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. . . . . ▶ [ ]

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
NNA SERVICES PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/28/1971

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)
NNA SERVICES , LLC

9350 DESOTO AVENUE
P. O. BOX 4567
CHATSWORTH, CA 91313-4567

2b Employer Identification Number (EIN)
46-1586301

2c Plan Sponsor's telephone number
818-739-4000

2d Business code (see instructions)
541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	PATRICK DELANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	PATRICK DELANEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN 95-6038183
a	Sponsor's name NNA SERVICES, INC	**4d**	PN 002
c	Plan Name NNA SERVICES PRFOIT SHARING 401(K) PLAN		
5	Total number of participants at the beginning of the plan year	**5**	256
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)**	177
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	204
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	264
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	264
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	244
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
NNA SERVICES PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NNA SERVICES , LLC

D Employer Identification Number (EIN)
46-1586301

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SQUAR MILNER

33-0835986

(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?
55	N/A	7736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MASSMUTUAL RETIREMENT SERVICES, LLC

26-1589907

(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?
15 37 38 49 60 62 63 64 65 72 99	N/A	600	Yes [X] No [ ]	Yes [X] No [ ]	8336	Yes [ ] No [X]

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

UNITED PLANNERS FNCL SVCS

86-0588303

(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?
55	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	10736	Yes [ ] No [X]

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)

RELIANCE TRUST COMPANY

58-1428634

(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?
19 25 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	565	Yes [ ] No [X]

(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
MASSMUTUAL RETIREMENT SERVICES, LLC	52 59 60 62 63	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.
SEE ATTACHED SCHEDULE C REPORT 26-1589907	SEE ATTACHED FORM 5500 SCHEDULE C REPORT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	565

(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.
MASSMUTUAL RETIREMENT SERVICES, LLC 26-1589907	SEE ATTACHED FORM 5500 SCHEDULE C REPORT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UNITED PLANNERS FNCL SVCS	55	10736

(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.
RELIANCE TRUST COMPANY 58-1428634	SEE ATTACHED FORM 5500 SCHEDULE C REPORT

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
NNA SERVICES PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NNA SERVICES , LLC

D Employer Identification Number (EIN)
46-1586301

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	530609	480703
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16496549	20879350
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17027158	21360053
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17027158	21360053

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)	1208861	
	(B) Participants	2a(1)(B)	653749	
	(C) Others (including rollovers)	2a(1)(C)	220723	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2083333
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1063612	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1063612
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2627879
c Other income	2c		40595
d Total income. Add all **income** amounts in column (b) and enter total	2d		5815419
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1441274	
(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)		1441274
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	608	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40642	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1482524
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4332895
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SQUAR MILNER **(2)** EIN: 33-0835986

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
NNA SERVICES PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NNA SERVICES , LLC

D Employer Identification Number (EIN)
46-1586301

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): 04-1590850

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_____



Certified Public Accountants
and Financial Advisors

NNA Services Profit Sharing 401(k) Plan

Financial Statements and Supplemental Schedule
December 31, 2019 and 2018

INDEX TO FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits
as of December 31, 2019 and 2018..... 3

Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2019 4

Notes to the Financial Statements 5

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 12

*Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Plan Administrator of
NNA Services Profit Sharing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NNA Services Profit Sharing 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance 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 assets and executes transactions. The Plan Administrator has obtained certifications 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.

Disclaimer of Opinion

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

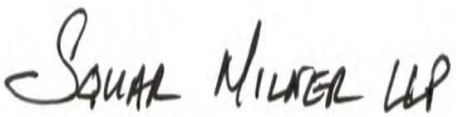
Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SQUAR MILNER LLP



Encino, California
October 14, 2020

NNA SERVICES PROFIT SHARING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value		
Mutual funds	$ 20,879,350	$ 16,496,549
Money market funds	480,703	530,609
Total investments, at fair value	21,360,053	17,027,158
Employer contributions receivable	1,252,266	1,255,485
LIABILITIES		
Contributions payable	25,318	—
Total liabilities	25,318	—
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,587,001	$ 18,282,643

See accompanying independent auditor's report and notes to financial statements.

NNA SERVICES PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2019

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 2,627,879
Dividends	1,063,612
Other	40,595
Total investment income	3,732,086
Contributions:	
Employer	1,202,696
Participants	631,377
Rollovers	220,723
Total contributions	2,054,796
Total additions	5,786,882
DEDUCTIONS	
Benefits paid to participants	1,441,274
Administrative expenses	41,250
Total deductions	1,482,524
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,304,358
NET ASSETS AVAILABLE FOR BENEFITS – beginning of year	18,282,643
NET ASSETS AVAILABLE FOR BENEFITS – end of year	$ 22,587,001

1. PLAN DESCRIPTION

The following description of the NNA Services Profit Sharing 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document, as amended, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan formed on December 28, 1971 by NNA Services, Inc. (the "Company" or "Plan Sponsor" or "Plan Administrator") under the provisions of Section 401 of the Internal Revenue Code ("IRC") covering all eligible employees of the Company as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). As of and for the years ended December 31, 2019 and 2018, Reliance Trust Company (the "Trustee") was the trustee of the Plan's investment assets.

Eligibility

Employees over the age of 21 can elect to participate in the Plan on the first day of the month following completion of one month of service.

Contributions

Each participant may elect to contribute a prescribed percentage of his or her compensation to the Plan. For employees who elect to participate, such deferrals shall not be less than 1% or exceed 100% of compensation as defined under the Plan, subject to limitation of the IRC, up to a maximum amount of $19,000 for the 2019 Plan year. Participants who are 50 years of age or older who have met the annual IRC deferral limit or the specified plan limit of the deferral, may contribute catch-up deferral contributions of up to $6,000 for 2019. Participants may also rollover amounts representing distributions from other qualified plans.

The Plan permits the Company to make discretionary matching contributions to all participants' accounts, as defined by the Plan. For the year ended December 31, 2019, the Company made discretionary matching contributions of first 4% of each participant's deferral at a rate of 25%, as defined by the Plan. For the year ended December 31, 2019, employer discretionary matching contributions totaled $1,205,915.

The Plan also permits the Company to make a discretionary profit sharing contribution to participants' accounts, as defined by the Plan. For the year ended December 31, 2019, discretionary profit sharing contributions made to the Plan totaled $1,252,266, made subsequent to year-end.

All contributions to each participant's account are self-directed by the participant into one or more of the investments offered under the plan.

1. PLAN DESCRIPTION (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's discretionary matching contribution, the discretionary profit sharing contribution, and the participant's share of the Plan earnings, net of certain investment management fees. Allocations are based on participant account balances, as defined in the Plan. Participants may direct their elective deferral contributions into various investment options offered by the Plan and could change their investment options on a daily basis.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of continuous service. Participants vest at 20% per year of credited service after the second year of continuous service and are 100% vested after six years, starting from the date of hire.

Forfeitures

Forfeited nonvested amounts are used to pay Plan expenses and to reduce employer contributions to the Plan. For the Plan year ended December 31, 2019, $133,821 of forfeitures was used to reduce employer matching contributions. As of December 31, 2019 and 2018, the Plan had $83,599 and $152,671, respectively, available for future use.

Payment of Benefits

Upon termination of employment, death, disability or retirement, a participant may elect to receive a lump sum equal to the value of the participant's vested interest in his or her account; the account may be directly rolled-over to another qualified account. Payment of benefits will begin as soon as administratively feasible following the date of termination. A participant may elect to receive an in-service distribution upon reaching age 59 and a half, or upon incurring a hardship, as defined in the Plan document.

Corrective Distributions

There were no corrective distributions for the Plan year ended December 31, 2019.

Excess Contributions Payable

The Plan deposited funds into the Plan that pertain to the subsequent year. At December 31, 2019, the Plan had $25,318 and $0 in contributions payable at December 31, 2019 and 2018, respectively.

Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on an accrual basis and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation in the fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses and qualify as party-in-interest transactions (Note 5).

Subsequent Events

The Plan evaluated subsequent events for their potential impact on the accompanying financial statements and disclosures through October 14, 2020, which is the date the accompanying financial statements were available to be issued.

During the first quarter of 2020, a global pandemic was declared due to the spread of the novel coronavirus COVID-19, which has caused significant investment market uncertainty and volatility, as well as disruption to the global economy. The Company is unable to predict what impact ongoing market volatility related to the COVID-19 pandemic will have on Plan assets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). The amendments in ASU 2018-13 modify the disclosure requirements on fair value measurements in Topic 820, *Fair Value Measurement,* by removing, modifying and adding certain disclosures based on concepts of costs and benefits. ASU 2018-13 is effective for interim and annual reporting periods beginning after December 15, 2019, including interim period within those fiscal years. Early adoption is permitted upon issuance of ASU 2018-13. The Plan is currently evaluating the effect the guidance will have on the Plan's financial statements.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding all investments at fair value and investment income as shown in the accompanying financial statements and supplemental schedule, has been certified by the Trustee as being complete and accurate.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified as complete and accurate by the Trustee need not be audited or reported on by an independent auditor. Pursuant to that regulation, the Plan Administrator has instructed its independent auditors not to perform any auditing procedures with respect to information as of December 31, 2019 and 2018, and for the year ended December 31, 2019 certified by the Trustee.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under Accounting Standards Codification Topic 820, *Fair Value Measurement*, are described as follows:

Level 1: Quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date.

4. FAIR VALUE MEASUREMENTS (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable inputs for the asset or liability

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds

Mutual funds are valued at the net assets value ("NAV") of shares held by the plan at year-end and are classified as Level 1 investments.

Money Market Fund

The money market fund is valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Investments at Fair Value as of December 31, 2019			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$20,879,350	$ –	$ –	$20,879,350
Money market fund	480,703	–	–	480,703
Total investments at fair value	$21,360,053	$ –	$ –	$21,360,053

4. FAIR VALUE MEASUREMENTS (continued)

	Investments at Fair Value as of December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$16,496,549	$ –	$ –	$16,496,549
Money market fund	530,609	–	–	530,609
Total investments at fair value	$17,027,158	$ –	$ –	$17,027,158

For year ended December 31, 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

5. PARTY-IN-INTEREST TRANSACTIONS

The Trustee is a party-in-interest as defined by ERISA. The Trustee invests certain Plan assets in its investment funds. Transactions between the Plan and the Trustee (including the payment of administrative expenses) qualify as party-in-interest transactions permitted by DOL regulations.

6. TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently designed and being operated in compliance with the qualification requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the company has taken an uncertain position that more likely than not would not 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 positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

7. RISK AND UNCERTAINTIES

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

8. RECONCILIATION OF FINACIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits at December 31, 2019 and 2018 per the accompanying financial statements to the Form 5500:

	2019	2018
Net assets available for benefits per the financial statements	$ 22,587,001	$ 18,282,643
Less: Employer contribution receivable	(1,252,266)	(1,255,485)
Add: Excess contributions payable	25,318	—
Net assets available for benefits per the Form 5500	$ 21,360,053	$ 17,027,158

The following is a reconciliation of changes in net assets available for benefits for the year ended December 31, 2019 per the accompanying financial statements to the Form 5500:

Changes in net assets available for benefits per the financial statements	$ 4,304,358
Less: Employer contribution receivable	(1,252,266)
Add: Prior year employer contribution receivable	1,255,485
Less: Prior year excess contributions payable	—
Add: Current year excess contributions payable	25,318
Changes in net assets available for benefits per the Form 5500	$ 4,332,895

SUPPLEMENTAL SCHEDULE

NNA SERVICES PROFIT SHARING 401(K) PLAN

EIN: 95-6038183

Plan No. 002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	MassMutual Life Insurance Company	Mutual Funds	**	$ 480,703
	Mutual Funds:			
*	MassMutual Life Insurance Company	MFS Growth Fund-A	**	3,044,045
*	MassMutual Life Insurance Company	American Funds Amer Balanced-R3	**	1,750,899
*	MassMutual Life Insurance Company	BlackRock Equity Dividend Fund-A	**	1,359,166
*	MassMutual Life Insurance Company	MFS Total Return Bond-R3	**	1,328,086
*	MassMutual Life Insurance Company	American Funds Co Amer-R4	**	1,272,760
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2030-A	**	1,265,232
*	MassMutual Life Insurance Company	BlackRock Global Allocation-A	**	1,258,271
*	MassMutual Life Insurance Company	Jpmorgan Small Cap Equity Fund-A	**	1,120,067
*	MassMutual Life Insurance Company	BlackRock Ishares S&P 500 IX A	**	905,251
*	MassMutual Life Insurance Company	Franklin US Govt Securities A1	**	899,065
*	MassMutual Life Insurance Company	AB Global Bond Fund A	**	789,467
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2025-A	**	694,973
*	MassMutual Life Insurance Company	Vanguard Inflation Prote Sec Inv	**	690,228
*	MassMutual Life Insurance Company	Columbia Overseas Value-A	**	612,352
*	MassMutual Life Insurance Company	Select Overseas R4	**	527,543
*	MassMutual Life Insurance Company	Invesco Developing Markets A	**	491,099
*	MassMutual Life Insurance Company	Bny Mellon Natural Resources A	**	366,107
*	MassMutual Life Insurance Company	Franklin Mutual Global Disc-A	**	355,740
*	MassMutual Life Insurance Company	MFS Internat'L New Discovery-R3	**	337,452
*	MassMutual Life Insurance Company	MFS Global Real Estate R3	**	320,588
*	MassMutual Life Insurance Company	Premier Barings High Yld R4	**	237,406
*	MassMutual Life Insurance Company	Victory Sycamore Est Value-A	**	229,615
*	MassMutual Life Insurance Company	Victory Sycamore Small Co Opp-A	**	158,072
*	MassMutual Life Insurance Company	E V Atlanta Capital Smid-Cap A	**	150,023
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2035-A	**	145,104
*	MassMutual Life Insurance Company	Pgim Short-Term Corp Bd-A	**	140,386
*	MassMutual Life Insurance Company	Bny Mellon Smallcap Stk IX Inv	**	115,135
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2050-A	**	111,645
*	MassMutual Life Insurance Company	Bny Mellon MidCap Index Inv	**	87,392
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2020-A	**	61,865
*	MassMutual Life Insurance Company	Columbia Floating Rate-A	**	34,947
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2045-A	**	13,678
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2055-A	**	5,691
		Total investments		$ 21,360,053

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and disclosure under ERISA when the account is participant directed.

See accompanying independent auditor's report.

MassMutual

Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information ("SAI"). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

MassMutual Premier Funds

MassMutual Premier Global Fund
MassMutual Premier International Eq Fund
MassMutual Premier Main Street Fund
MassMutual Premier Small Cap Opps Fund
MassMutual Premier Strat Emerg Mkts Fund

MassMutual Select Funds

MassMutual Select BlackRock Glbl Allc Fund
MassMutual Select Blue Chip Growth Fund
MassMutual Select Diversified Value Fund
MassMutual Select Equity Opports Fund
MassMutual Select Fundamental Value Fund
MassMutual Select Growth Opps Fund
MassMutual Select Mid Cap Growth Fund
MassMutual Select Mid Cap Value Fund
MassMutual Select Overseas Fund
MassMutual Select Small Cap Growth Eq Fund
MassMutual Select Small Cap Val Eq Fund
MassMutual Select Small Company Val Fund
MassMutual Select TRP Intl Equity
MassMutual Select TRP Retirement 2005
MassMutual Select TRP Retirement 2010
MassMutual Select TRP Retirement 2015
MassMutual Select TRP Retirement 2020
MassMutual Select TRP Retirement 2025
MassMutual Select TRP Retirement 2030
MassMutual Select TRP Retirement 2035
MassMutual Select TRP Retirement 2040
MassMutual Select TRP Retirement 2045
MassMutual Select TRP Retirement 2050
MassMutual Select TRP Retirement 2055
MassMutual Select TRP Retirement 2060
MassMutual Select TRP Retirement Bal

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Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

*****

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

NNA SERVICES P/S 401(K) PLAN (110525702)
EIN #: 46-1586301

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2019 - 12/31/2019 and indirect compensation is presented on a calendar year basis ending 12/31/2019.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$8,336.31**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: MassMutual Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 59, 60, 62, 63, 64, 65, 72, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$600.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2019 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to MassMutual Retirement Services, LLC ("MMRS") are the net result of aggregating direct compensation after the effects of adjustments processed in 2019, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent’s book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent’s book of business as of 12/31/2019.Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Rate of Fees and Payments Received By MassMutual with Respect to the Fund (rates as of 12/31/2019)*	*Total Fund Annual Operating Expenses** (Fund Expense Ratio) (as of 12/31/2019)*
AB GLOBAL BOND FUND A	13-4071393	0.55%	0.83%
AMERICAN FUNDS AMER BALANCED-R3	94-6050854	0.65%	0.93%
AMERICAN FUNDS INV CO AMER-R4	95-1426645	0.35%	0.64%
BLACKROCK EQUITY DIVIDEND FUND-A	13-3806694	0.55%	0.97%
BLACKROCK GLOBAL ALLOCATION-A	22-2937779	0.55%	1.15%
BLACKROCK ISHARES S&P 500 IX A	51-0318674	0.30%	0.35%
BNY MELLON MIDCAP INDEX INV	13-3618129	0.35%	0.51%
BNY MELLON NATURAL RESOURCES A	13-4193975	0.50%	1.28%
BNY MELLON SMALLCAP STK IX INV	13-3554128	0.35%	0.51%
COLUMBIA FLOATING RATE-A	20-4384176	0.50%	1.02%
COLUMBIA OVERSEAS VALUE-A	94-1687665	0.50%	1.29%
E V ATLANTA CAPITAL SMID-CAP-A	04-2325690	0.55%	1.16%
FRANKLIN MUTUAL GLOBAL DISC-A	22-2894171	0.35% + $16 Per Participant	1.23%
FRANKLIN US GOVT SECURITIES A1	13-2573775	0.25% + $16 Per Participant	0.77%
INVESCO OPPEN DEVELOPING MKTS A	76-0343427	0.55%	1.24%
INVESCO OPPEN INT'L GRTH A	76-0352823	0.55%	1.11%
INVESCO OPPENHEIMER GOVT MM Y	74-1093914	0.30%	0.79%
JPMORGAN SMALL CAP EQUITY FUND-A	33-1043149	0.55%	1.26%
JPMORGAN SMARTRETIREMENT 2020-A	33-1043149	0.55%	0.96%
JPMORGAN SMARTRETIREMENT 2025-A	33-1043149	0.55%	0.97%
JPMORGAN SMARTRETIREMENT 2030-A	33-1043149	0.55%	0.98%
JPMORGAN SMARTRETIREMENT 2035-A	33-1043149	0.55%	0.98%
JPMORGAN SMARTRETIREMENT 2045-A	33-1043149	0.55%	0.99%
JPMORGAN SMARTRETIREMENT 2050-A	33-1043149	0.55%	1.00%
JPMORGAN SMARTRETMENT 2055-A	33-1043149	0.55%	1.01%
MFS GLOBAL REAL ESTATE R3	04-3158862	0.55%	1.23%
MFS GROWTH FUND-A	04-3158862	0.55%	0.92%
MFS INTERNAT'L NEW DISCOVERY-R3	04-2468583	0.55%	1.30%
MFS TOTAL RETURN BOND-R3	04-2535629	0.55%	0.82%
OPPENHEIMER GOVT MONEY MARKET A	13-2776909	0.30%	0.00%
PGIM GLOBAL REAL ESTATE-A	13-3851144	0.50%	1.50%
PGIM SHORT-TERM CORP BD-A	13-3468311	0.50%	0.79%
PREMIER BARINGS HIGH YLD R4	04-2483041	0.50%	0.99%
PUTNAM HIGH YIELD A	06-6290063	0.55%	1.03%
SELECT OVERSEAS R4	04-2483041	0.50%	1.37%
T. ROWE PRICE INTL GR & INC-ADV	52-1175211	0.40%	1.07%
VANGUARD INFLATION PROTE SEC INV	23-1945930		0.20%
VICTORY SYCAMORE EST VALUE-A	31-6364605	0.55%	0.89%
VICTORY SYCAMORE SMALL CO OPP-A	31-6364605	0.55%	1.22%

The list includes any investment option held by the plan on at least one month end during the 2019 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the

number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

**This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. and/or Statement of Information Please note that some of the funds available through your service contract or arrangement are funds from the Oppenheimer family of mutual funds, which are affiliated with MassMutual (The Oppenheimer Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus and/or Statement of Information.

MassMutual Affiliate	Services	Compensation
OppenheimerFunds Distributor, Inc.	Principal Underwriter to The Oppenheimer Funds	As Principal Underwriter paid by the Fund in the form of dealer concessions
OFI Global Asset Management, Inc.	Transfer Agent to The Oppenheimer Funds	Paid by the Fund in the form of fees for services
Shareholder Services, Inc. (doing business as OppenheimerFunds Services)	Sub-Transfer Agent to The Oppenheimer Funds	Paid by the Transfer Agent in the form of fees for services
OFI Global Asset Management, Inc.	Investment Adviser to The Oppenheimer Funds	Paid by the Fund in the form of investment advisory fees based on assets under management
OppenheimerFunds, Inc.	Sub-Adviser to The Oppenheimer Funds	Paid by the Investment Adviser in the form of investment advisory fees based on assets under management

Recipient: UNITED PLANNERS FNCL SVCS EIN: 86-0588303

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission** Payor: Reliance Trust Company EIN: 58-1428634 **$10,736.36**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2019 . Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions

Recipient: Other EIN: 99-9999999

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$7,736.31**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2019 plan year for the above named recipient.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation are the net result of aggregating direct compensation after the effects of adjustments processed in 2019, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation **$0.00**

Our records indicate that this recipient did not receive any Indirect Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Trust Service Fee (if Reliance Trust Company is acting as directed trustee) **$325.00**
Service Codes: 25, 99

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

Reflects the annual per plan trust service fee in effect as of December 31, 2019. For additional information, please refer to your "RELIANCE TRUST COMPANY ERISA 408(b)(2) Fee Disclosure" materials.

Custodial Fee **$240.00**
Service Codes: 19, 25, 99

Payors: Massachusetts Mutual Life Insurance Company EIN: 04-1590850
MassMutual Retirement Services, LLC EIN: 26-1589907

This is an estimate as of December 31, 2019, determined by dividing a flat annual fee paid to Reliance Trust Company by the number of plans to whom this feature is made available.

Direct Revenue Detail

Recipient: *MassMutual Retirement Services, LLC*

Fee Description	Dollar Amount
Paper Enrollment Fee	$400.00
Rapid Delivery Fee	$200.00
Total Direct Revenue:	**$600.00**

Recipient: *Other*

Fee Description	Dollar Amount
Expense Budget Account: Service Provider Fee	$7,736.31
Total Direct Revenue:	**$7,736.31**

Grand Total Direct Fees:	**$8,336.31**



Certified Public Accountants
and Financial Advisors

NNA Services Profit Sharing 401(k) Plan

Financial Statements and Supplemental Schedule
December 31, 2019 and 2018

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AND SUPPLEMENTAL SCHEDULE

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Statement of Changes in Net Assets Available for Benefits
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Supplemental Schedule*

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*Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Plan Administrator of
NNA Services Profit Sharing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of NNA Services Profit Sharing 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance 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 assets and executes transactions. The Plan Administrator has obtained certifications 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.

Disclaimer of Opinion

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

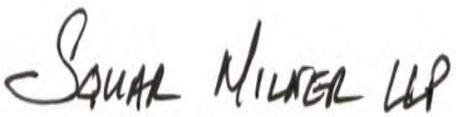
Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SQUAR MILNER LLP



Encino, California
October 14, 2020

NNA SERVICES PROFIT SHARING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value		
Mutual funds	$ 20,879,350	$ 16,496,549
Money market funds	480,703	530,609
Total investments, at fair value	21,360,053	17,027,158
Employer contributions receivable	1,252,266	1,255,485
LIABILITIES		
Contributions payable	25,318	—
Total liabilities	25,318	—
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,587,001	$ 18,282,643

See accompanying independent auditor's report and notes to financial statements.

NNA SERVICES PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2019

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 2,627,879
Dividends	1,063,612
Other	40,595
Total investment income	3,732,086
Contributions:	
Employer	1,202,696
Participants	631,377
Rollovers	220,723
Total contributions	2,054,796
Total additions	5,786,882
DEDUCTIONS	
Benefits paid to participants	1,441,274
Administrative expenses	41,250
Total deductions	1,482,524
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,304,358
NET ASSETS AVAILABLE FOR BENEFITS – beginning of year	18,282,643
NET ASSETS AVAILABLE FOR BENEFITS – end of year	$ 22,587,001

1. PLAN DESCRIPTION

The following description of the NNA Services Profit Sharing 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document, as amended, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan formed on December 28, 1971 by NNA Services, Inc. (the "Company" or "Plan Sponsor" or "Plan Administrator") under the provisions of Section 401 of the Internal Revenue Code ("IRC") covering all eligible employees of the Company as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). As of and for the years ended December 31, 2019 and 2018, Reliance Trust Company (the "Trustee") was the trustee of the Plan's investment assets.

Eligibility

Employees over the age of 21 can elect to participate in the Plan on the first day of the month following completion of one month of service.

Contributions

Each participant may elect to contribute a prescribed percentage of his or her compensation to the Plan. For employees who elect to participate, such deferrals shall not be less than 1% or exceed 100% of compensation as defined under the Plan, subject to limitation of the IRC, up to a maximum amount of $19,000 for the 2019 Plan year. Participants who are 50 years of age or older who have met the annual IRC deferral limit or the specified plan limit of the deferral, may contribute catch-up deferral contributions of up to $6,000 for 2019. Participants may also rollover amounts representing distributions from other qualified plans.

The Plan permits the Company to make discretionary matching contributions to all participants' accounts, as defined by the Plan. For the year ended December 31, 2019, the Company made discretionary matching contributions of first 4% of each participant's deferral at a rate of 25%, as defined by the Plan. For the year ended December 31, 2019, employer discretionary matching contributions totaled $1,205,915.

The Plan also permits the Company to make a discretionary profit sharing contribution to participants' accounts, as defined by the Plan. For the year ended December 31, 2019, discretionary profit sharing contributions made to the Plan totaled $1,252,266, made subsequent to year-end.

All contributions to each participant's account are self-directed by the participant into one or more of the investments offered under the plan.

1. PLAN DESCRIPTION (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's discretionary matching contribution, the discretionary profit sharing contribution, and the participant's share of the Plan earnings, net of certain investment management fees. Allocations are based on participant account balances, as defined in the Plan. Participants may direct their elective deferral contributions into various investment options offered by the Plan and could change their investment options on a daily basis.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contributions plus actual earnings thereon is based on years of continuous service. Participants vest at 20% per year of credited service after the second year of continuous service and are 100% vested after six years, starting from the date of hire.

Forfeitures

Forfeited nonvested amounts are used to pay Plan expenses and to reduce employer contributions to the Plan. For the Plan year ended December 31, 2019, $133,821 of forfeitures was used to reduce employer matching contributions. As of December 31, 2019 and 2018, the Plan had $83,599 and $152,671, respectively, available for future use.

Payment of Benefits

Upon termination of employment, death, disability or retirement, a participant may elect to receive a lump sum equal to the value of the participant's vested interest in his or her account; the account may be directly rolled-over to another qualified account. Payment of benefits will begin as soon as administratively feasible following the date of termination. A participant may elect to receive an in-service distribution upon reaching age 59 and a half, or upon incurring a hardship, as defined in the Plan document.

Corrective Distributions

There were no corrective distributions for the Plan year ended December 31, 2019.

Excess Contributions Payable

The Plan deposited funds into the Plan that pertain to the subsequent year. At December 31, 2019, the Plan had $25,318 and $0 in contributions payable at December 31, 2019 and 2018, respectively.

Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on an accrual basis and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net realized and unrealized gains and losses are reflected in the statement of changes in net assets available for benefits as net appreciation in the fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses and qualify as party-in-interest transactions (Note 5).

Subsequent Events

The Plan evaluated subsequent events for their potential impact on the accompanying financial statements and disclosures through October 14, 2020, which is the date the accompanying financial statements were available to be issued.

During the first quarter of 2020, a global pandemic was declared due to the spread of the novel coronavirus COVID-19, which has caused significant investment market uncertainty and volatility, as well as disruption to the global economy. The Company is unable to predict what impact ongoing market volatility related to the COVID-19 pandemic will have on Plan assets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). The amendments in ASU 2018-13 modify the disclosure requirements on fair value measurements in Topic 820, *Fair Value Measurement,* by removing, modifying and adding certain disclosures based on concepts of costs and benefits. ASU 2018-13 is effective for interim and annual reporting periods beginning after December 15, 2019, including interim period within those fiscal years. Early adoption is permitted upon issuance of ASU 2018-13. The Plan is currently evaluating the effect the guidance will have on the Plan's financial statements.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding all investments at fair value and investment income as shown in the accompanying financial statements and supplemental schedule, has been certified by the Trustee as being complete and accurate.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified as complete and accurate by the Trustee need not be audited or reported on by an independent auditor. Pursuant to that regulation, the Plan Administrator has instructed its independent auditors not to perform any auditing procedures with respect to information as of December 31, 2019 and 2018, and for the year ended December 31, 2019 certified by the Trustee.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy under Accounting Standards Codification Topic 820, *Fair Value Measurement*, are described as follows:

Level 1: Quoted market prices in active markets for identical assets or liabilities that are accessible at the measurement date.

4. FAIR VALUE MEASUREMENTS (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable inputs for the asset or liability

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds

Mutual funds are valued at the net assets value ("NAV") of shares held by the plan at year-end and are classified as Level 1 investments.

Money Market Fund

The money market fund is valued at quoted market prices in an exchange and active markets, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Investments at Fair Value as of December 31, 2019			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$20,879,350	$ –	$ –	$20,879,350
Money market fund	480,703	–	–	480,703
Total investments at fair value	$21,360,053	$ –	$ –	$21,360,053

4. FAIR VALUE MEASUREMENTS (continued)

	Investments at Fair Value as of December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$16,496,549	$ –	$ –	$16,496,549
Money market fund	530,609	–	–	530,609
Total investments at fair value	$17,027,158	$ –	$ –	$17,027,158

For year ended December 31, 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

5. PARTY-IN-INTEREST TRANSACTIONS

The Trustee is a party-in-interest as defined by ERISA. The Trustee invests certain Plan assets in its investment funds. Transactions between the Plan and the Trustee (including the payment of administrative expenses) qualify as party-in-interest transactions permitted by DOL regulations.

6. TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently designed and being operated in compliance with the qualification requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the company has taken an uncertain position that more likely than not would not 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 positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and the Plan could be subject to income tax if certain issues were found by the IRS that could result in the disqualification of the Plan's tax-exempt status; however, there are currently no audits for any tax periods in progress.

7. RISK AND UNCERTAINTIES

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

8. RECONCILIATION OF FINACIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits at December 31, 2019 and 2018 per the accompanying financial statements to the Form 5500:

	2019	2018
Net assets available for benefits per the financial statements	$ 22,587,001	$ 18,282,643
Less: Employer contribution receivable	(1,252,266)	(1,255,485)
Add: Excess contributions payable	25,318	—
Net assets available for benefits per the Form 5500	$ 21,360,053	$ 17,027,158

The following is a reconciliation of changes in net assets available for benefits for the year ended December 31, 2019 per the accompanying financial statements to the Form 5500:

Changes in net assets available for benefits per the financial statements	$ 4,304,358
Less: Employer contribution receivable	(1,252,266)
Add: Prior year employer contribution receivable	1,255,485
Less: Prior year excess contributions payable	—
Add: Current year excess contributions payable	25,318
Changes in net assets available for benefits per the Form 5500	$ 4,332,895

SUPPLEMENTAL SCHEDULE

NNA SERVICES PROFIT SHARING 401(K) PLAN

EIN: 95-6038183

Plan No. 002

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Money Market Fund:			
*	MassMutual Life Insurance Company	Mutual Funds	**	$ 480,703
	Mutual Funds:			
*	MassMutual Life Insurance Company	MFS Growth Fund-A	**	3,044,045
*	MassMutual Life Insurance Company	American Funds Amer Balanced-R3	**	1,750,899
*	MassMutual Life Insurance Company	BlackRock Equity Dividend Fund-A	**	1,359,166
*	MassMutual Life Insurance Company	MFS Total Return Bond-R3	**	1,328,086
*	MassMutual Life Insurance Company	American Funds Co Amer-R4	**	1,272,760
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2030-A	**	1,265,232
*	MassMutual Life Insurance Company	BlackRock Global Allocation-A	**	1,258,271
*	MassMutual Life Insurance Company	Jpmorgan Small Cap Equity Fund-A	**	1,120,067
*	MassMutual Life Insurance Company	BlackRock Ishares S&P 500 IX A	**	905,251
*	MassMutual Life Insurance Company	Franklin US Govt Securities A1	**	899,065
*	MassMutual Life Insurance Company	AB Global Bond Fund A	**	789,467
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2025-A	**	694,973
*	MassMutual Life Insurance Company	Vanguard Inflation Prote Sec Inv	**	690,228
*	MassMutual Life Insurance Company	Columbia Overseas Value-A	**	612,352
*	MassMutual Life Insurance Company	Select Overseas R4	**	527,543
*	MassMutual Life Insurance Company	Invesco Developing Markets A	**	491,099
*	MassMutual Life Insurance Company	Bny Mellon Natural Resources A	**	366,107
*	MassMutual Life Insurance Company	Franklin Mutual Global Disc-A	**	355,740
*	MassMutual Life Insurance Company	MFS Internat'L New Discovery-R3	**	337,452
*	MassMutual Life Insurance Company	MFS Global Real Estate R3	**	320,588
*	MassMutual Life Insurance Company	Premier Barings High Yld R4	**	237,406
*	MassMutual Life Insurance Company	Victory Sycamore Est Value-A	**	229,615
*	MassMutual Life Insurance Company	Victory Sycamore Small Co Opp-A	**	158,072
*	MassMutual Life Insurance Company	E V Atlanta Capital Smid-Cap A	**	150,023
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2035-A	**	145,104
*	MassMutual Life Insurance Company	Pgim Short-Term Corp Bd-A	**	140,386
*	MassMutual Life Insurance Company	Bny Mellon Smallcap Stk IX Inv	**	115,135
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2050-A	**	111,645
*	MassMutual Life Insurance Company	Bny Mellon MidCap Index Inv	**	87,392
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2020-A	**	61,865
*	MassMutual Life Insurance Company	Columbia Floating Rate-A	**	34,947
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2045-A	**	13,678
*	MassMutual Life Insurance Company	Jpmorgan Smartretirement 2055-A	**	5,691
		Total investments		$ 21,360,053

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and disclosure under ERISA when the account is participant directed.

See accompanying independent auditor's report.