
	PUR	10/25/19	45.000	13,544.33	1.80	.00	13,546.13	.00
10 PURCHASES FOR		933,100.56	10 SALES FOR	860,880.20	ISSUE AGGREGATE TOTAL		1,793,980.76	
ISHARES CORE S&P MID-CAP ETF	SAL	01/29/19	417.000	75,122.93	16.68	.98	79,109.13	-4,003.86
	PUR	02/22/19	322.000	61,977.56	12.88	.00	61,990.44	.00
	SAL	05/28/19	856.000	158,573.91	34.24	3.28	163,295.66	-4,759.27
1 PURCHASES FOR		61,977.56	2 SALES FOR	233,696.84	ISSUE AGGREGATE TOTAL		295,674.40	
ISHARES S&P GLOB INFRAS INDEX FD	PUR	01/30/19	4,078.000	170,466.92	163.12	.00	170,630.04	.00
	SAL	03/27/19	2,060.000	91,753.84	82.40	1.19	87,018.44	4,651.81
	PUR	06/27/19	51.000	2,378.12	2.04	.00	2,380.16	.00
	SAL	10/22/19	890.000	41,694.54	35.60	.87	37,632.93	4,025.14
2 PURCHASES FOR		172,845.04	2 SALES FOR	133,448.38	ISSUE AGGREGATE TOTAL		306,293.42	
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	03/27/19	1,170.000	129,015.76	.00	.00	129,015.76	.00
	PUR	03/27/19	4.000	440.88	.16	.00	441.04	.00
	PUR	05/28/19	2,555.000	282,736.30	76.65	.00	282,812.95	.00
	PUR	07/22/19	497.000	55,743.52	14.91	.00	55,758.43	.00
	PUR	07/22/19	7.000	784.48	.28	.00	784.76	.00
	PUR	07/22/19	13.000	1,457.99	.52	.00	1,458.51	.00
	PUR	07/23/19	59.000	6,616.79	2.36	.00	6,619.15	.00
	PUR	07/23/19	35.000	3,925.12	1.40	.00	3,926.52	.00

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	08/19/19	34.000	3,860.96	1.36	.08	3,770.04	89.48
	SAL	09/16/19	1,692.000	190,569.96	50.76	3.94	187,614.98	2,900.28
	SAL	09/16/19	2,614.000	294,414.82	78.42	6.09	289,432.10	4,898.21
8 PURCHASES FOR			480,720.84	3 SALES FOR		488,845.74	ISSUE AGGREGATE TOTAL	969,566.58	
ISHARES MSCI EAFE MIN VOLATILITY	PUR	08/06/19	3,733.000	267,208.14	149.32	.00	267,357.46	.00
	SAL	09/18/19	767.000	55,738.42	30.68	1.15	54,932.54	774.05
	SAL	09/18/19	1,054.000	76,619.69	42.16	1.59	75,487.48	1,088.46
	SAL	10/22/19	277.000	20,517.39	11.08	.43	19,838.74	667.14
	SAL	10/25/19	745.000	55,415.11	29.80	1.15	53,356.90	2,027.26
1 PURCHASES FOR			267,208.14	4 SALES FOR		208,290.61	ISSUE AGGREGATE TOTAL	475,498.75	
TO ISHARES EDGE MSCI MIN VOL USA ETF	PUR	12/18/18	1,669.000	91,236.22	66.76	.00	91,302.98	.00
	PUR	12/21/18	1,338.000	70,383.35	53.52	.00	70,436.87	.00
	SAL	01/16/19	956.000	50,694.86	38.24	.66	51,421.12	-765.16
	SAL	01/29/19	104.000	5,627.45	4.16	.07	5,593.93	29.29
	SAL	03/27/19	31.000	1,798.62	1.24	.02	1,667.42	129.94
	SAL	07/23/19	137.000	8,626.99	5.48	.18	7,368.93	1,252.40
	PUR	08/06/19	564.000	35,261.28	22.56	.00	35,283.84	.00
	SAL	09/10/19	601.000	38,865.28	24.04	.80	33,595.54	5,244.90
	SAL	10/22/19	178.000	11,420.48	7.12	.24	9,950.09	1,463.03
3 PURCHASES FOR			196,880.85	6 SALES FOR		117,033.68	ISSUE AGGREGATE TOTAL	313,914.53	
ISHARES EDGE MSCI USA QUALITY FACTOR ETF	PUR	12/12/18	1,210.000	98,208.56	48.40	.00	98,256.96	.00
	PUR	12/12/18	161.000	13,066.95	6.44	.00	13,073.39	.00
	PUR	12/14/18	1,355.000	111,177.75	54.20	.00	111,231.95	.00
	SAL	01/29/19	101.000	8,132.53	4.04	.11	8,246.07	-117.69
	PUR	02/22/19	183.000	15,794.66	7.32	.00	15,801.98	.00
	PUR	03/08/19	408.000	35,442.92	16.32	.00	35,459.24	.00
	SAL	04/23/19	877.000	79,760.08	35.08	1.65	72,422.71	7,300.64
	SAL	05/28/19	1,052.000	92,688.46	42.08	1.92	86,874.21	5,770.25
	PUR	05/31/19	677.000	58,674.17	27.08	.00	58,701.25	.00
	SAL	07/23/19	131.000	12,141.20	5.24	.25	11,004.39	1,131.32
	SAL	08/06/19	20.000	1,820.40	.80	.04	1,680.06	139.50
	PUR	09/16/19	605.000	56,617.78	24.20	.00	56,641.98	.00
	PUR	10/16/19	397.000	36,896.98	15.88	.00	36,912.86	.00
	SAL	10/22/19	316.000	29,448.55	12.64	.61	27,598.33	1,836.97
8 PURCHASES FOR			425,879.77	6 SALES FOR		223,991.22	ISSUE AGGREGATE TOTAL	649,870.99	

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ISHARES TR								
EDGE MSCI USA SIZE FACTOR ETF	PUR	03/27/19	646.000	56,013.82	25.84	.00	56,039.66	.00
	SAL	04/23/19	646.000	58,340.26	25.84	1.21	56,039.66	2,273.55
	PUR	08/06/19	940.000	84,524.80	37.60	.00	84,562.40	.00
	PUR	08/06/19	407.000	36,597.44	16.28	.00	36,613.72	.00
	SAL	10/16/19	461.000	41,637.52	.00	.86	41,471.56	165.10
	PUR	10/16/19	217.000	19,603.78	6.51	.00	19,610.29	.00
	SAL	10/22/19	77.000	6,990.06	3.08	.14	6,926.92	59.92
	SAL	10/22/19	72.000	6,536.16	2.88	.14	6,487.39	45.75
4 PURCHASES FOR			196,739.84	4 SALES FOR	113,504.00	ISSUE AGGREGATE TOTAL	310,243.84	
ISHARES EDGE MSCI USA MOMENTUM FACTOR ETF	PUR	01/04/19	348.000	34,515.37	13.92	.00	34,529.29	.00
	PUR	01/16/19	183.000	18,745.44	7.32	.00	18,752.76	.00
	SAL	01/30/19	25.000	2,601.50	1.00	.03	2,508.57	91.90
	PUR	02/22/19	342.000	37,428.62	13.68	.00	37,442.30	.00
	PUR	03/27/19	662.000	73,516.95	26.48	.00	73,543.43	.00
	SAL	04/23/19	469.000	52,237.27	18.76	1.08	50,241.77	1,975.66
	PUR	05/31/19	469.000	52,893.02	18.76	.00	52,911.78	.00
	SAL	07/23/19	114.000	13,868.10	4.56	.29	12,413.86	1,449.39
	SAL	09/13/19	460.000	55,556.13	18.40	1.15	50,091.02	5,445.56
	SAL	10/16/19	310.000	36,960.03	12.40	.77	33,756.99	3,189.87
	SAL	10/22/19	65.000	7,698.60	2.60	.16	7,078.08	617.76
5 PURCHASES FOR			217,099.40	6 SALES FOR	168,921.63	ISSUE AGGREGATE TOTAL	386,021.03	
ISHARES CORE MSCI EAFE	PUR	01/30/19	673.000	38,890.25	26.92	.00	38,917.17	.00
	PUR	02/22/19	1,544.000	92,886.27	61.76	.00	92,948.03	.00
	PUR	02/22/19	1,160.000	69,780.38	46.40	.00	69,826.78	.00
	SAL	05/28/19	929.000	55,688.62	37.16	1.15	59,275.70	-3,625.39
	PUR	06/26/19	139.000	8,512.36	5.56	.00	8,517.92	.00
	SAL	08/06/19	4,438.000	264,349.91	177.52	5.47	282,943.91	-18,776.99
	PUR	09/18/19	2,126.000	130,387.37	85.04	.00	130,472.41	.00
	SAL	10/22/19	638.000	39,721.88	25.52	.83	39,966.02	-270.49
5 PURCHASES FOR			340,456.63	3 SALES FOR	359,760.41	ISSUE AGGREGATE TOTAL	700,217.04	
ISHARES CORE MSCI EMK ETF	PUR	01/30/19	386.000	19,296.14	15.44	.00	19,311.58	.00
	SAL	02/22/19	231.000	11,845.54	9.24	.15	12,757.38	-921.23
	SAL	05/28/19	2,536.000	122,184.48	101.44	2.53	140,055.07	-17,974.56
	PUR	06/28/19	2,514.000	128,945.07	100.56	.00	129,045.63	.00
	SAL	08/06/19	2,514.000	122,372.72	100.56	2.53	129,045.63	-6,776.00
	PUR	09/10/19	639.000	31,646.99	25.56	.00	31,672.55	.00
	SAL	10/22/19	62.000	3,129.76	2.48	.07	3,073.08	54.13
3 PURCHASES FOR			179,888.20	4 SALES FOR	259,532.50	ISSUE AGGREGATE TOTAL	439,420.70	

5% REPORT BY ASSET-AGGREGATE 34-34-002-9735242 11/01/18 THROUGH 10/31/19

VALUATION 5,572,160.72 THRESHOLD 278,608.03

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
MONEY MKT OBLIGS TR FED GOVT	PUR	10/11/19	11,679.110	11,679.11	.00	.00	11,679.11	.00
	PUR	10/11/19	23,772.920	23,772.92	.00	.00	23,772.92	.00
	PUR	10/17/19	134,504.330	134,504.33	.00	.00	134,504.33	.00
	PUR	10/17/19	106,789.480	106,789.48	.00	.00	106,789.48	.00
	SAL	10/18/19	15,789.710	15,789.71	.00	.00	15,789.71	.00
	SAL	10/18/19	15,815.920	15,815.92	.00	.00	15,815.92	.00
	SAL	10/22/19	114,746.480	114,746.48	.00	.00	114,746.48	.00
	SAL	10/22/19	130,393.730	130,393.73	.00	.00	130,393.73	.00
4 PURCHASES FOR			276,745.84	4 SALES FOR		276,745.84	ISSUE AGGREGATE TOTAL	553,491.68
TCW EMERGING MARKETS INCOME CL I	PUR	01/29/19	17,927.567	143,241.26	.00	.00	143,241.26	.00
	SAL	03/26/19	15,802.982	129,110.36	.00	.00	126,549.57	2,560.79
	PUR	07/19/19	17,526.463	147,748.08	.00	.00	147,748.08	.00
	PUR	07/22/19	719.428	6,079.17	.00	.00	6,079.17	.00
	SAL	08/16/19	15,106.121	125,078.68	.00	.00	124,540.65	538.03
	SAL	10/15/19	1,323.883	10,974.99	.00	.00	10,914.60	60.39
	SAL	10/21/19	1,763.405	14,671.53	.00	.00	14,538.19	133.34
3 PURCHASES FOR			297,068.51	4 SALES FOR		279,835.56	ISSUE AGGREGATE TOTAL	576,904.07
DANA LARGE CAP EQUITY INSTITUTIONAL	SAL	12/13/18	4,983.436	107,642.21	.00	.00	109,452.74	-1,810.53
	SAL	12/17/18	4,426.954	94,161.31	.00	.00	97,230.55	-3,069.24
	SAL	12/20/18	3,480.099	71,307.23	.00	.00	76,434.49	-5,127.26
	SAL	01/03/19	4,123.406	75,087.22	.00	.00	90,563.63	-15,476.41
0 PURCHASES FOR			.00	4 SALES FOR		348,197.97	ISSUE AGGREGATE TOTAL	348,197.97
VANGUARD DIVIDEND APPRECIATION ETF	PUR	05/28/19	1,029.000	113,951.46	41.16	.00	113,992.62	.00
	PUR	05/31/19	529.000	57,799.55	21.16	.00	57,820.71	.00
	SAL	07/23/19	112.000	13,162.24	4.48	.27	12,351.15	806.34
	SAL	08/06/19	26.000	3,021.26	1.04	.06	2,867.23	152.93
	SAL	09/10/19	486.000	58,596.24	19.44	1.21	53,595.17	4,980.42
	SAL	10/16/19	304.000	36,230.72	12.16	.75	33,524.55	2,693.26
	SAL	10/22/19	72.000	8,597.88	2.88	.18	7,940.03	654.79
	SAL	10/25/19	278.000	33,012.47	11.12	.68	30,657.32	2,343.35
2 PURCHASES FOR			171,751.01	6 SALES FOR		152,620.81	ISSUE AGGREGATE TOTAL	324,371.82

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **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
NSS Enterprises, Inc. Local 12 Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NSS Enterprises, Inc.

D Employer Identification Number (EIN)
34-1888804

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

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

Part I Basic Information

1 Enter the valuation date: Month 11 Day 01 Year 2018

2 Assets:

a Market value	2a	5,571,820
b Actuarial value	2b	5,680,500

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	48	2,989,553	2,989,553
b For terminated vested participants	28	695,550	695,550
c For active participants	30	1,673,576	1,988,578
d Total	106	5,358,679	5,673,681

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.65%
6 Target normal cost	6	1,545

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

Debbie P Sichko FSA — Signature of actuary

5/28/2020 — Date

Debbie P. Sichko, E.A., F.S.A. — Type or print name of actuary

2007411 — Most recent enrollment number

Findley, Inc. — Firm name

216-875-1900 — Telephone number (including area code)

1660 West Second Street
Suite 900
Cleveland OH 44113
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	856,196
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	74,663
9	Amount remaining (line 7 minus line 8)	0	781,533
10	Interest on line 9 using prior year's actual return of -0.20%	0	-1,563
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.86%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	779,970

Part III Funding Percentages

14	Funding target attainment percentage	14	86.37%
15	Adjusted funding target attainment percentage	15	100.12%
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	84.16%
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
08/06/2019	42,000	0			
		Totals ► 18(b)	42,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	40,278

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92%	5.52%	6.29%	

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions)

Prior regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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 6)	**31a**	1,545
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	773,151	183,572
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**: 185,117

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	144,839	144,839

36 Additional cash requirement (line 34 minus line 35)	**36**	40,278
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	40,278

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

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

Part IX Pension Funding Relief Under 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, line 22 – Description of Weighted Average Retirement Age
NSS Enterprises, Inc. UAW Local No. 12 Retirement Plan
November 1, 2018 Valuation
EIN/PN: 34-1888804/ 001

Rates of Retirement

Age(s)	Rate for Employees with Less than 20 Years of Service	Rate for Employees with 20 or more Years of Service
60	5%	5%
61	2	2
62	5	40
63	2	30
64	2	25
65	70	70
66-69	50	50
70	100	100

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A
Summary of Principal Plan Provisions

Plan Sponsor	NSS Enterprises, Inc.
EIN/PN	34-1888804/001
Effective Date	November 1, 1964; amended and restated November 1, 2014.
Plan Year	The 12-month period beginning each November 1.
Eligibility	Any Employee represented by Local 12 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW). Eligibility was frozen effective December 31, 2008.
Service	One Year of Service is earned for each calendar year in which 1,000 hours are worked.
Credited Service	One Year of Credited Service is earned for each calendar year in which 1,700 or more hours are worked. In the event fewer than 1,700 hours are worked, credited shall be determined by dividing hours by 1,700, adjusted to the nearest 1/10th. Credited Service was frozen as of December 31, 2008 for benefit accrual purpose. Credited Service continues to accrue for eligibility for the normal and early retirement as well as the $300 temporary supplemental benefit.
Accrued Benefit	A monthly life annuity starting at age 65 equal to the benefit rate at termination multiplied by the number of Years of Credited Service. The benefit accrual is frozen effective December 31, 2008.

Termination Date	Benefit Rate
8/1/2000 – 7/31/2001	$22.00
8/1/2001 – 7/31/2002	24.00
8/1/2002 – 7/31/2003	25.00
8/1/2003 – 12/31/2008	26.00

Normal Retirement Benefit	*Eligibility:* Age 65 or, if later, fifth anniversary of joining the Plan. *Monthly Benefit:* The Accrued Benefit.

Appendix A (Continued)

Early Retirement Benefit

Eligibility:

Age 60 and 10 Years of Credited Service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 0.5% for each month retirement precedes age 65. No reduction will apply if retirement is at or after age 62 with 20 or more Years of Credited Service.

Temporary Supplemental Benefit

Eligibility:

Retirement under Early or Disabled Retirement at age 62 with 20 or more years of Credited Service.

Monthly Benefit:

Early retirees shall receive an additional $300 per month payable as a life annuity from age 62 to 65.

Supplemental Benefit

Eligibility:

All retirees under Normal, Early, Disabled or Vested Termination.

Monthly Benefit:

Normal or early retirees shall receive an additional $100 per month for life upon attaining age 65.

Disability Retirement Benefit

Eligibility:

At any age with 10 Years of Credited Service.

Monthly Benefit:

The Accrued Benefit.

Termination Benefit

Eligibility:

Upon termination of employment prior to Normal or Early Retirement after completion of at least five Years of Service.

Appendix A (Continued)

Termination Benefit (Continued)	*Monthly Benefit:* The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
Pre-Retirement Death Benefit	*Eligibility:* 100% vested. *Monthly Benefit:* A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.
Benefits Payable as Lump Sums	The Plan pays elective lump sums under $5,000. No lump sums are payable in excess of $5,000. The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC Section 417(e).
Optional Forms of Payment	Life Annuity 50% Joint & Survivor 75% Joint & Survivor Lump Sum (only if under $5,000) The annuity conversion factors are based on the UP 1984 Mortality Table and 6.5% interest rate.
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Changes in Plan Provisions	The automatic changes, if any, in the maximum benefit limit were recognized as amendments for funding purposes.

NSS ENTERPRISES, INC.
UAW LOCAL 12 RETIREMENT PLAN
EIN: 34-1888804 PLAN NUMBER: 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
October 31, 2019

The following Fifth Third Bank listing of assets is incorporated herein by reference.

	Cost	Current Value
*Fifth Third Bank trust statement (Pages 10 to 12)	$ 4,950,388	$ 5,250,013

*The Fifth Third Banksafe Trust at 1.78% interest rate represents an investment with a party-in-interest to the Plan.

ASSETS HELD AT YEAR-END 34-34-002-9735242 AS OF 10/31/19

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH						
MONEY MARKET INVESTMENTS						
399,702	FIFTH THIRD BANKSAFE TRUST	$399,702.00	$399,702.00	$399,702.00		$524.74
0	MONEY MKT OBLIGS TR FED GOVT					72.95
	TOTAL MONEY MARKET INVESTMENTS	$399,702.00	$399,702.00	$399,702.00	0.00	$597.69
BOND FUNDS						
MUTUAL BOND FUNDS						
21,052.470	BLACKROCK FDS II STRG OPP INSTL	208,729.42	209,051.03	208,729.42	$321.61	
27,415.016	DODGE & COX INCOME FD	377,915.84	387,922.48	369,620.42	18,302.06	
50,553.391	DOUBLELINE TOTAL RETURN BOND I	535,978.45	542,943.42	526,406.74	16,536.68	
5,495.084	HOTCHKIS & WILEY HIGH YIELD I	65,038.05	62,534.06	63,701.35	1,167.29-	
14,438.010	TCW EMERGING MARKETS INCOME CL I	119,032.48	120,268.62	118,349.47	1,919.15	
	TOTAL MUTUAL BOND FUNDS	$1,306,694.24	$1,322,719.61	$1,286,807.40	$35,912.21	0.00
EQUITY FUNDS						
MUTUAL EQUITY FUNDS						
2,873.847	INVESCO OPPENHEIMER DEVELOPING MARKETS FUND - CLASS R6	112,681.57	125,730.81	121,022.24	4,708.57	
7,247.926	CALVERT EMERGING MARKETS EQUITY FUND CLASS I	120,315.56	122,489.95	120,315.57	2,174.38	
666.692	HARBOR CAPITAL APPRECIATION FUND INSTITUTIONAL CLASS	43,808.23	50,521.92	47,601.37	2,920.55	
9,458.586	HARDING LOEVNER INTL EQUITY INST	205,244.43	214,899.07	195,731.65	19,167.42	
1,568	ISHARES EDGE MSCI MIN VOL EMERGING MARKETS ETF	89,065.62	91,508.48	89,065.62	2,442.86	
3,645	ISHARES CORE S&P 500 ETF	977,436.81	1,111,615.65	1,014,105.98	97,509.67	
674	ISHARES CORE S&P SMALL-CAP ETF	54,440.86	53,529.08	54,440.86	911.78-	

ASSETS HELD AT YEAR-END 34-34-002-9735242 AS OF 10/31/19

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
4,458	ISHARES S&P GLOB INFRAS INDEX FD	$188,502.90	$210,283.86	$184,212.95	$26,070.91	
890	ISHARES MSCI EAFE MIN VOLATILITY	63,741.80	66,794.50	63,741.80	3,052.70	
1,564	TO ISHARES EDGE MSCI MIN VOL USA ETF	87,426.66	100,017.80	87,426.66	12,591.14	
2,499	ISHARES EDGE MSCI USA QUALITY FACTOR ETF	218,253.84	236,005.56	218,253.84	17,751.72	
954	ISHARES TR EDGE MSCI USA SIZE FACTOR ETF	85,900.54	87,739.38	85,900.54	1,838.84	
400	TO ISHARES EDGE MSCI USA VALUE FACTOR ETF	32,994.22	33,748.00	32,994.23	753.77	
561	ISHARES EDGE MSCI USA MOMENTUM FACTOR ETF	61,089.27	67,331.22	61,089.27	6,241.95	
3,921	ISHARES CORE MSCI EAFE	245,621.88	247,924.83	236,172.00	11,752.83	
577	ISHARES CORE MSCI EMK ETF	28,599.47	29,525.09	28,599.47	925.62	
1,110	ISHARES TR EDGE MSCI MINIMUM VOLUME USA SM CAP ETF	37,723.11	38,417.10	37,723.11	693.99	
2,374	ISHARES TR MSCI EAFE ESG OPTIMIZED ETF	155,545.52	157,799.78	155,545.52	2,254.26	
6,867.813	NUANCE MID CAP VALUE FUND	86,393.56	92,097.37	85,847.24	6,250.13	
1,924.119	NICHOLAS LIMITED EDITION I	49,391.34	54,952.84	49,391.34	5,561.50	
1,780.083	PRINCIPAL MIDCAP BLEND FUND	50,220.04	55,182.57	51,633.89	3,548.68	
280	VANGUARD DIVIDEND APPRECIATION ETF	30,877.88	33,490.80	30,877.88	2,612.92	
2,222	VANGUARD REAL ESTATE ETF	183,455.97	209,534.60	181,269.08	28,265.52	
1,060.255	WELLS FARGO FDS TR SPECIAL SMALL CAP VALUE I	35,260.94	36,451.57	35,259.84	1,191.73	
	TOTAL MUTUAL EQUITY FUNDS	$3,243,992.02	$3,527,591.83	$3,268,221.95	$259,369.88	0.00

ASSETS HELD AT YEAR-END 34-34-002-9735242 AS OF 10/31/19

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL INVESTMENTS		$4,950,388.26	$5,250,013.44	$4,954,731.35	$295,282.09	$597.69
TOTAL CASH			$5.08			
CURRENT PERIOD ACCRUED INCOME			$597.69			
TOTAL ASSETS			$5,250,616.21			

Schedule SB, Line 32 – Schedule of Amortization Bases
NSS Enterprises, Inc. UAW Local No. 12 Retirement Plan
November 1, 2018 Valuation
EIN/PN: 34-1888804/ 001

Exhibit VIII
Schedule of Amortization Bases

Shortfall Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
11/1/2018	$ 36,741	7	$ 5,998
11/1/2017	194,766	6	36,060
11/1/2016	36,876	5	7,953
11/1/2015	504,768	4	133,561
Total	$ 773,151		$ 183,572

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
11/1/2018	$ 0	N/A	$ 0
Total	$ 0		$ 0