# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NTESS SAVINGS AND INCOME PLAN

**1b** Three-digit plan number (PN) ▶ 008

**1c** Effective date of plan 06/01/1993

**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)
NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC

P.O. BOX 5800, MAIL STOP 1302
ALBUQUERQUE, NM 87185-1302

**2b** Employer Identification Number (EIN)
85-0097942

**2c** Plan Sponsor's telephone number
505-845-9222

**2d** Business code (see instructions)
541700

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/07/2020 | LEAH MITCHELL, CPA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

EMPLOYEE BENEFITS COMMITTEE OF NTESS

PO BOX 5800, MS 1302
ALBUQUERQUE, NM 87185-1302

**3b** Administrator's EIN: 85-0097942

**3c** Administrator's telephone number: 505-845-9222

**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** | 15169 |
| **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)** | 12143 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 13301 |
| **b** Retired or separated participants receiving benefits | **6b** | 453 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 2622 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 16376 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 78 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 16454 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 16287 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 103 |
| **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:

2A 2E 2F 2G 2J 2K 2T 3F 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
NTESS SAVINGS AND INCOME PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC

**D** Employer Identification Number (EIN)
85-0097942

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

GLOBAL TRUST COMPANY

27-6075499

**(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)

FINANCIAL ENGINES

77-0473565

| (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? |
|---|---|---|---|---|---|---|
| 26 | ADVISOR | 1537735 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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 38 64 65 99 | RECORDKEEPER | 117434 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

HARTLINE BARGER LLP

75-2532929

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 | LEGAL | 8585 | Yes [ ] No [X] | 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 | 99 | 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. |
|---|---|
| FINANCIAL ENGINES 1050 ENTERPRISE WAY, 3RD FLOOR SUNNYVALE, CA 94089 | AN ANNUAL FEE BASED ON THE ASSETS HELD IN FINANCIAL ENGINES' MANAGED ACCOUNT PROGRAM ("AUM") NOT TO EXCEED AMOUNTS (I) .13% FIRST $500 MILLION (UP TO $650,000) (II) .065% NEXT $500 MILLION (UP TO $325,000)WITH NO ADDITIONAL FEES ABOVE $975,000 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
NTESS SAVINGS AND INCOME PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC

**D** Employer Identification Number (EIN)
85-0097942

**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: STRATEGIC COMPLETION FD F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 45-2777766-001 | C | 9036407 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC EQUITY INDEX FD F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 94-3262720-001 | C | 642177423 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID CONTRAFUND POOL CL 2

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-133 | C | 536755058 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID GROWTH CO POOL CL 2

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3022712-135 | C | 457261104 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FD

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 20-3747528-001 | C | 261540785 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HARDING LOEVNER INTL EQUITY

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-6075499-003 | C | 50236343 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS US BOND INDX XIV

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-477 | C | 243860571 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2065 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 82-6204383-001 | C | 3422963 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2015 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735891-001 | C | 52140054 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735899-001 | C | 158466419 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735963-001 | C | 239079817 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735964-001 | C | 191293643 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735965-001 | C | 152676672 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735971-001 | C | 151503078 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735972-001 | C | 173325913 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735976-001 | C | 137278182 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0735978-001 | C | 78449209 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 45-3799736-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24179497 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME TRUST PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-0735883-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58461177 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FD

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

| **c** EIN-PN 94-3371912-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65734599 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS GOVT SHORT TERM INVESTMENT FD

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

| **c** EIN-PN 04-0025081-000 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1419819 |
|---|---|---|

**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 |

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
NTESS SAVINGS AND INCOME PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC

**D** Employer Identification Number (EIN)
85-0097942

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 128929 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 2123579 | 2097034 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 12075334 | 9646696 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 57689567 | 66438211 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 36729720 | 38099580 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 2850617878 | 3686878914 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 258556069 | 232049345 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 534655553 | 532100711 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3752576629 | 4567310491 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 125273 | |
| **h** | Operating payables | 1h | 343676 | 273901 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 1930566 | 1601694 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 2399515 | 1875595 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3750177114 | 4565434896 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 104972188 | |
| | **(B)** Participants | 2a(1)(B) | 163426703 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 28235957 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 296634848 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 265826 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 1739582 | |
| | **(F)** Other | 2b(1)(F) | 13770971 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 15776379 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 1882050 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 6774575 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 8656625 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 22187700 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 19546530 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 2641170 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 23307605 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 23307605 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 752692877 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 29441153 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1129150657 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 310744430 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 310744430 |
| f Corrective distributions (see instructions) | 2f | | 18650 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 100540 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 2903236 | |
| (4) Other | 2i(4) | 126019 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 3029255 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 313892875 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 815257782 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** 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: MITCHELL & TITUS, LLP **(2)** EIN: 13-2781641

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
NTESS SAVINGS AND INCOME PLAN

**B** Three-digit plan number (PN) ▶ 008

**C** Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC

**D** Employer Identification Number (EIN)
85-0097942

## 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**

## 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):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# NTESS SAVINGS AND INCOME PLAN

**Financial Statements and Supplemental Schedule**
**As of December 31, 2019 and 2018 and**
**For the Year Ended December 31, 2019**
**With Independent Auditor's Report**

MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

**NTESS SAVINGS AND INCOME PLAN**
December 31, 2019 and 2018

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MITCHELL TITUS

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator and participants of the
NTESS Savings and Income Plan

We were engaged to audit the accompanying financial statements of the NTESS Savings and Income Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

## *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

1625 K Street, NW
Washington, DC 20006
**T** +1 202 293-7500
**F** +1 202 465 3149
mitchelltitus.com

MITCHELL TITUS

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 schedule.

***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 schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Mitchell & Titus, LLP

June 29, 2020

**NTESS SAVINGS AND INCOME PLAN**
Statements of Net Assets Available for Benefits
As of December 31, 2019 and 2018
(in thousands)

| | 2019 | 2018 |
|---|---|---|
| **ASSETS** | | |
| Cash | $ - | $ 129 |
| *Investments* | | |
| Investments, at fair value | 3,986,634 | 3,168,175 |
| Investments in fully benefit-responsive investment contracts, at contract value | 533,351 | 550,464 |
| *Receivables* | | |
| Notes receivable from participants | 38,100 | 36,730 |
| Due from brokers from the sale of securities | 280 | 1,016 |
| Total assets | 4,558,365 | 3,756,514 |
| **LIABILITIES** | | |
| Due to brokers from the purchase of securities | 285 | 1,316 |
| Total liabilities | 285 | 1,316 |
| **Net assets available for benefits** | $ 4,558,080 | $ 3,755,198 |

The accompanying notes are an integral part of these financial statements.

**NTESS SAVINGS AND INCOME PLAN**
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019
(in thousands)

| | |
|---|---|
| Net assets available for benefits at beginning of year | $ 3,755,198 |
| *Additions to net assets* | |
| *Contributions* | |
| Participant | 191,663 |
| Employer | 104,972 |
| Total contributions | 296,635 |
| *Investment income* | |
| Net appreciation in fair value of investments | 795,707 |
| Interest and dividends | 22,693 |
| Total investment income | 818,400 |
| Interest income on notes receivable from participants | 1,740 |
| Total additions | 1,116,775 |
| *Deductions from net assets* | |
| Benefit payments | 310,864 |
| Administrative expenses | 3,029 |
| Total deductions | 313,893 |
| Net increase | 802,882 |
| **Net assets available for benefits, at end of year** | $ 4,558,080 |

The accompanying notes are an integral part of these financial statements.

## NOTE 1 DESCRIPTION OF PLAN

The following description of the NTESS Savings and Income Plan (formerly Sandia Corporation Savings and Income Plan) (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering the majority of employees of National Technology and Engineering Solutions of Sandia (NTESS), LLC (the Company) who have attained age 21. The Company is a wholly owned subsidiary of Honeywell International, Inc. (Honeywell). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Fidelity Management Trust Company (FMTC) serves as the trustee of the Plan, and Fidelity Investments Institutional Operations Company, Inc. (FIIOC) serves as the record-keeper of the Plan. The Company is the Plan Sponsor (the Plan Sponsor). The Employee Benefits Committee of NTESS is the plan administrator (the Plan Administrator).

### Contributions

Annually, participants may contribute from 2% to 75% of their eligible earnings, as defined in the Plan document, in 1% increments, on a pre-tax, Roth and after-tax basis. The total allotment of pre-tax, Roth and after-tax contributions cannot exceed the maximum amount permitted under the Internal Revenue Code.

In addition, each payroll period the Company contributes $66\,^{2}/_{3}\%$ of the sum of each participant's pretax, Roth and after-tax contribution up to 6% of eligible earnings. The Plan allows participants aged 50 or older to make catch-up contributions.

Nonunion employees hired on or after January 1, 2009 are eligible for enhanced (non-elective) contributions, which are contributions made by the Company in the amount of 6% of eligible earnings per pay period up to the completion of 15 years of service and then 7% is contributed thereafter. Office and Professional Employees International Union members hired on or after July 1, 2009, and Metal Trades Council members and Security Police Association members hired on or after July 1, 2010 are also eligible for enhanced contributions.

### Participant Accounts

Each participant's account is credited with the participant's and the employer's contributions and the respective investment earnings or losses, less expenses, of the individual funds in which the account is invested.

## NOTE 1 DESCRIPTION OF PLAN *(continued)*

Benefit Payments

The Plan provides for the payment of benefits upon termination, death, or retirement based on the balance in the participant's vested account. Lump-sum or periodic payment elections may be made. Hardship and in-service withdrawals are also permitted, if certain conditions are met.

Vesting

All participants are immediately vested in their contributions and actual earnings thereon. Company match and enhanced contributions are 100% vested after the completion of three years of vesting service.

Forfeited Accounts

At December 31, 2019 and 2018, forfeited nonvested accounts totaled $49,000 and $47,000, respectively. These accounts will be used to reduce future employer matching contributions, enhanced contributions, and/or pay administrative expenses of the Plan. In 2019, employer contributions were reduced by $2,810,000 from forfeited nonvested accounts.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000, less the highest loan balance in the past 12 months, or 50% of their vested account balance. Loan terms range from 12 months to 56 months. The loans are secured by the balance in the participant's account and bear interest at the prime rate at the date of the loan. Principal and interest are paid ratably through payroll deductions. A maximum of two loans are permitted at one time. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Plan Termination

While it has not expressed any such intent, the Company may terminate the Plan at any time upon submission of written notice to the investment custodian, subject to the provisions of ERISA and any applicable collective bargaining agreements. In the event of the Plan's termination, participants will receive a payment equal to the total vested and unvested value of their accounts.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(continued)*

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan invests in various investment securities that 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. The changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attributable to fully benefit-responsive contracts because it is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions, plus earnings, less participant withdrawals and administrative expenses. See Note 3 for discussion of fair value measurements and fully benefit-responsive contracts.

Purchases and sales of investments 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 gains and losses on investments bought and sold as well as held during the year. Interest income on notes receivable from participants is recorded on the accrual basis.

Administrative Expenses

The Company pays substantially all administrative expenses of the Plan, except for investment-related expenses, which are paid by the Plan. Expenses paid by the Plan are shown on the statement of changes in net assets available for benefits, and expenses paid by the Company are excluded from these financial statements.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Recent Accounting Pronouncement

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, which amends Accounting Standards Codification 820, *Fair Value Measurement*. This ASU modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. The effective date is January 1, 2020, with early adoption of the entire standard permitted or only the provisions that eliminate or modify disclosure requirements. The Plan's management is currently evaluating the impact of the ASU on the financial statements and related disclosures.

Subsequent Events

The Company evaluated subsequent events and transactions through June 29, 2020, the date these financial statements were available to be issued.

The worldwide coronavirus, or COVID-19, outbreak in the first half of 2020 has led to volatility of the financial markets, record-low interest rates and wide-ranging changes in consumer behavior. As the economic and regulatory environment continues to react and evolve, the effect on the Plan's financial statements cannot be reasonably estimated.

On March 27, 2020, The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by Congress and signed into law. The CARES Act includes temporary relief provisions for plan sponsors and qualified participants affected by COVID-19. The Plan Sponsor has implemented certain provisions from the CARES Act, including the increase in loan amount and allowance of penalty-free coronavirus-related distributions of up to $100,000 and the one-year delay of loan payments, as well as the waiver of required minimum distributions.

## NOTE 3 INVESTMENTS

Investment information disclosed in the accompanying financial statements and supplemental schedule, for investments held at December 31, 2019 and 2018 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2019, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

**NOTE 3 INVESTMENTS** *(continued)*

General

The Plan invests in an interest income fund that holds synthetic guaranteed investment contracts (GICs) that are fully benefit-responsive with insurance companies and other financial institutions. Since the synthetic GICs are fully benefit-responsive, contract value is the most relevant measurement attribute for that portion of net assets available for benefits attributable to synthetic GICs. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

A synthetic GIC is a wrap contract paired with an underlying investment or investments, usually a portfolio of high-quality, intermediate-term fixed-income securities. A synthetic GIC credits a stated interest rate for a specified period of time. Investment gains and losses are amortized over the expected duration of the underlying investments through the calculation of the interest rate applicable to the Plan on a prospective basis. Synthetic GICs provide for a variable crediting rate and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the fair value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate is most impacted by the change in the annual effective yield-to-maturity of the underlying securities, but is also affected by the differential between the contract value and the fair value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened. The crediting rate is adjusted monthly.

Certain events limit the ability of the Plan to transact at contract value. Upon the occurrence of certain events, such as the Plan’s failure to maintain its tax qualified status, the fair value of the investment in the synthetic GICs (if lower than its book value) may be repaid. No such events are currently known to have occurred, nor are any such events contemplated as probable by management of the Plan.

Under certain circumstances, investment contracts may be terminated. Settlement upon termination will be at contract value unless the terms of the contract were not met or other events as described above trigger payment at fair value.

The Plan owns the investments underlying the synthetic GICs, which consist primarily of U.S. Government securities, corporate debt obligations, and mortgage and other asset-backed securities. As of December 31, 2019 and 2018, the contract values of the wrap contracts were not material.

**NOTE 3 INVESTMENTS** *(continued)*

General *(continued)*

Primarily as a result of the Plan's investment in certain common/collective trusts, the Plan's assets may be invested from time to time in derivative financial instruments. These financial instruments are generally used for liquidity purposes. The Plan's exposure to derivatives is limited to its investment in these common/collective trusts.

Fair Value of Assets

The accounting standard for fair value measurements defines fair value, establishes a market-based framework or hierarchy for measuring fair value, and expands disclosures about fair value measurements. The standard is applicable whenever assets and liabilities are measured and included in the financial statements at fair value.

The fair value hierarchy established in the standard prioritizes the inputs used in the valuation techniques into three levels as follows:

*Level 1:* Quoted prices in active markets for identical assets and liabilities;

*Level 2:* Observable inputs other than Level 1 prices, such as quoted prices for similar instruments, quoted prices for identical or similar instruments in inactive markets, and amounts derived from valuation models where all significant inputs are observable in active markets; and

*Level 3:* Unobservable inputs where valuation models are supported by little or no market activity that one or more significant inputs are unobservable and require us to develop relevant assumptions.

The following table presents the fair value of the assets in the Plan by asset category and their level within the fair value hierarchy as of December 31, 2019 (in thousands):

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Equities | $ 66,041 | $ 397 | $ 66,438 |
| Mutual funds | 231,944 | - | 231,944 |
| Common/collective trusts | - | 3,688,252 | 3,688,252 |
| Total investment assets, at fair value | $ 297,985 | $ 3,688,649 | 3,986,634 |
| Due to brokers from the purchase of securities, net | | | (5) |
| Fully benefit-responsive investment contracts, at contract value | | | 533,351 |
| **Total assets, net** | | | $ 4,519,980 |

**NOTE 3 INVESTMENTS** *(continued)*

Fair Value of Assets *(continued)*

The following table presents the fair value of the assets in the Plan by asset category and their level within the fair value hierarchy as of December 31, 2018 (in thousands):

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Cash equivalents | $ 404 | $ - | $ 404 |
| Equities | 57,689 | - | 57,689 |
| Mutual funds | 258,353 | - | 258,353 |
| Common/collective trusts | - | 2,851,729 | 2,851,729 |
| Total investment assets, at fair value | $ 316,446 | $ 2,851,729 | 3,168,175 |
| Due to brokers from the purchase of securities, net | | | (300) |
| Fully benefit-responsive investment contracts, at contract value | | | 550,464 |
| **Total assets, net** | | | $ 3,718,339 |

Valuation Techniques

There are no financial assets or liabilities categorized as Level 3 in the Plan as of December 31, 2019 or 2018.

On April 30, 2018, all remaining investments in the Company Common Stock Fund were liquidated, and participant balances were transferred to a Vanguard Target Retirement Trust Plus based on date of birth and assumed retirement age of 65.

Cash equivalents are comprised of money market funds managed to provide a stable share price of $1.00.

Equities are comprised of common and preferred stocks valued at quoted market prices.

Mutual funds are valued at the net asset value of shares held by the Plan at year end reported on the active market on which the individual securities are traded.

Common/collective trusts are valued at the net asset value of units held by the Plan at year-end; the net asset value for these investments is corroborated by observable market data (*e.g.*, purchases or sales activity). Units in common/collective trusts may be redeemed on a daily basis.

**NOTE 3 INVESTMENTS** *(continued)*

Valuation Techniques *(continued)*

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management 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.

**NOTE 4 PARTIES-IN-INTEREST TRANSACTIONS**

The following transactions are considered to be party-in-interest transactions for which a statutory exemption from the prohibited transaction regulations exist:

The Plan paid $1,110,000 in expenses to FMTC, the trustee and FIIOC, the record-keeper, for the year ended December 31, 2019. Certain Plan investments are managed by affiliates of the Plan's trustee.

In addition, notes receivable from participants are considered to be party-in-interest transactions for which a statutory exemption from the prohibited transaction regulation exists.

**NOTE 5 INCOME TAX STATUS**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 13, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, is exempt from taxation.

The Plan has been amended since issuance of the determination letter. However, the Plan Administrator and the Company's counsel believe that the current design and operations of the Plan are in compliance with applicable provisions of the Code.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to federal tax examinations for years prior to 2016.

## NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The accompanying financial statements present fully benefit-responsive investment contracts at contract value. The Form 5500 requires fully benefit-responsive investment contracts to be reported at fair value. Therefore, there is a variance between the reported total net assets available for plan benefits on the financial statements to the reported total net assets available for plan benefit on the Form 5500's Schedule H of $(7,355,000) and $5,021,000 as of December 31, 2019 and 2018, respectively. The reported total additions to net assets available for plan benefits on the financial statements is $12,376,000 less than on the Form 5500's Schedule H for the year ended December 31, 2019. The variances are due to the differences between fair value and contract value of the fully benefit-responsive investment contracts.

# SUPPLEMENTAL SCHEDULE

**NTESS SAVINGS AND INCOME PLAN**
Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
(in thousands)
December 31, 2019

| Identity of Issue, Borrower, Lessor, or Similar Party and Description | Number of Shares or Units[1] | Current Value |
|---|---|---|
| AbbVie Inc. | 8 | $ 692 |
| American Intl. Group | 30 | 1,520 |
| Applied Materials Inc. | 17 | 1,010 |
| Becton Dickinson & Co. | 2 | 612 |
| Becton Dickinson & Co. PC | 2 | 160 |
| Boeing Co. | 3 | 971 |
| Bunge Limited | 10 | 566 |
| Carnival Corp. | 11 | 564 |
| CenterPoint Energy, Inc. | 14 | 394 |
| CF Industries Hldgs Inc. | 14 | 653 |
| Chubb Ltd. | 9 | 1,451 |
| Cisco Sys. Inc. | 20 | 958 |
| Citigroup Inc. | 5 | 397 |
| Cognizant Tech Solutions | 5 | 300 |
| Comcast Corp. CL A | 19 | 840 |
| Congagra Brands, Inc. | 18 | 604 |
| CVS Health Corp. | 16 | 1,197 |
| Disney (Walt) Co. | 4 | 529 |
| Dow Inc. | 6 | 355 |
| DuPont de Nemours, Inc. | 9 | 601 |
| Edison Intl. | 11 | 799 |
| EQT Corporation | 9 | 103 |
| Equitable Hldgs, Inc. | 18 | 451 |
| Equitrans Midstream Corp. | 7 | 90 |
| Evergy Inc. | 6 | 367 |
| Exxon Mobil Corp. | 15 | 1,076 |
| Fifth Third Bancorp | 37 | 1,123 |
| Fortune Brands Home & Security, Inc. | 7 | 484 |
| Fox Corporation B. | 19 | 678 |
| Franklin Resources Inc. | 11 | 279 |
| Gen Electric | 153 | 1,704 |
| Gilead Sciences Inc. | 8 | 493 |
| Hologic Inc. | 12 | 619 |
| Illinois Tool Works Inc. | 3 | 579 |
| INTL Paper Co. | 18 | 813 |
| Johnson & Johnson | 10 | 1,525 |

**NTESS SAVINGS AND INCOME PLAN**
Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*
(in thousands)
December 31, 2019

| Identity of Issue, Borrower, Lessor, or Similar Party and Description | Number of Shares or Units[(1)] | Current Value |
|---|---|---|
| Johnson Controls Int. Plc. | 11 | $ 452 |
| JP Morgan Chase & Co. | 19 | 2,588 |
| Kimberly Clark Corp. | 7 | 965 |
| Kohls Corp. | 4 | 185 |
| Las Vegas Sands Corp. | 6 | 446 |
| Loews Corp. | 3 | 152 |
| Magna Intl Inc. | 9 | 468 |
| Marsh & McLennan Cos Inc. | 8 | 891 |
| Mattel Inc. | 10 | 131 |
| Medtronic Plc. | 14 | 1,586 |
| Merck & Co. Inc. | 4 | 377 |
| MetLife Inc. | 16 | 801 |
| Microsoft Corp. | 9 | 1,474 |
| Morgan Stanley | 31 | 1,593 |
| News Corp. New CL A | 31 | 432 |
| Nextera Energy Inc. | 4 | 903 |
| Nielsen Holdings Plc. | 19 | 384 |
| NXP Semiconducters N.V. | 2 | 255 |
| Occidental Petroleum Corp. | 20 | 828 |
| PepsiCo Inc. | 3 | 440 |
| Perrigo Co. Plc. | 9 | 483 |
| Pfizer Inc. | 26 | 1,033 |
| Philip Morris Intl Inc. | 11 | 975 |
| Pioneer Natural Resources | 4 | 592 |
| Qualcomm Inc. | 16 | 1,402 |
| Raytheon Co. | 3 | 694 |
| Schwab Charles Corp. | 9 | 423 |
| Sempra Energy | 2 | 297 |
| Sempra Energy PC 6.75 7/1 | 1 | 114 |
| Sempra Energy SER A PC 6 | 4 | 456 |
| Signature Bank | 3 | 398 |
| SL Green Realty Corp. | 6 | 559 |
| Southern Co. | 26 | 1,650 |
| Southern Company PC 6.75 | 5 | 282 |
| Southwest Airlines | 14 | 776 |
| State Street Corp. | 9 | 688 |

**NTESS SAVINGS AND INCOME PLAN**
Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*
(in thousands)
December 31, 2019

| | Identity of Issue, Borrower, Lessor, or Similar Party and Description | Number of Shares or Units[1] | Current Value |
|---|---|---|---|
| | Stericycle, Inc. | 5 | $ 339 |
| | TC Energy Corp. | 24 | 1,255 |
| | TE Connectivity LTD. | 5 | 467 |
| | Texas Instruments Inc. | 6 | 776 |
| | Thermo Fisher Scientific | 1 | 356 |
| | Total SA SPONS ADR | 32 | 1,764 |
| | Tyson Foods Inc. CL A | 18 | 1,604 |
| | United Parcel Services Inc. CL | 10 | 1,211 |
| | US Bancorp Del. | 13 | 797 |
| | Verizon Comm. Inc. | 22 | 1,327 |
| | Walmart Inc. | 7 | 834 |
| | Wells Fargo & Co. | 47 | 2,533 |
| | Weyerhaeuser Co. | 30 | 899 |
| | Zimmer Biomet Holdings Inc. | 4 | 546 |
| | Total investment in equities | | 66,438 |
| | Dimensional Fund Advisors U.S. Small Cap Portfolio Institutional Class | 3,881 | 135,952 |
| * | Fidelity Investments Money Market Treasury Portfolio – Class I | 49 | 49 |
| * | Intermediate Bond Custom Fund, managed by Fidelity Institutional Asset Management | 8,248 | 95,943 |
| | Total investments in mutual funds | | 231,944 |
| | BlackRock Equity Index Fund | 40,324 | 641,920 |
| | BlackRock Strategic Completion Fund | 792 | 9,045 |
| | BlackRock Russell 3000 Index Fund F | 5,324 | 65,937 |
| * | Fidelity Contrafund Commingled Pool Class 2 | 26,107 | 536,755 |
| * | Fidelity Growth Company Commingled Pool Class 2 | 18,017 | 457,261 |
| | Harding Loevner International Equity Collective Investment Fund | 4,708 | 50,236 |
| | International Equity Index Portfolio, managed by Blackrock | 19,887 | 261,541 |

**NTESS SAVINGS AND INCOME PLAN**
Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*
(in thousands)
December 31, 2019

| Identity of Issue, Borrower, Lessor, or Similar Party and Description | Number of Shares or Units[(1)] | Current Value |
|---|---|---|
| State Street U.S. Bond Index Securities Lending Series Fund Class XIV | 22,321 | $ 243,861 |
| State Street Government STIF | 1,420 | 1,420 |
| Vanguard Target Retirement Income Trust Plus | 1,246 | 58,461 |
| Vanguard Target Retirement 2015 Trust Plus | 967 | 52,140 |
| Vanguard Target Retirement 2020 Trust Plus | 2,718 | 158,466 |
| Vanguard Target Retirement 2025 Trust Plus | 3,886 | 239,080 |
| Vanguard Target Retirement 2030 Trust Plus | 2,968 | 191,294 |
| Vanguard Target Retirement 2035 Trust Plus | 2,265 | 152,677 |
| Vanguard Target Retirement 2040 Trust Plus | 2,176 | 151,503 |
| Vanguard Target Retirement 2045 Trust Plus | 2,466 | 173,326 |
| Vanguard Target Retirement 2050 Trust Plus | 1,952 | 137,278 |
| Vanguard Target Retirement 2055 Trust Plus | 1,117 | 78,449 |
| Vanguard Target Retirement 2060 Trust Plus | 572 | 24,179 |
| Vanguard Target Retirement 2065 Trust Plus | 131 | 3,423 |
| Total investments in common collective trust funds | | 3,688,252 |
| * Interest Income Fund, synthetic guaranteed investment contracts managed by Fidelity Institutional Asset Management | 533,351 | 540,706 |
| * Notes receivable from participants (interest rates ranging from 3.25% to 5.50% with various maturities) | | 38,100 |
| **Total investments, at fair value** | | $ 4,565,440 |

* Indicates party-in-interest to the Plan.
(1) Shares or units are in thousands.

**NTESS SAVINGS AND INCOME PLAN** **EIN: 85-0097942**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)** **Plan #: 008**

As of December 31, 2019

*Party-in-Interest

| (a) | (b) Identitiy of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Current Value |
|---|---|---|---|
| | AbbVie Inc. | EQUITIES | 691,674 |
| | American Intl. Group | EQUITIES | 1,519,522 |
| | Applied Materials Inc. | EQUITIES | 1,009,907 |
| | Becton Dickinson & Co. | EQUITIES | 611,661 |
| | Becton Dickinson & Co. PC | EQUITIES | 160,311 |
| | BlackRock Equity Index Fund | COMMON COLLECTIVE TRUST | 642,177,423 |
| | BlackRock Russell 3000 IDXF | COMMON COLLECTIVE TRUST | 65,734,599 |
| | BlackRock Strategic Completion Fund | COMMON COLLECTIVE TRUST | 9,036,407 |
| | Boeing Co. | EQUITIES | 971,091 |
| | Bunge Limited | EQUITIES | 566,119 |
| | Carnival Corp. | EQUITIES | 564,315 |
| | CenterPoint Energy, Inc. | EQUITIES | 394,188 |
| | CF Industries Hldgs Inc. | EQUITIES | 652,558 |
| | Chubb Ltd. | EQUITIES | 1,451,374 |
| | Cisco Sys. Inc. | EQUITIES | 957,665 |
| | Citigroup Inc. | EQUITIES | 396,574 |
| | Cognizant Tech Solutions | EQUITIES | 299,805 |
| | Comcast Corp. CL A | EQUITIES | 840,175 |
| | Congagra Brands, Inc. | EQUITIES | 604,131 |
| | CVS Health Corp. | EQUITIES | 1,196,738 |
| | Dimensional Fund Advisors U.S. Small Cap | REGISTERED INVESTMENT COMPANY SHARES | 135,951,620 |
| | Disney (Walt) Co. | EQUITIES | 528,767 |
| | Dow Inc. | EQUITIES | 354,869 |
| | DuPont de Nemours, Inc. | EQUITIES | 601,233 |
| | Edison Intl. | EQUITIES | 799,120 |
| | EQT Corpoation | EQUITIES | 102,634 |
| | Equitable Hldgs, Inc. | EQUITIES | 451,244 |
| | Equitrans Midstream Corp. | EQUITIES | 89,592 |
| | Evergy Inc. | EQUITIES | 367,498 |
| | Exxon Mobil Corp. | EQUITIES | 1,075,938 |
| * | Fidelity Contrafund Commingled Pool | COMMON COLLECTIVE TRUST | 536,755,058 |
| * | Fidelity Growth Company Commingled Pool | COMMON COLLECTIVE TRUST | 457,261,104 |
| * | Fidelity Investments Money Market | REGISTERED INVESTMENT COMPANY SHARES | 48,600 |
| | Fifth Third Bancorp | EQUITIES | 1,123,086 |
| | Fortune Brands Home & Security, Inc. | EQUITIES | 484,300 |
| | Fox Corporation B. | EQUITIES | 677,476 |
| | Franklin Resources Inc. | EQUITIES | 278,610 |
| | Gen Electric | EQUITIES | 1,703,909 |
| | Gilead Sciences Inc. | EQUITIES | 493,328 |
| | Harding Loevner International Equities Fd Cl S | COMMON COLLECTIVE TRUST | 50,236,343 |
| | Hologic Inc. | EQUITIES | 618,479 |
| | Illinois Tool Works Inc. | EQUITIES | 578,947 |
| * | Interest Income Fund | SYNTHETIC GUARANTEED INVESTMENT CONTRACT | 540,327,588 |
| * | Intermediate Bond Custom Fund | REGISTERED INVESTMENT COMPANY SHARES | 96,049,125 |
| | International Equity Index Portfolio | COMMON COLLECTIVE TRUST | 261,540,785 |
| | INTL Paper Co. | EQUITIES | 812,644 |
| | Johnson & Johnson | EQUITIES | 1,524,779 |
| | Johnson Controls Int. Plc. | EQUITIES | 452,492 |
| | JP Morgan Chase & Co. | EQUITIES | 2,587,961 |
| | Kimberly Clark Corp. | EQUITIES | 965,326 |
| | Kohls Corp. | EQUITIES | 185,050 |
| | Las Vegas Sands Corp. | EQUITIES | 445,515 |
| | Loews Corp. | EQUITIES | 152,431 |
| | Magna Intl Inc. | EQUITIES | 468,498 |
| | Marsh & McLennan Cos Inc. | EQUITIES | 891,280 |
| | Mattel Inc. | EQUITIES | 131,110 |
| | Medtronic Plc. | EQUITIES | 1,586,031 |
| | Merck & Co. Inc. (New) | EQUITIES | 376,897 |
| | MetLife Inc. | EQUITIES | 801,045 |
| | Microsoft Corp. | EQUITIES | 1,473,707 |
| | Morgan Stanley | EQUITIES | 1,593,359 |

**NTESS SAVINGS AND INCOME PLAN** **EIN: 85-0097942**

**Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)** **Plan #: 008**

As of December 31, 2019

*Party-in-Interest

| (a) | (b) Identitiy of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Current Value |
|---|---|---|---|
| | News Corp. New CL A | EQUITIES | 432,090 |
| | Nextera Energy Inc. | EQUITIES | 903,015 |
| | Nielsen Holdings Plc. | EQUITIES | 383,751 |
| | NXP Semiconducters N.V. | EQUITIES | 254,520 |
| | Occidental Petroleum Corp. | EQUITIES | 828,403 |
| * | Participant Loans | INTEREST RATES RANGING FROM 3.25% TO 5.5%; VARYING MATURITIES | 38,099,580 |
| | PepsiCo Inc. | EQUITIES | 440,077 |
| | Perrigo Co. Plc. | EQUITIES | 482,556 |
| | Pfizer Inc. | EQUITIES | 1,032,628 |
| | Philip Morris Intl Inc. | EQUITIES | 975,302 |
| | Pioneer Natural Resources | EQUITIES | 592,311 |
| | Qualcomm Inc. | EQUITIES | 1,402,416 |
| | Raytheon Co. | EQUITIES | 694,159 |
| | Schwab Charles Corp. | EQUITIES | 423,284 |
| | Sempra Energy | EQUITIES | 297,355 |
| | Sempra Energy PC 6.75 7/1 | EQUITIES | 114,451 |
| | Sempra Energy SER A PC 6 | EQUITIES | 455,813 |
| | Signature Bank | EQUITIES | 397,672 |
| | SL Green Realty Corp. | EQUITIES | 558,630 |
| | Southern Co. | EQUITIES | 1,650,276 |
| | Southern Company PC 6.75 | EQUITIES | 282,337 |
| | Southwest Airlines | EQUITIES | 775,693 |
| | State Street Corp. | EQUITIES | 688,170 |
| | State Street Government STIF | COMMON COLLECTIVE TRUST | 1,419,819 |
| | State Street U.S. Bond Index Sec Lending Fd Cl XIV | COMMON COLLECTIVE TRUST | 243,860,571 |
| | Stericycle, Inc. | EQUITIES | 338,959 |
| | TC Energy Corp. | EQUITIES | 1,254,971 |
| | TE Connectivity LTD. | EQUITIES | 467,124 |
| | Texas Instruments Inc. | EQUITIES | 775,641 |
| | Thermo Fisher Scientific | EQUITIES | 356,382 |
| | Total SA SPONS ADR | EQUITIES | 1,763,517 |
| | Tyson Foods Inc. CL A | EQUITIES | 1,603,943 |
| | United Parcel Services Inc. CL | EQUITIES | 1,211,454 |
| | US Bancorp Del. | EQUITIES | 797,332 |
| | Vanguard Target Retirement 2015 Trust Plus | COMMON COLLECTIVE TRUST | 52,140,054 |
| | Vanguard Target Retirement 2020 Trust Plus | COMMON COLLECTIVE TRUST | 158,466,419 |
| | Vanguard Target Retirement 2025 Trust Plus | COMMON COLLECTIVE TRUST | 239,079,817 |
| | Vanguard Target Retirement 2030 Trust Plus | COMMON COLLECTIVE TRUST | 191,293,643 |
| | Vanguard Target Retirement 2035 Trust Plus | COMMON COLLECTIVE TRUST | 152,676,672 |
| | Vanguard Target Retirement 2040 Trust Plus | COMMON COLLECTIVE TRUST | 151,503,078 |
| | Vanguard Target Retirement 2045 Trust Plus | COMMON COLLECTIVE TRUST | 173,325,913 |
| | Vanguard Target Retirement 2050 Trust Plus | COMMON COLLECTIVE TRUST | 137,278,182 |
| | Vanguard Target Retirement 2055 Trust Plus | COMMON COLLECTIVE TRUST | 78,449,209 |
| | Vanguard Target Retirement 2060 Trust Plus | COMMON COLLECTIVE TRUST | 24,179,497 |
| | Vanguard Target Retirement 2065 Trust Plus | COMMON COLLECTIVE TRUST | 3,422,963 |
| | Vanguard Target Retirement Income Trust Plus | COMMON COLLECTIVE TRUST | 58,461,177 |
| | Verizon Comm. Inc. | EQUITIES | 1,327,345 |
| | Walmart Inc. | EQUITIES | 834,019 |
| | Wells Fargo & Co. | EQUITIES | 2,532,958 |
| | Weyerhaeuser Co. | EQUITIES | 898,661 |
| | Zimmer Biomet Holdings Inc. | EQUITIES | 546,033 |
| | | | 4,565,213,457 |