

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection

Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 01/03/2017	
A This return/report is for: ☒ a single-employer plan ☐ a one-participant plan B This return/report is: ☐ the first return/report ☐ an amended return/report C Check box if filing under: ☐ Form 5558 ☐ special extension (enter description)	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a foreign plan ☒ the final return/report ☒ a short plan year return/report (less than 12 months) ☐ automatic extension ☒ DFVC program

Part II Basic Plan Information —enter all requested information													
1a Name of plan PRECISION ENGINEERED PRODUCTS LLC EMP 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ► 001 1c Effective date of plan 02/01/2003												
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) PRECISION ENGINEERED PRODUCTS LLC 48 FRANK MOSSBERG DRIVE ATTLEBORO, MA 02703	2b Employer Identification Number (EIN) 01-0757398 2c Sponsor's telephone number 508-226-1200 2d Business code (see instructions) 333900												
3a Plan administrator's name and address ☒ 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												
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year..... c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year..... d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1"> <tr><td>5a</td><td>0</td></tr> <tr><td>5b</td><td>0</td></tr> <tr><td>5c</td><td>0</td></tr> <tr><td>5d(1)</td><td>0</td></tr> <tr><td>5d(2)</td><td>0</td></tr> <tr><td>5e</td><td>0</td></tr> </table>	5a	0	5b	0	5c	0	5d(1)	0	5d(2)	0	5e	0
5a	0												
5b	0												
5c	0												
5d(1)	0												
5d(2)	0												
5e	0												
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/22/2020 RANDY FESCOE												
SIGN HERE 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												

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	40747772	0
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	40747772	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	300	
(2) Participants	8a(2)	479	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	206520	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		207299
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		207299
j Transfers to (from) the plan (see instructions)	8j	-40955071	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☐ No

11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
NN, INC. 401(K) PROFIT SHARING PLAN	62-1096725	001

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>01/03/2017</u>	

A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a one-participant plan ☐ a foreign plan	
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 Check box if filing under:	☐ Form 5558 ☐ automatic extension ☒ DFVC program	
	☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information
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1a Name of plan Precision Engineered Products LLC EMP 401(K) Savings Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 02/01/2003</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 02/01/2003									
1b Three-digit plan number (PN) ▶	001												
1c Effective date of plan 02/01/2003													
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) Precision Engineered Products LLC 48 Frank Mossberg Drive Attleboro MA 02703	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 01-0757398</td> </tr> <tr> <td>2c Sponsor's telephone number 508-226-1200</td> </tr> <tr> <td>2d Business code (see instructions) 333900</td> </tr> </table>	2b Employer Identification Number (EIN) 01-0757398	2c Sponsor's telephone number 508-226-1200	2d Business code (see instructions) 333900									
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2c Sponsor's telephone number 508-226-1200													
2d Business code (see instructions) 333900													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> </tr> <tr> <td>3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number										
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4d PN													
5a Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">5a</td> <td style="width:30%; text-align: center;">0</td> </tr> <tr> <td>5b Total number of participants at the end of the plan year</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5d(1) Total number of active participants at the beginning of the plan year</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5d(2) Total number of active participants at the end of the plan year</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: center;">0</td> </tr> </table>	5a	0	5b Total number of participants at the end of the plan year	0	5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	5d(1) Total number of active participants at the beginning of the plan year	0	5d(2) Total number of active participants at the end of the plan year	0	5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
5a	0												
5b Total number of participants at the end of the plan year	0												
5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0												
5d(1) Total number of active participants at the beginning of the plan year	0												
5d(2) Total number of active participants at the end of the plan year	0												
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0												

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		9-22-20	Randy Fescoe
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-22-20	Randy Fescoe
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** 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 (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	40,747,772	0
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	40,747,772	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	300	
(2) Participants	8a(2)	479	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	206,520	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		207,299
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		207,299
j Transfers to (from) the plan (see instructions)	8j	-40,955,071	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X		

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a	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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒ Yes ☐ No
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
NN, Inc. 401(k) Profit Sharing Plan	62-1096725	001

**PRECISION ENGINEERED PRODUCTS LLC EMP 401(K) SAVINGS PLAN
EIN 01-0757398/PN 001**

**Attachment to
2017 Form 5500-SF
for the
Plan Year January 1 - January 3, 2017**

***Explanation of Short Plan Year and Final Filing
Reflecting the
Transfer of Assets to Complete the Merger into the
NN, Inc. 401(k) Profit Sharing Plan, EIN 62-1096725/PN 001***

Effective January 1, 2017, this Precision Engineered Products LLC EMP 401(k) Savings Plan, EIN 01-0757398/PN 001 (the “*PEP Plan*”), was merged into the NN, Inc. 401(k) Profit Sharing Plan, EIN 62-1096725/PN 001 (the “*NN, Inc. Plan*”). Thus, all participants in the PEP Plan became participants in the NN, Inc. Plan effective on January 1, 2017.

However, because December 31, 2016, the last day of the PEP Plan prior to its merger into the NN, Inc. Plan, fell on a Saturday and Monday, January 2, 2017 was a federal holiday (New Year’s Day observed), the assets from the PEP Plan were not transferable into the NN, Inc. Plan until Tuesday, January 3, 2017. The PEP Plan assets were confirmed as transferred by wire transfer into the NN, Inc. Plan on January 3, 2017, the first business day of 2017.

As a result of these events and the timing issue peculiar to the end of the 2016 and start of the 2017 plan years, we respectfully submit the attached Form 5500-SF (a final filing for the short 2017 plan year) to reflect the transfer of assets on January 3, 2017 (the first business day of 2017) to complete the merger of the PEP Plan into the NN, Inc. Plan effective January 1, 2017.

We note that this transfer of PEP Plan assets into the NN, Inc. Plan on January 3, 2017 was, correspondingly, reflected on the 2017 Form 5500 previously submitted for the NN, Inc. Plan (see, for example, Note 3. in the Notes to Financial Statements attached to the 2017 Form 5500 for the NN, Inc. Plan).

We also note that the total PEP Plan assets reflected on this Form 5500 as being transferred to the NN, Inc. Plan (\$40,955,071) differs from the total assets reflected as transferred in to the NN, Inc. Plan on the 2017 Form 5500 for the NN, Inc. Plan (\$40,955,008, consisting of \$39,930,238 in investments and \$1,024,770 in participant loans receivable) by \$63. This \$63 difference was eliminated in a post-transfer (in March 2017) adjustment to participant loan balances outstanding, to correct the remaining principal balance of a loan previously paid in full to \$0.

**PRECISION ENGINEERED PRODUCTS LLC EMP 401(K) SAVINGS PLAN
EIN 01-0757398/PN 001**

**Attachment to
2017 Form 5500-SF
for the
Plan Year January 1 - January 3, 2017**

***Explanation of Short Plan Year and Final Filing
Reflecting the
Transfer of Assets to Complete the Merger into the
NN, Inc. 401(k) Profit Sharing Plan, EIN 62-1096725/PN 001***

Effective January 1, 2017, this Precision Engineered Products LLC EMP 401(k) Savings Plan, EIN 01-0757398/PN 001 (the “*PEP Plan*”), was merged into the NN, Inc. 401(k) Profit Sharing Plan, EIN 62-1096725/PN 001 (the “*NN, Inc. Plan*”). Thus, all participants in the PEP Plan became participants in the NN, Inc. Plan effective on January 1, 2017.

However, because December 31, 2016, the last day of the PEP Plan prior to its merger into the NN, Inc. Plan, fell on a Saturday and Monday, January 2, 2017 was a federal holiday (New Year’s Day observed), the assets from the PEP Plan were not transferable into the NN, Inc. Plan until Tuesday, January 3, 2017. The PEP Plan assets were confirmed as transferred by wire transfer into the NN, Inc. Plan on January 3, 2017, the first business day of 2017.

As a result of these events and the timing issue peculiar to the end of the 2016 and start of the 2017 plan years, we respectfully submit the attached Form 5500-SF (a final filing for the short 2017 plan year) to reflect the transfer of assets on January 3, 2017 (the first business day of 2017) to complete the merger of the PEP Plan into the NN, Inc. Plan effective January 1, 2017.

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