

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; 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>12/31/2017</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>NN, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
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) <u>NN, INC.</u> <u>207 MOCKINGBIRD LANE</u> <u>JOHNSON CITY, TN 37604</u>	1c Effective date of plan <u>01/01/1984</u>		
	2b Employer Identification Number (EIN) <u>62-1096725</u>		
	2c Plan Sponsor's telephone number <u>423-434-8300</u>		
	2d Business code (see instructions) <u>332900</u>		

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.	09/23/2020	GAIL NIXON
	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

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

Form 5500 (2017)
v. 170203

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	
5 Total number of participants at the beginning of the plan year		5	2575
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)	2288
a(2) Total number of active participants at the end of the plan year		6a(2)	2204
b Retired or separated participants receiving benefits		6b	8
c Other retired or separated participants entitled to future benefits		6c	291
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2503
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	2508
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2278
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: 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H			
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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan NN, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NN, INC.	D Employer Identification Number (EIN) 62-1096725	

Part I	Service Provider Information (see instructions)
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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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	22822	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	15422	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
T ROWE PRICE US LARGE CAP CORE FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PARNASSUS CORE EQUITY INVESTOR ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105		0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ARIEL APPRECIATION - U.S. BANCORP P.O. BOX 701 MILWAUKEE, WI 53201	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ARTISAN MID CAP VAL - DST ASSET MA P.O. BOX 8406 BOSTON, MA 02266	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
HARBOR INTL INV - HARBOR SERVICES 34-1953399	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DEVELOP MKTS A - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.50%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
LOOMIS SM CP GRTH R - DST ASSET MA P.O. BOX 8406 BOSTON, MA 02266		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
MFS MA INV TRUST R3 - MFS SERVICE 04-2865649		0.50%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
NORTHERN SM CAP VAL - NORTHERN TRU 36-2723087		0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK EQ & INC INV - DST ASSET M P.O. BOX 8406 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP EQUITY INC ADV - T. ROWE PRICE	0.40%	
52-2269240		

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan NN, INC. 401(K) PROFIT SHARING PLAN				B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NN, INC.				D Employer Identification Number (EIN) 62-1096725	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-024		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10137073		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Schedule D (Form 5500) 2017 v.170203

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>NN, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NN, INC.</u>	D Employer Identification Number (EIN) <u>62-1096725</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	195	842
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2213649	1950677
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	2819944	4570873
	(9) Value of interest in common/collective trusts.....	1c(9)	6229678	10137073
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	62735145	120017421
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	73998611	136676886

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	73998611	136676886
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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 Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2833259	
(B) Participants	2a(1)(B)	7574738	
(C) Others (including rollovers)	2a(1)(C)	2514861	
(2) Noncash contributions	2a(2)	0	12922858
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11207	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	203074	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		214281
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6511251	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6511251
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		97274
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		12266757
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		32012421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10126184	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10126184
f Corrective distributions (see instructions)	2f		126475
g Certain deemed distributions of participant loans (see instructions).....	2g		-1411
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	15422	
(4) Other	2i(4)	22484	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37906
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10289154

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21723267
l Transfers of assets:			
(1) To this plan.....	2l(1)		40955008
(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: **BOLINGER, SEGARS, GILBERT & MOSS**

(2) EIN: **75-0882037**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a	X		485885
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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.		X	
4n		X	

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 _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan NN, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NN, INC.		D Employer Identification Number (EIN) 62-1096725
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
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): 04-6568107		
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
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

NN, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

Participant Contributions Transferred Late to the Plan			Participant Loan Repayments Included?	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Loss Date	Recovery Date		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 5,786	1/8/2015	1/9/2015	No			\$ 5,786	*
236	1/8/2015	1/12/2015	No			236	*
5,975	2/5/2015	2/6/2015	No			5,975	*
5,862	2/19/2015	2/20/2015	No			5,863	*
10,563	6/11/2015	6/16/2015	No			10,568	*
35,438	6/11/2015	6/17/2015	No			35,457	*
42,823	6/25/2015	6/26/2015	No			42,827	*
10,259	7/9/2015	7/10/2015	No			10,260	*
503	8/6/2015	8/17/2015	No			504	*
31,568	8/20/2015	8/21/2015	No			31,571	*
8,730	9/3/2015	9/4/2015	No			8,731	*
7,327	10/15/2015	10/23/2015	No			7,332	*
8,668	10/15/2015	11/4/2015	No			8,684	*
7,174	11/12/2015	11/13/2015	No			7,174	*
34,966	11/12/2015	11/16/2015	No			34,979	*
35,955	11/27/2015	12/10/2015	No			35,997	*
31,728	12/10/2015	12/11/2015	No			31,730	*
3,659	12/10/2015	12/14/2015	No			3,660	*
6,787	12/10/2015	12/15/2015	No			6,790	*
32,198	12/10/2015	12/30/2015	No			32,256	*
39,618	12/24/2015	12/30/2015	No			39,640	*
13,756	12/24/2015	1/7/2016	No			13,773	*
29,875	1/7/2016	1/19/2016	No			29,907	*
5,313	1/7/2016	4/12/2016	No			5,360	*
2,662	1/11/2017	1/25/2017	No	2,662			
2,597	1/18/2017	1/25/2017	No	2,597			
2,670	1/25/2017	1/27/2017	No	2,670			
2,652	2/1/2017	2/7/2017	No	2,652			
2,642	2/8/2017	2/13/2017	No	2,642			
2,459	3/1/2017	3/14/2017	No	2,459			
2,598	3/8/2017	3/14/2017	No	2,598			
2,714	3/22/2017	4/3/2017	No	2,714			
2,691	3/29/2017	4/3/2017	No	2,691			
2,739	4/5/2017	4/19/2017	No	2,739			
2,643	4/12/2017	4/24/2017	No	2,643			
2,656	4/20/2017	4/24/2017	No	2,656			
2,656	5/4/2017	5/10/2017	No	2,656			
2,610	7/13/2017	7/21/2017	No	2,610			
2,543	7/20/2017	7/21/2017	No	2,543			
2,471	7/27/2017	7/28/2017	No	2,471			
2,501	8/3/2017	8/4/2017	No	2,501			
2,491	8/10/2017	8/17/2017	No	2,491			
2,645	8/24/2017	8/25/2017	No	2,645			
2,379	9/21/2017	9/27/2017	No	2,379			
2,349	10/12/2017	10/19/2017	No	2,349			
2,351	10/19/2017	10/31/2017	No	2,351			
2,423	10/26/2017	10/31/2017	No	2,423			
2,423	11/2/2017	11/9/2017	No	2,423			
3,148	11/15/2017	11/17/2017	No	3,148			
3,278	11/28/2017	11/30/2017	No	3,278			
3,127	12/28/2017	12/29/2017	No	3,127			

* Includes the remittance of lost earnings to the Plan

NN, INC. 401(k) PROFIT SHARING PLAN

JOHNSON CITY, TENNESSEE

FINANCIAL STATEMENTS WITH ACCOMPANYNG INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

AND

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

BOLINGER, SEGARS, GILBERT & MOSS, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

LUBBOCK, TEXAS

NN, INC. 401(k) PROFIT SHARING PLAN

JOHNSON CITY, TENNESSEE

FINANCIAL STATEMENTS WITH ACCOMPANYING INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

AND

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

**NN, INC. 401(k) PROFIT SHARING PLAN
JOHNSON CITY, TENNESSEE**

FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

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BOLINGER, SEGARS, GILBERT & MOSS, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

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8215 NASHVILLE AVENUE

LUBBOCK, TEXAS 79423-1954

Independent Auditor's Report

To the Administrator
NN, Inc. 401(k) Profit Sharing Plan
Johnson City, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NN, Inc. 401(k) Profit Sharing Plan, (the Plan) which comprise the Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016, 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

Plan 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 8, which was certified by Fidelity Management Plan Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 a certification from the Trustee as of and for the years ended December 31, 2017 and 2016, 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 – Supplemental Information

The supplemental Schedule of Assets Held for Investment Purposes, Schedule of Reportable Transactions, and Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 the supplemental schedules referred to above.

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.

Bolinger, Segars, Gilbert & Moss LLP

Certified Public Accountants

Lubbock, Texas

August 16, 2018

NN, INC. 401(k) PROFIT SHARING PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

ASSETS

	December 31,	
	2017	2016
Investments at Cost		
Money Market	\$ 1,951,519	\$ 2,213,649
Investments at Contract Value		
Common Collective Trusts	10,166,031	6,214,385
Investments at Fair Value		
Mutual Funds	120,017,421	62,735,340
	<u>\$ 132,134,971</u>	<u>\$ 71,163,374</u>
Receivables		
Employer Contributions	\$ 1,810	\$ 10
Participant Contributions	14,139	173
Notes Receivable - Loans to Participants	4,570,873	2,819,944
	<u>\$ 4,586,822</u>	<u>\$ 2,820,127</u>
Total Assets	<u>\$ 136,721,793</u>	<u>\$ 73,983,501</u>

LIABILITIES

Payables		
Participant Contribution Refunds	\$ 63,106	\$ 0
Total Liabilities	<u>\$ 63,106</u>	<u>\$ 0</u>
Net Assets Available for Benefits	<u>\$ 136,658,687</u>	<u>\$ 73,983,501</u>

NN, INC. 401(k) PROFIT SHARING PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016**

	December 31,	
	2017	2016
Changes to Net Assets Attributed to:		
Investment Activity		
Net Appreciation in Fair Value of Investments	\$ 12,266,729	\$ 3,083,217
Gain on Common Collective Trusts	141,525	81,812
Interest and Dividends	6,522,458	2,582,781
	<u>\$ 18,930,712</u>	<u>\$ 5,747,810</u>
Interest - Participant Loans	<u>\$ 203,074</u>	<u>\$ 144,308</u>
Contributions		
Participants	\$ 7,525,598	\$ 4,134,912
Employer	2,835,060	1,363,758
Rollovers	2,514,861	476,642
	<u>\$ 12,875,519</u>	<u>\$ 5,975,312</u>
Total Additions and Investment Activity	<u>\$ 32,009,305</u>	<u>\$ 11,867,430</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	\$ 10,251,221	\$ 9,910,437
Administrative Expenses	37,906	49,150
Total Deductions	<u>\$ 10,289,127</u>	<u>\$ 9,959,587</u>
Net Increase	\$ 21,720,178	\$ 1,907,843
Assets Transferred to (from) the Plan	40,955,008	(3,456,170)
Net Assets Available for Benefits - Beginning of Year	<u>73,983,501</u>	<u>75,531,828</u>
Net Assets Available for Benefits - End of Year	<u>\$ 136,658,687</u>	<u>\$ 73,983,501</u>

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NN, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the NN, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is made up of NN, Inc. – Ball & Roller Division, Delta Rubber Company, Industrial Molding Corporation, Whirlaway Corporation, V-S Industries, Autocam, Precision Engineered Products Group, and DRT Medical. Delta Rubber Company spun off from NN, Inc. in November 2015, however its employees were allowed to continue participating in the Plan until April 2016 when its employees were able to start contributing to the plan of the acquiring employer. Delta Rubber assets were transferred to the acquiring employer in October 2016. In addition, V-S Industries ceased operations in June 2016. Their employees were allowed to keep assets in the Plan until they could be transferred elsewhere. As of December 31, 2017, V-S Industries employees had no assets remaining in the Plan. In August 2017, the NN Erwin and NN Mt. City divisions were sold, however its employees were allowed to continue participating in the Plan through the end of 2017. Precision Engineered Products, LLC and DRT Medical were both added to the Plan in 2017.

Eligibility – All employees are eligible for participation in the Plan immediately upon their employment. Plan entry occurs on the first day of each month.

Contributions – Under the provisions of the Plan, the participant and the employer are both allowed to make contributions. The participants are allowed to contribute a portion of their salary to the Plan, subject to those limitations provided for in Section 401(k) of the Internal Revenue Code. The Company contributes a sum that is determined by the Company. There is no set amount or percentage for the amount of the Company's contribution; the amount is totally at the discretion of the Company. Forfeitures, if any, will be used to reduce future Company contributions to the Plan.

Participant Accounts – Each participant has two accounts, with each account designated for participant contributions and employer contributions, respectively. Participant contribution accounts are credited with the participant's contributions and the earnings of the specific investment vehicles selected. Participants may self-direct contributions into several different mutual funds. Allocations are based on participant earnings or account balances, as defined. The benefit to which the participant is entitled is the benefit that can be provided from the participant's account. Participants may also elect to take out loans against their balance. Loans must be for at least \$1,000 and can be made for an amount up to the lesser of half the participant's account balance or \$50,000.

Vesting – Participants are immediately 100% vested in their voluntary and employer contributions plus actual earnings thereon upon entering the Plan.

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits – Upon normal retirement age or death, a participant or beneficiary may receive a lump-sum amount equal to the value of the participant's account, or if elected by the participant, under a systematic withdrawal plan (installments.) A participant (or the participant's beneficiary) who is receiving distribution under a systematic withdrawal plan may elect to accelerate installment payments or to receive a lump sum distribution of the remainder of his account balance at any time. The account balance may also be rolled directly into an eligible IRA or other qualified retirement account. Benefits are also payable in the event of normal termination and under certain in-service circumstances.

Forfeitures – Since all contributions are fully vested there are no forfeitures related to participant contributions.

2. Summary of Accounting Policies

Basis of Accounting – The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement – Investments are stated at fair value on the last business day of the year other than the Common Collective Trust which is recorded at contract value. In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation for the year is reflected in the statement of changes in net assets available for Plan benefits. Fair Value of investments is further discussed in Note 9.

Securities transactions are recognized on the trade date (the date the order to buy or sell is executed). Income from investments is recorded as earned on an accrual basis.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Concentrations of credit risk exist if a number of investments are engaged in similar activities and have similar economic characteristics that could cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. The Plan has invested in a variety of financial instruments and investments involving diverse industries and geographic areas to mitigate exposure to credit risks.

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

3. Assets Transferred to the Plan

During the year ended December 31, 2017, another company was added to the Plan. Effective January 3, 2017, Precision Engineered Products Group transferred all assets from its existing plan into the NN, Inc. 401(k) Plan. The assets transferred amounted to \$40,955,008, including \$39,930,238 in investments and \$1,024,770 in participant loans receivable.

4. Administration of Plan Assets

The Plan assets are held by the Trustee of the Plan. Employer and participant contributions are invested by the Trustee as directed by the participants. The administrative expenses associated with the third-party administrator for the Plan are paid directly by the employer. Other expenses associated with the Trustee of the Plan are paid by the participants.

5. Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental information was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	December 31,	
	2017	2016
Investments, at Fair Value		
Money Markets	\$ 1,951,519	\$ 2,213,649
Common/Collective Trusts	10,166,031	6,214,385
Mutual Funds	120,017,421	62,735,340
	<u>\$ 132,134,971</u>	<u>\$ 71,163,374</u>
Investment Gain	<u>\$ 18,930,712</u>	<u>\$ 5,747,810</u>

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Notes Receivable

Participants of the Plan are permitted to withdraw loans from their account balance as long as they meet certain requirements. Interest rates on these loans range from 4.25% to 7.00% at year-end.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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NN, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

The following table represents the loan receivable balances at December 31, 2017 and 2016:

	December 31,	
	2017	2016
Notes Receivable from Participants	\$ 4,570,873	\$ 2,819,944

8. Investments

The Plan's investments are held by a broker-administered trust fund.

The following table represents the fair values of investments. Investments that represent five percent or more of the Plan's net assets are separately identified.

	December 31,	
	2017	2016
Investments at Cost:		
Fidelity Money Market	\$ 1,951,519	\$ 2,213,649
Investments at Contract Value:		
Common Collective Trust	10,166,031	6,214,385
Investments at Fair Value:		
Mutual Funds		
Fidelity Mid Cap Stock	8,067,359	6,043,186
Fidelity Total Market Index PR	9,798,503	4,052,820
Fidelity ContraFund K	13,582,796	6,161,747
Fidelity Freedom 2020	10,294,054	3,493,827
Fidelity Freedom 2025	9,790,409	3,709,578
Fidelity Freedom 2030	9,881,217	4,384,635
PIMCO Total Return Fund Admin Class	5,874,365	3,146,457
Hartford MFS MA Investors Trust	7,450,049	4,460,866
Other Funds	45,278,669	27,282,224
Total Investments at Fair Value	\$ 132,134,971	\$ 71,163,374

9. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual Funds: Valued based on the Net Asset Value (NAV) of shares held by the Plan as of the close of business of the NYSE at year end.

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 at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	December 31,		Level
	2017	2016	
Investments at Fair Value:			
Lifecycle	\$ 48,174,145	\$ 19,424,130	1
Bond	8,430,512	5,385,165	1
Balanced/Hybrid	2,848,981	1,042,469	1
Domestic Equity	53,906,806	33,525,114	1
International/Global Equity	6,656,977	3,358,462	1
Total Investments at Fair Value	<u>\$ 120,017,421</u>	<u>\$ 62,735,340</u>	

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan's investments appreciated in fair value as determined by quoted market price as follows:

	December 31,	
	2017	2016
Net Appreciation in Fair Value Mutual Funds	\$ <u>12,266,729</u>	\$ <u>3,083,217</u>

Concentrations of credit risk exist if a number of investments are engaged in similar activities and have similar economic characteristics that could cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions. The Plan has invested in a variety of financial instruments and investments involving diverse industries and geographic areas to mitigate exposure to credit risks.

In May 2015, the FASB issued ASU 2015-07, Fair Value Measurement (Topic 820): Disclosure for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. Therefore, the following is presented at contract value.

	December 31,	
	2017	2016
Investments at Contract Value: Managed Income	\$ <u>10,166,031</u>	\$ <u>6,214,385</u>

The Plan's Common Collective Trust appreciated in contract value as follows:

	December 31,	
	2017	2016
Net Appreciation in Contract Value Common Collective Trust	\$ <u>141,525</u>	\$ <u>81,812</u>

In addition, the Plan maintains a short-term account at cost as follows:

	December 31,	
	2017	2016
Investments at Cost: Short-Term Money Market	\$ <u>1,951,519</u>	\$ <u>2,213,649</u>

10. Tax Status

The Internal Revenue Service has determined, in its letter dated November 12, 1996, that the Plan (before merger) is a qualified plan under Section 401(a) of the Internal Revenue Code, and the Plan, under which the Plan operates, is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. In addition, the Plan has submitted information to the IRS to receive a determination letter for the combined Plan.

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan has been amended since receiving its latest determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the "uncertain tax positions" provisions of accounting principles generally accepted in the United States of America. The primary tax position of the Plan is its filing status as a tax exempt entity. The Plan determined that it is more likely than not that its tax positions would be sustained upon examination by the Internal Revenue Service (IRS), or other State taxing authority. There were no penalties or interest related to income taxes recognized during the years ended December 31, 2017 and 2016. The Plan is no longer subject to U.S. federal income tax examinations by tax authorities for the years prior to 2014.

11. Reconciliation of Financial Statements to Schedule H of Form 5500

The accompanying financial statements show different amounts for contributions than what is represented in Schedule H of the Form 5500 because those amounts that are receivable at year end are not reflected on the Form 5500.

The following is a reconciliation of employer contributions per the accompanying 2017 and 2016 financial statements to the Schedule H of Form 5500:

	December 31,	
	2017	2016
Employer Contributions per Financial Statements	\$ 2,835,060	\$ 1,363,758
2017 Employer Contributions Receivable	(1,810)	
2016 Employer Contributions Receivable	10	(10)
2015 Employer Contributions Receivable		251,635
Employer Contributions per Schedule H of Form 5500	<u>\$ 2,833,260</u>	<u>\$ 1,615,383</u>

The following is a reconciliation of employee contributions per the accompanying 2017 and 2016 financial statements to the Schedule H of Form 5500:

	December 31,	
	2017	2016
Employee Contributions per Financial Statements	\$ 7,525,598	\$ 4,134,912
2017 Employee Contribution Refunds Payable	63,106	
2017 Employee Contributions Receivable	(14,139)	
2016 Employee Contributions Receivable	173	(173)
2015 Employee Contributions Receivable		37,031
Employee Contributions per Schedule H of Form 5500	<u>\$ 7,574,738</u>	<u>\$ 4,171,770</u>

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the accompanying 2017 and 2016 financial statements to the Schedule H of Form 5500:

	December 31,	
	2017	2016
Net Assets Available for Benefits per Financial Statements	\$ 136,658,687	\$ 73,983,501
Adjustment of Common/Collective Trust from Contract Value to Fair Value		15,293
Contributions Receivable	(15,949)	(183)
Contribution Refunds Payable	63,106	
Net Assets Available for Benefits per Schedule H of Form 5500	<u>\$ 136,705,844</u>	<u>\$ 73,998,611</u>

The following is a reconciliation of net increase per the financial statements to net increase per Form 5500 for the years ended December 31, 2017 and 2016:

	December 31,	
	2017	2016
Net Increase per Financial Statements	\$ 21,720,178	\$ 1,907,843
Current Year Adjustment of Common/Collective Trust from Contract Value to Fair Value		15,293
Prior Year Adjustment of Common/Collective Trust from Contract Value to Fair Value		(13,077)
Plan Adjustment to Prior Year on 5500	27	
Current Year Contributions Receivable	(15,949)	(183)
Prior Year Contributions Receivable	183	288,666
Current Year Contribution Refunds Payable	63,106	
Net Income per Schedule H of Form 5500	<u>\$ 21,767,545</u>	<u>\$ 2,198,542</u>

12. Delinquent Participant Contributions

As disclosed in the accompanying supplemental schedule on page 16, for plan years ended December 31, 2017, 2016 and 2015, certain employee deferrals and employer matching contributions on such deferrals were not remitted to the Plan in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor Regulation §2510.3-102.

The Company has filed a VCP application with the IRS to correct the Plan operational error that occurred in connection with the delinquent contributions for 2016 and 2015, and is in the process of filing an application under the Voluntary Fiduciary Correction Program (VFCP) with the DOL. In addition, the Company is in the process of submitting IRS Forms 5330 for the relevant years to report and pay an excise tax with respect to the 2016 and 2015 late remittances.

NN, INC. 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

In February 2018, participant accounts were credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis. Such amounts are not material to the Plan's financial statements.

A VCP application with the IRS has not yet been filed for the 2017 delinquent participant contributions.

13. Subsequent Events

In February 2018, Bridgemedica, LLC was acquired by NN, Inc. and Bridgemedica was added to the NN, Inc. 401(k) Plan. The assets rolled into the Plan amounted to \$1,066,773.

The Plan's management has evaluated subsequent events through August 16, 2018 the date which the financial statements were available for issue.

NN, INC. 401(k) PROFIT SHARING PLAN

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2017**

IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	CURRENT VALUE
<u>Money Markets</u>		
* Fidelity Investments Brokeragelink	Fidelity Government Money Market Brokeragelink	\$ 1,789,121 162,398 <u>\$ 1,951,519</u>
<u>Common/Collective Trusts</u>		
* Fidelity Investments	MGD Income Port	\$ <u>10,166,031</u>
<u>Mutual Funds</u>		
* Fidelity Investments	Contrafund K	\$ 13,582,796
* Fidelity Investments	Freedom 2005 K	50,690
* Fidelity Investments	Freedom 2010 K	1,787,848
* Fidelity Investments	Freedom 2015 K	2,282,722
* Fidelity Investments	Freedom 2020 K	10,294,054
* Fidelity Investments	Freedom 2025 K	9,790,409
* Fidelity Investments	Freedom 2030 K	9,881,217
* Fidelity Investments	Freedom 2035 K	4,886,831
* Fidelity Investments	Freedom 2040 K	4,624,358
* Fidelity Investments	Freedom 2045 K	1,385,826
* Fidelity Investments	Freedom 2050 K	1,552,128
* Fidelity Investments	Freedom 2055 K	1,107,986
* Fidelity Investments	Freedom 2060 K	337,880
* Fidelity Investments	Freedom Income K	192,194
* Fidelity Investments	Limited Term Government Fund	374,168
* Fidelity Investments	Low Price Stock	2,870,158
* Fidelity Investments	Mid Cap Stock	8,067,359
* Fidelity Investments	Strategic Income	1,680,431
* Fidelity Investments	US Bond Index	501,547
* Fidelity Investments	Extended Market Index	1,720,908
* Fidelity Investments	Total Market Index	9,798,503
* Fidelity Investments	International Index	2,854,025
American Funds	EuroPacific Growth Fund Class R6	373,812
Ariel Investments	Appreciation	687,407
Brokeragelink	Brokeragelink	386,443
Glenmede	Glenmede Small Cap Equity	2,680,995
Hartford	MFS MA Investment Trust	7,450,049
Invesco Advisors	Developing Markets	1,098,394
John Hancock	Disciplined Value Intl R6	3,429,139
Loomis Sayles Funds	Loomis Small Cap Growth	2,030,597
Massachusetts Financial Services	Mid Cap Value Funds Class R6	1,107,219
Northern Trust	Small Cap Value Fund	43,019
Oakmark Investments	Equity and Income	2,848,981
PIMCO Investments	Total Return	5,874,365
T. Rowe Price	Equity Income	2,382,963
		<u>\$ 120,017,421</u>
Total Investments		<u>\$ 132,134,971</u>
Notes Receivable from Participants	4.25% - 7.00%	<u>\$ 4,570,873</u>

* - Party in Interest

NN, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Fidelity Investments	MGD Income Port	\$ 5,441,633		\$ 5,441,633	
Fidelity Investments	Total Market Index	4,245,676		4,245,676	
Fidelity Investments	Freedom K 2020	4,937,173		4,937,173	

NN, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2017

Participant Contributions Transferred Late to the Plan			Participant Loan Repayments Included?	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Loss Date	Recovery Date		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 5,786	1/8/2015	1/9/2015	No			\$ 5,786	*
236	1/8/2015	1/12/2015	No			236	*
5,975	2/5/2015	2/6/2015	No			5,975	*
5,862	2/19/2015	2/20/2015	No			5,863	*
10,563	6/11/2015	6/16/2015	No			10,568	*
35,438	6/11/2015	6/17/2015	No			35,457	*
42,823	6/25/2015	6/26/2015	No			42,827	*
10,259	7/9/2015	7/10/2015	No			10,260	*
503	8/6/2015	8/17/2015	No			504	*
31,568	8/20/2015	8/21/2015	No			31,571	*
8,730	9/3/2015	9/4/2015	No			8,731	*
7,327	10/15/2015	10/23/2015	No			7,332	*
8,668	10/15/2015	11/4/2015	No			8,684	*
7,174	11/12/2015	11/13/2015	No			7,174	*
34,966	11/12/2015	11/16/2015	No			34,979	*
35,955	11/27/2015	12/10/2015	No			35,997	*
31,728	12/10/2015	12/11/2015	No			31,730	*
3,659	12/10/2015	12/14/2015	No			3,660	*
6,787	12/10/2015	12/15/2015	No			6,790	*
32,198	12/10/2015	12/30/2015	No			32,256	*
39,618	12/24/2015	12/30/2015	No			39,640	*
13,756	12/24/2015	1/7/2016	No			13,773	*
29,875	1/7/2016	1/19/2016	No			29,907	*
5,313	1/7/2016	4/12/2016	No			5,360	*
2,662	1/11/2017	1/25/2017	No	2,662			
2,597	1/18/2017	1/25/2017	No	2,597			
2,670	1/25/2017	1/27/2017	No	2,670			
2,652	2/1/2017	2/7/2017	No	2,652			
2,642	2/8/2017	2/13/2017	No	2,642			
2,459	3/1/2017	3/14/2017	No	2,459			
2,598	3/8/2017	3/14/2017	No	2,598			
2,714	3/22/2017	4/3/2017	No	2,714			
2,691	3/29/2017	4/3/2017	No	2,691			
2,739	4/5/2017	4/19/2017	No	2,739			
2,643	4/12/2017	4/24/2017	No	2,643			
2,656	4/20/2017	4/24/2017	No	2,656			
2,656	5/4/2017	5/10/2017	No	2,656			
2,610	7/13/2017	7/21/2017	No	2,610			
2,543	7/20/2017	7/21/2017	No	2,543			
2,471	7/27/2017	7/28/2017	No	2,471			
2,501	8/3/2017	8/4/2017	No	2,501			
2,491	8/10/2017	8/17/2017	No	2,491			
2,645	8/24/2017	8/25/2017	No	2,645			
2,379	9/21/2017	9/27/2017	No	2,379			
2,349	10/12/2017	10/19/2017	No	2,349			
2,351	10/19/2017	10/31/2017	No	2,351			
2,423	10/26/2017	10/31/2017	No	2,423			
2,423	11/2/2017	11/9/2017	No	2,423			
3,148	11/15/2017	11/17/2017	No	3,148			
3,278	11/28/2017	11/30/2017	No	3,278			
3,127	12/28/2017	12/29/2017	No	3,127			

* Includes the remittance of lost earnings to the Plan

NN, INC. 401(k) PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2017

IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	CURRENT VALUE
<u>Money Markets</u>		
* Fidelity Investments Brokeragelink	Fidelity Government Money Market Brokeragelink	\$ 1,789,121 162,398 <u>\$ 1,951,519</u>
<u>Common/Collective Trusts</u>		
* Fidelity Investments	MGD Income Port	\$ <u>10,166,031</u>
<u>Mutual Funds</u>		
* Fidelity Investments	Contrafund K	\$ 13,582,796
* Fidelity Investments	Freedom 2005 K	50,690
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