

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) ____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>NTESS SAVINGS AND INCOME PLAN</u>	1b Three-digit plan number (PN) ▶	<u>008</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC</u> <u>P.O. BOX 5800, MAIL STOP 1302</u> <u>ALBUQUERQUE, NM 87185-1302</u>	1c Effective date of plan <u>06/01/1993</u>	2b Employer Identification Number (EIN) <u>85-0097942</u>	2c Plan Sponsor's telephone number <u>505-845-9222</u>
		2d Business code (see instructions) <u>541700</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	LEAH MITCHELL, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	JOSHUA PARSONS, CPA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor EMPLOYEE BENEFITS COMMITTEE OF NTESS PO BOX 5800, MS 1302 ALBUQUERQUE, NM 87185-1302		3b Administrator's EIN 85-0097942 3c Administrator's telephone number 505-845-9222
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 16454
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(1) 13301 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6a(2) 13624 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6b 183 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6c 2969 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6d 16776 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6e 77 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6f 16853 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 6g 16687 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6h 119 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NTESS SAVINGS AND INCOME PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC	D Employer Identification Number (EIN) 85-0097942	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL TRUST COMPANY
26-3761443

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

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

FINANCIAL ENGINES

77-0473565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	1708848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 38 64 65 99	RECORDKEEPER	605330	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HARTLINE BARGER LLP

75-2532929

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	25785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TRUCKER HUSS

94-3216062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	16875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

85-1061233

(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?
49	OTHER SERVICES	8100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MODRALL SPERLING

85-0283491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	7667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FINANCIAL ENGINES 1050 ENTERPRISE WAY, 3RD FLOOR SUNNYVALE, CA 94089	ANNUAL FEE BASED ON THE ASSETS IN FINANCIAL ENGINES' MANAGED ACCOUNT PROGRAM (AUM) NOT TO EXCEED AMOUNTS CALCULATED AS FOLLOWS: (I) .13% FIRST \$500 MILLION (UP TO \$650,000), (II) .065% NEXT \$500 MILLION (OR UP TO \$325,000)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2020</div> This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>NTESS SAVINGS AND INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC</u>	D Employer Identification Number (EIN) <u>85-0097942</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STRATEGIC COMPLETION FD F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>				
c EIN-PN <u>45-2777766-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11179490</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC EQUITY INDEX FD F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>				
c EIN-PN <u>94-3262720-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>674958233</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID CONTRAFUND POOL CL 2</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>04-3022712-133</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>621461697</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID GROWTH CO POOL CL 2</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>04-3022712-135</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>725812831</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY INDEX FD</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>				
c EIN-PN <u>20-3747528-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>285798748</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDING LOEVNER INTL EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>				
c EIN-PN <u>27-6075499-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58265432</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS US BOND INDX XIV</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>				
c EIN-PN <u>90-0337987-477</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>325235996</u>		

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

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

c EIN-PN 82-6204383-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6550874
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2015 TRUST PLUS**

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

c EIN-PN 90-0735891-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54279175
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2020 TRUST PLUS**

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

c EIN-PN 90-0735899-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146383352
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2025 TRUST PLUS**

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

c EIN-PN 90-0735963-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267074935
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2030 TRUST PLUS**

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

c EIN-PN 90-0735964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218425567
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2035 TRUST PLUS**

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

c EIN-PN 90-0735965-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177040554
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2040 TRUST PLUS**

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

c EIN-PN 90-0735971-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180704468
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2045 TRUST PLUS**

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

c EIN-PN 90-0735972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216835722
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2050 TRUST PLUS**

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

c EIN-PN 90-0735976-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175308427
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TARGET RETIREMENT 2055 TRUST PLUS**

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

c EIN-PN 90-0735978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112348800
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 TRUST PLUS

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

c EIN-PN 45-3799736-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38564303
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME TRUST PLUS

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

c EIN-PN 90-0735883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59680997
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FD

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

c EIN-PN 94-3371912-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96695433
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS GOVT SHORT TERM INVESTMENT FD

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

c EIN-PN 04-0025081-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 765901
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIM US SM CAP CIT S

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

c EIN-PN 61-6611861-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125515430
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSRSL SMMDCP IDX II

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

c EIN-PN 32-6528132-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36317072
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NTESS SAVINGS AND INCOME PLAN	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC	D Employer Identification Number (EIN) 85-0097942	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		4685460
(2) Participant contributions.....	1b(2)		6997226
(3) Other	1b(3)	2097034	1425641
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9646696	5695812
(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)	66438211	59595433
(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)	38099580	40369021
(9) Value of interest in common/collective trusts	1c(9)	3686878914	4614437536
(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)	232049345	121097411
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	532100711	618878796

		(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	4567310491 5473182336
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	273901 93216
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1601694 1772744
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1875595 1865960
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	4565434896 5471316376

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	123896680
	(B) Participants	2a(1)(B)	185443555
	(C) Others (including rollovers).....	2a(1)(C)	19111611
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	328451846
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	212721
	(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)	1722982
	(F) Other	2b(1)(F)	12625859
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14561562
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1625955
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5167119
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	6793074
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23131584
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27269700
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-4138116
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	17108705
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	17108705

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		894522865
(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)		-32500694
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1224799242

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	315102239	
(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)		315102239
f Corrective distributions (see instructions)	2f		101957
g Certain deemed distributions of participant loans (see instructions).....	2g		65848
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	50327	
(2) Contract administrator fees	2i(2)	605330	
(3) Investment advisory and management fees	2i(3)	2983960	
(4) Other.....	2i(4)	8101	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3647718
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		318917762

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		905881480
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan NTESS SAVINGS AND INCOME PLAN</div>	<div>B Three-digit plan number (PN) ▶ 008</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC</div>	<div>D Employer Identification Number (EIN) 85-0097942</div>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107</div>	
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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.)
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<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
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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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

NTESS SAVINGS AND INCOME PLAN

**Financial Statements and Supplemental Schedule
As of December 31, 2020 and 2019 and
For the Year Ended December 31, 2020
With Independent Auditor's Report**



NTESS SAVINGS AND INCOME PLAN
December 31, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants of the
NTESS Savings and Income Plan

We were engaged to audit the accompanying financial statements of the NTESS Savings and Income Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Mitchell Titus, LLP

June 29, 2021

NTESS SAVINGS AND INCOME PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2020 and 2019

(in thousands)

	<u>2020</u>	<u>2019</u>
ASSETS		
<i>Investments</i>		
Investments, at fair value	\$ 4,796,158	\$ 3,986,634
Investments in fully benefit-responsive investment contracts, at contract value	601,839	533,351
<i>Receivables</i>		
Participant contributions	6,997	-
Employer contributions	4,685	-
Notes receivable from participants	40,369	38,100
Due from brokers from the sale of securities	159	280
Total assets	<u>5,450,207</u>	<u>4,558,365</u>
LIABILITIES		
Due to brokers from the purchase of securities	<u>399</u>	<u>285</u>
Total liabilities	<u>399</u>	<u>285</u>
Net assets available for benefits	<u><u>\$ 5,449,808</u></u>	<u><u>\$ 4,558,080</u></u>

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

NTESS SAVINGS AND INCOME PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2020

(in thousands)

Net assets available for benefits, at beginning of year	<u>\$ 4,558,080</u>
ADDITIONS TO NET ASSETS	
<i>Contributions</i>	
Participant	204,555
Employer	<u>123,896</u>
Total contributions	<u>328,451</u>
<i>Investment income</i>	
Net appreciation in fair value of investments	860,840
Interest and dividends	<u>19,632</u>
Total investment income	<u>880,472</u>
Interest income on notes receivable from participants	<u>1,723</u>
Total additions	<u>1,210,646</u>
DEDUCTIONS FROM NET ASSETS	
Benefit payments	315,270
Administrative expenses	<u>3,648</u>
Total deductions	<u>318,918</u>
Net increase	<u>891,728</u>
Net assets available for benefits, at end of year	<u><u>\$ 5,449,808</u></u>

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

NOTE 1 DESCRIPTION OF PLAN

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

General

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

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

Contributions

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

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

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

Participant Accounts

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

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

Benefit Payments

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

Vesting

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

Forfeited Accounts

At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$32,000 and \$49,000, respectively. These accounts will be used to reduce future employer matching contributions, enhanced contributions, and/or pay administrative expenses of the Plan. In 2020, employer contributions were reduced by \$1,241,000 from forfeited nonvested accounts.

Notes Receivable from Participants

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

Plan Amendments

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

Plan Termination

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

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

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and losses on investments bought and sold as well as held during the year. Interest income on notes receivable from participants is recorded on the accrual basis.

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

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

Administrative Expenses

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

Recent Accounting Pronouncement

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*, which amends Accounting Standards Codification 820, *Fair Value Measurement*. This ASU modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. The Plan's management has adopted the ASU as of January 1, 2020, and there is no significant impact to the Plan's financials.

Subsequent Events

The Company evaluated subsequent events and transactions through June 29, 2021, the date these financial statements were available to be issued.

NOTE 3 INVESTMENTS

Investment information disclosed in the accompanying financial statements and supplemental schedule, for investments held at December 31, 2020 and 2019 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2020, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by FMTC, the trustee of the Plan.

General

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

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

General *(continued)*

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

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

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

The Plan owns the investments underlying the synthetic GICs, which consist primarily of U.S. Government securities, corporate debt obligations, and mortgage- and other asset-backed securities. As of December 31, 2020 and 2019, the contract values of the wrap contracts were not material.

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

NOTE 3 INVESTMENTS *(continued)*

Fair Value of Assets

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

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

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

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

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

The following table presents the fair value of the assets in the Plan by asset category and their level within the fair value hierarchy as of December 31, 2020 (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Equities	\$ 58,733	\$ 863	\$ 59,596
Mutual funds	121,400	-	121,400
Common/collective trusts	-	4,615,162	4,615,162
Total investment assets, at fair value	<u>\$ 180,133</u>	<u>\$ 4,616,025</u>	4,796,158
Due to brokers from the purchase of securities, net			(240)
Fully benefit-responsive investment contracts, at contract value			601,839
Total assets, net			<u>\$ 5,397,757</u>

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

NOTE 3 INVESTMENTS *(continued)*

Fair Value of Assets *(continued)*

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

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

Valuation Techniques

There are no financial assets or liabilities categorized as Level 3 in the Plan as of December 31, 2020 or 2019.

Level 1 equities are comprised of common stocks valued at quoted market prices. Level 2 equities are comprised of convertible preferred stocks valued using observable market inputs other than quoted market prices.

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

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

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

NOTE 4 PARTIES-IN-INTEREST TRANSACTIONS

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

The Plan paid \$1,542,000 in expenses to FMTC, the trustee, and FIIOC, the record-keeper, for the year ended December 31, 2020. Certain Plan investments are managed by affiliates of the Plan's trustee.

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

NOTE 5 INCOME TAX STATUS

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

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

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to federal tax examinations for years prior to 2017.

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The accompanying financial statements present fully benefit-responsive investment contracts at contract value. The Form 5500 requires fully benefit-responsive investment contracts to be reported at fair value. Therefore, there is a variance between the reported total net assets available for plan benefits on the financial statements to the reported total net assets available for plan benefits on the Form 5500s Schedule H of \$(21,508,000) and \$(7,355,000) as of December 31, 2020 and 2019, respectively. The reported total additions to net assets available for plan benefits on the financial statements is \$14,153,000 less than on the Form 5500s Schedule H for the year ended December 31, 2020. The variances are due to the difference between fair value and contract value of the fully benefit-responsive investment contracts.

SUPPLEMENTAL SCHEDULE

NTESS SAVINGS AND INCOME PLAN

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

(in thousands)

December 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units ⁽¹⁾	Current Value
AbbVie Inc.	9	\$ 919
Alphabet Inc. CL C	1	107
Ameren Corp.	6	498
American Intl. Group	34	1,295
Anthem, Inc.	1	162
Applied Materials Inc.	15	1,262
AvalonBay Communitites, Inc.	2	267
Bank of America Corporation.	19	588
Becton, Dickinson & Co.	4	876
Becton, Dickinson & Co. 6	3	149
Boeing Co.	2	501
Bunge Limited	8	525
Caterpillar, Inc.	3	527
CF Industries Hldgs Inc.	17	669
Chubb Ltd.	10	1,484
Cisco Sys. Inc.	22	968
Citrix Systems, Inc.	4	462
Comcast Corp. CL A	15	801
Conagra Brands, Inc.	18	641
ConocoPhillips	13	512
Cummins Inc.	2	456
CVS Health Corp.	11	755
Disney (Walt) Co.	4	803
DuPont de Nemours, Inc.	19	1,359
Edison Intl.	11	671
Elanco Animal Health Inc.	17	535
Elanco Animal Health Inc.	1	20
Entergy Corp.	3	320
Equitable Hldgs, Inc.	21	533
Exxon Mobil Corp.	14	585
Fifth Third Bancorp	30	830
Fortune Brands Home & Security, Inc.	4	356
Fox Corporation B.	13	386
General Electric Co.	175	1,889

NTESS SAVINGS AND INCOME PLAN

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

(in thousands)

December 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units ⁽¹⁾	Current Value
Gilead Sciences Inc.	5	\$ 291
Hologic Inc.	9	649
Illinois Tool Works Inc.	2	478
INTL Paper Co.	21	1,061
Johnson & Johnson	7	1,056
JP Morgan Chase & Co.	7	832
Kimberly Clark Corp.	3	402
Kohls Corp.	8	328
Las Vegas Sands Corp.	6	384
Magna Intl Inc.	10	709
Marsh & McLennan Cos Inc.	6	656
Medtronic Plc.	11	1,250
Merck & Co. Inc. (New)	4	361
MetLife Inc.	23	1,073
Microsoft Corp.	6	1,382
Morgan Stanley	28	1,900
News Corp. New CL A	27	483
Nextera Energy Inc.	12	891
Nielsen Holdings Plc.	15	314
NXP Semiconductors N.V.	3	484
Perrigo Co. Plc.	8	343
Pfizer Inc.	17	621
Philip Morris Intl Inc.	11	900
Pioneer Natural Resources	3	354
Qualcomm Inc.	10	1,563
Rockwell Automation, Inc.	2	376
Schlumber Limited	9	189
Schwab Charles Corp.	17	913
Sempra Energy	3	361
Sempra Energy PC 6.75 7/1	1	100
Sempra Energy SER A PC 6	3	346
Signature Bank	3	399
SL Green Realty Corp.	4	262
Southern Co.	27	1,655

NTESS SAVINGS AND INCOME PLAN

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

(in thousands)

December 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units ⁽¹⁾	Current Value
Southern Co. PC 6.75	5	\$ 248
Southwest Airlines Co.	11	503
State Street Corp.	7	511
Stericycle, Inc.	4	287
TC Energy Corp.	12	507
TE Connectivity LTD.	5	551
Texas Instruments Inc.	6	930
The Coca-Cola Company Co.	9	514
The Goldman Sachs Group, Inc.	1	373
The TJX Companies, Inc.	10	675
Thermo Fisher Scientific	1	465
Total SE ADR	31	1,300
Tyson Foods Inc. CL A	13	819
United Parcel Services Inc. CL	9	1,535
Walmart Inc.	4	513
Wells Fargo & Co.	51	1,526
Welltower, Inc.	6	386
Weyerhaeuser Co.	37	1,253
Zimmer Biomet Holdings Inc.	4	623
Total investment in equities		59,596
* Fidelity Investments Money Market Treasury Portfolio – Class I	33	33
* Intermediate Bond Custom Fund, managed by Fidelity Institutional Asset Management	9,714	121,367
Total investments in mutual funds		121,400
BlackRock Equity Index Fund	35,788	674,928
BlackRock Inflation Fund	954	11,172
BlackRock Russell 3000 IDXF	6,454	96,691
* Fidelity Contrafund Commingled Pool	23,000	621,462
* Fidelity Growth Company Commingled Pool	16,942	725,813
State Street Russell SMMDCP IDX II	2,429	36,317

NTESS SAVINGS AND INCOME PLAN

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

(in thousands)

December 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units ⁽¹⁾	Current Value
Dimmensional Fund Advisors US SM CAP CIT S	8,644	\$ 125,515
Harding Loevner International Equity Collective Investment Fund	4,524	58,265
International Equity Index Portfolio, managed by Blackrock	19,500	285,799
State Street U.S. Bond Index Securities Lending Series	27,649	325,236
State Street Government STIF	766	766
Vanguard Target Retirement Income Trust Plus	1,155	59,681
Vanguard Target Retirement 2015 Trust Plus	911	54,279
Vanguard Target Retirement 2020 Trust Plus	2,239	146,383
Vanguard Target Retirement 2025 Trust Plus	3,827	267,075
Vanguard Target Retirement 2030 Trust Plus	2,967	218,426
Vanguard Target Retirement 2035 Trust Plus	2,285	177,041
Vanguard Target Retirement 2040 Trust Plus	2,246	180,704
Vanguard Target Retirement 2045 Trust Plus	2,652	216,836
Vanguard Target Retirement 2050 Trust Plus	2,140	175,308
Vanguard Target Retirement 2055 Trust Plus	1,374	112,349
Vanguard Target Retirement 2060 Trust Plus	783	38,564
Vanguard Target Retirement 2065 Trust Plus	215	6,552
Total investments in common collective trust funds		<u>4,615,162</u>
* Interest Income Fund, synthetic guaranteed investment contracts managed by Fidelity Institutional Asset Management	601,839	623,347
* Notes receivable from participants (interest rates ranging from 3.25% to 5.50% with various maturities)		<u>40,369</u>
Total investments, at fair value		<u><u>\$ 5,459,874</u></u>

* Indicates party-in-interest to the Plan.

⁽¹⁾ Shares or units are in thousands.



NTES SAVINGS AND INCOME PLAN
EIN: 85-0097942
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
Plan #: 008

As of December 31, 2020

*Party-in-Interest

(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) Current Value
*	Fidelity Contrafund Commingled Pool	Common Collective Trust	621,461,697
*	Fidelity Growth Company Commingled Pool	Common Collective Trust	725,812,831
*	Fidelity Investments Money Market	Registered Investment Company Shares	32,783
*	Interest Income Fund	Synthetic Guaranteed Investment Contract	623,808,707
*	Intermediate Bond Custom Fund	Registered Investment Company Shares	121,064,628
*	Participant Loans	Interest rates ranging from 3.25% to 5.50% with various maturities	40,369,021
	AbbVie Inc.	Equities	918,811
	Alphabet Inc. CL C	Equities	106,865
	Ameren Corp.	Equities	498,335
	American Intl. Group	Equities	1,295,191
	Anthem, Inc.	Equities	161,829
	Applied Materials Inc.	Equities	1,261,533
	AvalonBay Communities, Inc.	Equities	266,956
	Bank of America Corporation.	Equities	588,287
	Becton, Dickinson & Co.	Equities	876,020
	Becton, Dickinson & Co. 6	Equities	149,477
	BlackRock Equity Index Fund	Common Collective Trust	674,958,233
	BlackRock Inflation Fund	Common Collective Trust	11,179,491
	BlackRock Russell 3000 IDXF	Common Collective Trust	96,695,433
	Boeing Co.	Equities	500,900
	Bunge Limited	Equities	525,165
	Caterpillar, Inc.	Equities	526,766
	CF Industries Hldgs Inc.	Equities	669,373
	Chubb Ltd.	Equities	1,483,943
	Cisco Sys. Inc.	Equities	968,211
	Citrix Systems, Inc.	Equities	461,985
	Comcast Corp. CL A	Equities	800,567
	Conagra Brands, Inc.	Equities	641,258
	ConocoPhillips	Equities	511,912
	Cummins Inc.	Equities	455,563
	CVS Health Corp.	Equities	754,647
	Dimensional Fund Advisors US SM CAP CIT S	Common Collective Trust	125,515,430
	Disney (Walt) Co.	Equities	802,809
	DuPont de Nemours, Inc.	Equities	1,358,770
	Edison Intl.	Equities	670,541
	Elanco Animal Health Inc.	Equities	535,345
	Elanco Animal Health Inc.	Equities	20,351
	Entergy Corp.	Equities	320,187
	Equitable Hldgs, Inc.	Equities	532,656
	Exxon Mobil Corp.	Equities	585,324
	Fifth Third Bancorp	Equities	829,912
	Fortune Brands Home & Security, Inc.	Equities	355,995
	Fox Corporation B.	Equities	385,808
	General Electric Co.	Equities	1,889,017
	Gilead Sciences Inc.	Equities	290,659
	Harding Loevner International Equity Collective Investment Fund	Common Collective Trust	58,265,432
	Hologic Inc.	Equities	648,551
	Illinois Tool Works Inc.	Equities	477,691
	International Equity Index Portfolio	Common Collective Trust	285,798,748
	INTL Paper Co.	Equities	1,061,323
	Johnson & Johnson	Equities	1,055,548
	JP Morgan Chase & Co.	Equities	831,673
	Kimberly Clark Corp.	Equities	402,468
	Kohls Corp.	Equities	328,206
	Las Vegas Sands Corp.	Equities	383,705
	Magna Intl Inc.	Equities	708,566
	Marsh & McLennan Cos Inc.	Equities	655,551
	Medtronic Plc.	Equities	1,250,118
	Merck & Co. Inc. (New)	Equities	361,229
	MetLife Inc.	Equities	1,072,995
	Microsoft Corp.	Equities	1,381,673
	Morgan Stanley	Equities	1,899,515

NTESS SAVINGS AND INCOME PLAN
EIN: 85-0097942
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
Plan #: 008

As of December 31, 2020

*Party-in-Interest

(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) Current Value
	News Corp. New CL A	Equities	482,764
	Nextera Energy Inc.	Equities	891,005
	Nielsen Holdings Plc.	Equities	314,260
	NXP Semiconductors N.V.	Equities	484,185
	Perrigo Co. Plc.	Equities	343,226
	Pfizer Inc.	Equities	621,463
	Philip Morris Intl Inc.	Equities	900,258
	Pioneer Natural Resources	Equities	353,628
	Qualcomm Inc.	Equities	1,562,856
	Rockwell Automation, Inc.	Equities	376,215
	Schlumber Limited	Equities	188,895
	Schwab Charles Corp.	Equities	912,765
	Sempra Energy	Equities	361,080
	Sempra Energy PC 6.75 7/1	Equities	99,581
	Sempra Energy SER A PC 6	Equities	345,853
	Signature Bank	Equities	398,835
	SL Green Realty Corp.	Equities	262,271
	Southern Co.	Equities	1,655,354
	Southern Co. PC 6.75	Equities	247,528
	Southwest Airlines Co.	Equities	502,829
	State Street Corp.	Equities	510,624
	State Street Government STIF	Common Collective Trust	765,901
	State Street Russel SMMDCP IDX II	Common Collective Trust	36,317,072
	State Street U.S. Bond Index Sec Lending Fd Cl XIV	Common Collective Trust	325,235,996
	Stericycle, Inc.	Equities	287,234
	TC Energy Corp.	Equities	507,005
	TE Connectivity LTD.	Equities	550,747
	Texas Instruments Inc.	Equities	930,125
	The Coca-Cola Company Co.	Equities	514,235
	The Goldman Sachs Group, Inc.	Equities	373,413
	The TJX Companies, Inc.	Equities	674,910
	Thermo Fisher Scientific	Equities	464,848
	Total SE ADR	Equities	1,300,258
	Tyson Foods Inc. CL A	Equities	819,097
	United Parcel Services Inc. CL	Equities	1,535,134
	Vanguard Target Retirement 2015 Trust Plus	Common Collective Trust	54,279,175
	Vanguard Target Retirement 2020 Trust Plus	Common Collective Trust	146,383,352
	Vanguard Target Retirement 2025 Trust Plus	Common Collective Trust	267,074,935
	Vanguard Target Retirement 2030 Trust Plus	Common Collective Trust	218,425,567
	Vanguard Target Retirement 2035 Trust Plus	Common Collective Trust	177,040,554
	Vanguard Target Retirement 2040 Trust Plus	Common Collective Trust	180,704,468
	Vanguard Target Retirement 2045 Trust Plus	Common Collective Trust	216,835,722
	Vanguard Target Retirement 2050 Trust Plus	Common Collective Trust	175,308,427
	Vanguard Target Retirement 2055 Trust Plus	Common Collective Trust	112,348,800
	Vanguard Target Retirement 2060 Trust Plus	Common Collective Trust	38,564,303
	Vanguard Target Retirement 2065 Trust Plus	Common Collective Trust	6,550,874
	Vanguard Target Retirement Income Trust Plus	Common Collective Trust	59,680,997
	Walmart Inc.	Equities	513,174
	Wells Fargo & Co.	Equities	1,525,931
	Welltower, Inc.	Equities	386,621
	Weyerhaeuser Co.	Equities	1,253,687
	Zimmer Biomet Holdings Inc.	Equities	623,756
			<u>5,460,074,009</u>