

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NNSS STAFF PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>022</u></p>
<p>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>MISSION SUPPORT AND TEST SERVICES LLC</u></p> <p><u>PO BOX 98521 M/S NLV010</u> <u>2621 LOSEE ROAD</u> <u>LAS VEGAS, NV 89193-8521</u> <u>NORTH LAS VEGAS, NV 89030-4129</u></p>	<p>1c Effective date of plan <u>01/01/1978</u></p> <p>2b Employer Identification Number (EIN) <u>81-0705502</u></p> <p>2c Plan Sponsor's telephone number <u>702-295-0627</u></p> <p>2d Business code (see instructions) <u>561600</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	CINDY MCINTOSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NNSS STAFF PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	D Employer Identification Number (EIN) <u>81-0705502</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a	<u>29499859</u>	
b Actuarial value	2b	<u>32449844</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>200</u>	<u>22657004</u>	<u>22657004</u>
b For terminated vested participants	<u>126</u>	<u>6890122</u>	<u>6890122</u>
c For active participants	<u>13</u>	<u>1691344</u>	<u>1744446</u>
d Total	<u>339</u>	<u>31238470</u>	<u>31291572</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.26</u> %	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>49562</u>	
b Expected plan-related expenses	6b	<u>400000</u>	
c Target normal cost	6c	<u>449562</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>V. JOSEPH FIORICA</u> Type or print name of actuary <u>SEGAL</u> Firm name <u>30 WATERSIDE DRIVE</u> <u>SUITE 300</u> <u>FARMINGTON, CT 06032</u> Address of the firm	<u>10/03/2024</u> Date <u>23-08661</u> Most recent enrollment number <u>860-678-3037</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2483684
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2483684
10	Interest on line 9 using prior year's actual return of <u>-10.67</u> %	0	-265009
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		472961
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		25682
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		498643
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	2218675

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.61 %
15	Adjusted funding target attainment percentage	15	103.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/19/2023	53342	0			
10/19/2023	86457	0			
03/27/2024	152500	0			
06/27/2024	218150	0			
09/12/2024	220300	0			
			Totals ▶	18(b)	18(c)
				730749	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	681617

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	4	
22	Weighted average retirement age	22	58	
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28	Unpaid minimum required contributions for all prior years	28	0	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0	

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....	31a	449562	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	1060403	97113	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	546675	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	412258	412258
36	Additional cash requirement (line 34 minus line 35).....	36	134417	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	681617	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	547200	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	412258	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (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>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan NNSS STAFF PENSION PLAN	B Three-digit plan number (PN) ▶	022
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 81-0705502	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE SEGAL COMPANY

100 MONTGOMERY STREET, SUITE 500
SAN FRANCISCO, CA 94104

94-1503999

(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?
17 50	NONE	61000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VERUS

999 THIRD AVENUE, SUITE 4200
SEATTLE, WA 98104

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	59733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENEFIT ADMINISTRATION CORP

955 N STREET
FRESNO, CA 93721

94-1646941

(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?
14 50	NONE	40010	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ASB ALLEGIANCE REAL ESTATE FUND

7501 WISCONSIN AVENUE, SUITE 1300W
BETHESDA, MD 20814

52-6257033

(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?
28 50	NONE	30680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRAW LAW GROUP

77-0171216

(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 50	NONE	29244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EIDE BAILLY, LLP

45-0250958

(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?
10 50	NONE	22800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

US BANK

211 S. FIGUEROA STREET
LOS ANGELES, CA 90012

31-0841368

(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?
50 19	NONE	15864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA INVESTMENT TRUST COMPANY

ONE ORANGE WAY
WINDSOR, CT 06095

06-1440627

(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?
52 28	NONE	6922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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
(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.	
(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

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(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:	EIDE BAILLY, LLP	b EIN:	45-0250958
c Position:	AUDITOR		
d Address:	3130 CROW CANYON PL. STE 300 SAN RAMON, CA 94583-1386	e Telephone:	925-480-4000

Explanation: CHANGE IN PLAN SPONSOR

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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>NNSS STAFF PENSION PLAN</u>	B Three-digit plan number (PN)	<u>022</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	D Employer Identification Number (EIN) <u>81-0705502</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASB ALLEGIANCE REAL ESTATE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>CHEVY CHASE TRUST CO</u>	
c EIN-PN <u>52-6257033-006</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>2571604</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SENIOR LOAN TRUST FUND CLASS 1</u>	
b Name of sponsor of entity listed in (a):	<u>VOYA INVESTMENT TRUST CO</u>	
c EIN-PN <u>06-1440627-045</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>1636656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan NNSS STAFF PENSION PLAN	B Three-digit plan number (PN) 022
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 81-0705502

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	17088	16664
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	155318
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	466	15316
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	251537	106889
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4832702	4208260
(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)	23987669	25934979
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	29089462	30437426
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	7956	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	16001
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7956	16001
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	29081506	30421425

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	730749	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		730749
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	695859	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		695859
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	92449	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	99143	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6694
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2889162
c Other income.....	2c		-530592
d Total income. Add all income amounts in column (b) and enter total.....	2d		3778484

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1992460	
(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)		1992460
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	49010	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	22800	
(5) Investment advisory and investment management fees.....	2i(5)	97334	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	15864	
(7) Actuarial fees.....	2i(7)	61000	
(8) Legal fees.....	2i(8)	29244	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	170853	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		446105
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2438565

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1339919
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: **MCCONNELL & JONES, LLP**

(2) EIN: **76-0488832**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
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		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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 517783.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>NSS STAFF PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>022</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	D Employer Identification Number (EIN) <u>81-0705502</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>90-1507796</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

NNSS Staff Pension Plan
Independent Auditor's Report
and Financial Statements
December 31, 2023 and 2022

NNSS Staff Pension Plan
Table of Contents
December 31, 2023 and 2022

Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4j – Schedule of Reportable Transactions	19

Other supplemental schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.



Independent Auditor's Report

To the Benefits Committee and Participants of
the NNSS STAFF Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed the audit of the financial statements of NNSS STAFF Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audit of financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor (DOL)'s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution, as of December 31, 2023 and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2023 Financial Statements* section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (US GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2023 Financial Statements* section of our report. We are



required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2023 financial statements.

Responsibilities of Management for the 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect Management's responsibility for the financial statements.

In preparing the financial statements, Management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2023 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with US GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2023 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2023 and the Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



McConnell Jones

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2022 Financial Statements

The 2022 financial statements of the Plan were audited by predecessor auditors, whose report dated October 16, 2023, expressed an unmodified opinion on those 2022 financial statements.

McConnell & Jones LLP

Houston, Texas
October 15, 2024

NNSS Staff Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value	\$ 30,250,128	\$ 29,071,908
Non-interest-bearing cash	16,664	17,088
Employer contribution receivable	155,318	-
Prepaid Expenses	15,316	466
Total assets	30,437,426	29,089,462
Liabilities		
Accounts payable and accrued expenses	16,001	7,956
Total liabilities	16,001	7,956
Net Assets Available for Benefits	\$ 30,421,425	\$ 29,081,506

NNSS Staff Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
Additions (Reductions)		
Investment income (loss)		
Interest and dividends	\$ 695,859	\$ 565,474
Net appreciation (depreciation) in fair value of investments	2,351,876	(4,652,131)
Net investment income (loss)	3,047,735	(4,086,657)
Employer contributions	730,749	187,000
Total additions (reductions)	3,778,484	(3,899,657)
Deductions		
Benefits paid to participants	1,992,460	1,980,662
Administrative expenses	446,105	370,946
Total deductions	2,438,565	2,351,608
Net Increase (Decrease)	1,339,919	(6,251,265)
Net Assets Available for Benefits, Beginning of Year	29,081,506	35,332,771
Net Assets Available for Benefits, End of Year	\$ 30,421,425	\$ 29,081,506

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 1: Description of the Plan

The following brief description of NNSS Staff Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, a defined benefit plan, provides pension benefits to eligible employees who perform work not covered by a collective bargaining agreement at the Las Vegas, Nevada, offices, and related facilities of Mission Support and Test Services LLC (MSTS or the Plan sponsor/Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Plan is administered by the Benefits Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility/Participation

After 3 months of active service with the employer, an employee who began covered employment prior to January 1, 2012, is eligible to participate in the Plan. The participation will begin on the first Monday following completion of the 3 month requirement. Effective November 1, 2001, participation will begin following 3 months of active service followed by 1 year of vesting service, which is 1,000 hours of service in a 12 month period.

Effective January 1, 2012, Plan participation was frozen. Each employee who was a participant of the Plan as of December 31, 2011, will continue to participate in the Plan. Inactive participants who resume covered employment after January 1, 2012, will accrue only vesting service and not pension credits.

Pension Benefits

A deferred vested pension is payable upon retirement to a vested participant at age 55, if the participant has accumulated at least 5 years of vesting service and has an hour of service on or after January 1, 1989, or 5 years of pension credit, at least 3 of which accumulated after August 14, 1972, and has an hour of service on or after January 1, 1989.

A regular pension is payable to an eligible participant who has attained age 62 and has accumulated at least:

- 10 or more years of pension credit, at least 3 years of which were accumulated after the effective date of the Plan; or
- 5 or more years of vesting service and an hour of service on or after January 1, 1989; or
- 5 or more years of pension credit, at least 3 years of which were accumulated after the effective date of Plan and an hour of service on or after January 1, 1989.

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The monthly amount of the regular pension payable to an eligible participant with an hour of service on or after January 1, 1989, shall be a fraction:

- The product of pension credit, up to a maximum of 30 years and 1.45% of the participant's final 5 year average compensation, divided by 12.

The monthly amount of the regular pension payable to an eligible participant with less than an hour of service on or after January 1, 1989, shall be a fraction:

- The product of pension credit, up to a maximum of 30 years, the sum of 0.9% of the first \$10,400 of final 5 year average salary plus 1.5% of the excess over \$10,400 of final 5 year average salary, divided by 12.

At the date of retirement, if the actuarial value of the lifetime pension is \$5,000 or less a lump sum payment can be distributed with the consent of the participant. If the actuarial value is below \$1,000 no such consent is needed.

Death and Disability Benefits

In the event of a death of a participant prior to retirement, if at the time of death, the participant has been married for at least one year, then the participant's surviving spouse will receive a pre-retirement 50% survivor annuity or the beneficiary will receive a lump sum death benefit equal to \$1,000 for each full year of pension credit earned by the participant after their most recent permanent break in service, if any, up to a maximum of \$25,000.

A participant who is younger than age 62 is eligible to retire on a disability pension if they provide proof of total disability and have at least 10 years of pension credit, at least 3 of which were accumulated after August 14, 1972. Disability pension benefit is calculated in the same way as the regular pension. Disability benefits are payable for as long as the pensioner remains totally disabled. However, once the pensioner reaches age 62, the payments will continue even if the pensioner recovers from disability. Disability pension payments shall not commence prior to the first day of the month following the month in which an employee last worked in covered employment.

On and after January 18, 1990, in the event a disability pensioner becomes employed by or performs any service of any value whatsoever for an employer whose business is competitive with the business conducted by the employer within the geographical limits of any area office (as defined in the employer's corporate manuals and procedures), the pension benefits of such disability pensioner shall be suspended. Pension payments shall resume on the first of the month in which the pensioner attains normal retirement age.

Plan Termination

Although it has not expressed any intention to do so, the Committee has the right under the Plan to modify the benefits provided to, and contributions required of, the Plan sponsor to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event of termination of the Plan, remaining assets will be applied according to the Plan documents

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Plan sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding the Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect at the date of the Plan's termination.

Whether all participants receive their benefits, should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires Plan management (Management) to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Employer Contributions

Employer contributions to the Plan are recorded in the appropriate period as determined by the Plan's actuary except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

Funding Policy

The Plan's funding policy is for the plan sponsor to make monthly contributions to the Plan in amounts that are estimated amounts necessary to fund the benefits provided, as determined by the Plan actuary, in an amount that will meet or exceed the annual ERISA minimum funding requirement. The Plan sponsor's contributions for the years ended December 31, 2023 and 2022, met or exceeded the minimum funding requirements established by the ERISA.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by its investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

The presentation of investment earnings in the statements of changes in net assets available for benefits differs from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan that are paid by the Plan (as specified in the Plan provisions) are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Reclassification

Certain prior year amounts have been reclassified for consistency with the current year presentation. This reclassification had no effect on the reported Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits.

Management's Review of Subsequent Events

In preparing the accompanying financial statements, Management has reviewed all known events that have occurred after December 31, 2023, and through October 15, 2024, which is the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

Note 3: Investments and Related Investment Income Certified by Trustee

Information related to the Plan's investments at fair value held as of December 31, 2023, and the related investment income for the year then ended, presented in the accompanying financial statements and supplemental schedules, was obtained or derived from information certified to be complete and accurate by the U.S. Bank National Association, the trustee of the Plan (Trustee) as permitted by the election made by Management under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4: Fair Value Measurement

FASB ASC 820 establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

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

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

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Level 3

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual funds (including money market mutual funds): valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: valued at fair value based on the NAV of units held of the collective trusts. The NAV, as provided by the trustee/custodian is used as a practical expedient to estimate fair value. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The following table sets forth the Plan's investments at fair value, by level within the fair value hierarchy, as well as the Plan's investments that are measured using NAV as a practical expedient as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Level 1:		
Money Market Mutual Funds	\$ 106,889	\$ 251,537
Mutual Funds	<u>25,934,979</u>	<u>23,987,669</u>
	<u>26,041,868</u>	<u>24,239,206</u>
Investments measured at NAV:		
Common/Collective Trusts*	<u>4,208,260</u>	<u>4,832,702</u>
Total investments at fair value	<u>\$ 30,250,128</u>	<u>\$ 29,071,908</u>

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

* *Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.*

The following table presents the additional information for investments that are measured at NAV practical expedient as of December 31, 2023 and 2022:

	2023	2022	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts – direct filing entities					
ASB Allegiance Real Estate Fund	\$ 2,571,605	\$ 3,368,108	\$ -	Quarterly	None
Voya Senior Loan Trust Fund Class I	1,636,655	1,464,594	-	Daily	None
	<u>\$ 4,208,260</u>	<u>\$ 4,832,702</u>	<u>\$ -</u>		

Note 5: Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2023 is as follows:

Assumed rate of return on investments	6.25 %
Mortality improvement and rate	Scale MP-2021 Pri- 2012 Mortality Table
Assumed weighted average retirement age	58

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The actuarial present value of accumulated plan benefits as of January 1, 2023, is as follows:

Vested benefits of participants and beneficiaries currently receiving benefits	\$ 20,466,542
Other vested benefits	7,599,032
	<u>28,065,574</u>
Non-vested benefits	43,301
	<u>43,301</u>
Actuarial present value of accumulated Plan benefits, January 1, 2023	\$ 28,108,875

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2023, is as follows:

Actuarial present value of accumulated plan benefits, January 1, 2022	\$ 29,041,256
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	1,742,475
Benefits accumulated and actuarial experience	12,035
Actuarial assumption change	(706,229)
Benefits paid	(1,980,662)
	<u>(932,381)</u>
Net decrease	(932,381)
Actuarial present value of accumulated Plan benefits, January 1, 2023	\$ 28,108,875

For the year ended December 31, 2022, plan amendment increase included the benefit multiplier increasing from \$82 to \$85 on July 1, 2023. The change in actuarial assumption included an increase in the interest rate from 6.00% to 6.25% and a decrease of administrative expenses from \$450,000 to \$400,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023.

During 2023, the Plan changed the valuation date for determining the actuarial present value of accumulated plan benefits from the end of the year to the beginning of the year. This change aligns the valuation date with the Plan's prior year-end, providing a simplified reporting for both financial statements and actuarial reports since the valuation date is known in advance, reducing the complexity of mid-year adjustments.

The actuarial present value of accumulated plan benefits as of the beginning of the year was determined using the same actuarial assumptions and methods as those used in the prior year's financial statements. There is no impact of this change on the financial statements.

NNSS Staff Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 6: Party-In-Interest Transactions

As described in Note 2, the Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and current market volatility, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8: Plan Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated May 12, 2015, that the Plan and related Trusts were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Plan sponsor and Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

US GAAP requires Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SUPPLEMENTAL SCHEDULES

**NNSS Staff Pension Plan
EIN 81-0705502 PN 022**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023**

The following pages represent the Schedule of Assets (Held at End of Year) as of December 31, 2023 of the NNSS Staff Pension Plan.

FORM 5500 - ASSETS AND LIABILITIES

	BEGINNING OF YEAR	END OF YEAR
ASSETS		
(A) TOTAL NONINTEREST-BEARING CASH	.00	.00
(B) RECEIVABLES (LESS DOUBTFUL ACCOUNTS)		
(1) EMPLOYERS	.00	.00
(2) PARTICIPANTS	.00	.00
(3) OTHER	1,300.59	979.49
(C) GENERAL INVESTMENTS:		
(1) INTEREST BEARING CASH	.00	.00
(2) U. S. GOVERNMENT SECURITIES	.00	.00
(3) CORPORATE DEBT INSTRUMENTS:		
(a) PREFERRED	.00	.00
(b) ALL OTHER	.00	.00
(4) CORPORATE STOCKS:		
(a) PREFERRED	.00	.00
(b) COMMON	.00	.00
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	4,831,950.15	4,207,541.32
(6) REAL ESTATE	.00	.00
(7) LOANS (OTHER THAN TO PARTICIPANTS)	.00	.00
(8) PARTICIPANT LOANS	.00	.00
(9) VALUE OF INT.- COMM/COLL TRUST	.00	.00
(10) VALUE OF INT.- POOLED SEP ACCTS	.00	.00
(11) VALUE OF INT.- MASTER TRUSTS	.00	.00
(12) VALUE OF INT.- 103-12 ENTITIES	.00	.00
(13) VALUE OF INT.- REGIS INVES CO.	24,237,905.25	26,040,889.06
(14) VALUE OF UNALLOCATED INS. CONTRACTS	.00	.00
(15) OTHER	751.72	718.72
(D) EMPLOYER-RELATED INVESTMENTS:		
(1) EMPLOYER SECURITIES	.00	.00
(2) EMPLOYER REAL PROPERTY	.00	.00
(E) BUILDINGS AND OTHER PROPERTY	.00	.00
(F) TOTAL ASSETS	29,071,907.71	30,250,128.59
LIABILITIES		
(G) BENEFIT CLAIMS PAYABLE	.00	.00
(H) OPERATING PAYABLES	.00	.00

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43- -12-C -66 -026-01
1200 -99-04561-01



NNSS STAFF PENSION
ACCOUNT 6746001300

Page 57 of 65
Period from January 1, 2023 to December 31, 2023

FORM 5500 - ASSETS AND LIABILITIES (continued)

	BEGINNING OF YEAR	END OF YEAR
(I) ACQUISITION INDEBTEDNESS	.00	.00
(J) OTHER LIABILITIES	.00	.00
(K) TOTAL LIABILITIES	.00	.00
(L) NET ASSETS	29,071,907.71	30,250,128.59

**NNSS Staff Pension Plan
EIN 81-0705502 PN 022**

**Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2023**

The following pages represent the Schedule of Reportable Transactions for the year ended December 31, 2023 of the NNSS Staff Pension Plan.

00001101
 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 61 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					29,071,907.71		
COMPARATIVE VALUE (5%)					1,453,595.38		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
01/04/2023	B	1,300.590	1.0000		- 1,301	1,301	
01/17/2023	B	62,233.000	1.0000		- 62,233	62,233	
01/18/2023	B	17,489.580	1.0000		- 17,490	17,490	
02/01/2023	B	100,000.000	1.0000		- 100,000	100,000	
02/02/2023	B	655.420	1.0000		- 655	655	
02/16/2023	B	62,232.000	1.0000		- 62,232	62,232	
02/17/2023	B	170,000.000	1.0000		- 170,000	170,000	
03/02/2023	B	742.380	1.0000		- 742	742	
03/20/2023	B	44,457.000	1.0000		- 44,457	44,457	
04/03/2023	B	110,000.000	1.0000		- 110,000	110,000	
04/03/2023	B	100,000.000	1.0000		- 100,000	100,000	
04/04/2023	B	666.700	1.0000		- 667	667	
04/18/2023	B	12,792.630	1.0000		- 12,793	12,793	
04/26/2023	B	53,342.000	1.0000		- 53,342	53,342	

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 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 62 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/01/2023	B	140,000.000	1.0000		- 140,000	140,000	
05/02/2023	B	920.810	1.0000		- 921	921	
05/15/2023	B	53,342.000	1.0000		- 53,342	53,342	
06/01/2023	B	120,000.000	1.0000		- 120,000	120,000	
06/02/2023	B	1,154.680	1.0000		- 1,155	1,155	
06/22/2023	B	32,005.000	1.0000		- 32,005	32,005	
07/03/2023	B	160,000.000	1.0000		- 160,000	160,000	
07/05/2023	B	1,006.900	1.0000		- 1,007	1,007	
07/18/2023	B	12,250.030	1.0000		- 12,250	12,250	
07/28/2023	B	74,679.000	1.0000		- 74,679	74,679	
08/01/2023	B	160,000.000	1.0000		- 160,000	160,000	
08/02/2023	B	1,084.390	1.0000		- 1,084	1,084	
08/29/2023	B	53,342.000	1.0000		- 53,342	53,342	
09/01/2023	B	50,000.000	1.0000		- 50,000	50,000	
09/05/2023	B	1,413.550	1.0000		- 1,414	1,414	
09/19/2023	B	53,342.000	1.0000		- 53,342	53,342	
10/02/2023	B	380,000.000	1.0000		- 380,000	380,000	
10/03/2023	B	1,086.160	1.0000		- 1,086	1,086	
10/17/2023	B	11,895.220	1.0000		- 11,895	11,895	
10/19/2023	B	82,632.000	1.0000		- 82,632	82,632	
11/02/2023	B	1,719.840	1.0000		- 1,720	1,720	
12/01/2023	B	220,000.000	1.0000		- 220,000	220,000	

00001101
 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 63 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023	B	959.480	1.0000		- 959	959	
Total For Buys				0	2,348,745	2,348,745	0
01/05/2023	S	- 85,000.000	1.0000		85,000	85,000	
01/06/2023	S	- 25,256.610	1.0000		25,257	25,257	
01/13/2023	S	- 391.000	1.0000		391	391	
01/30/2023	S	- 164,720.840	1.0000		164,721	164,721	
02/03/2023	S	- 9,653.410	1.0000		9,653	9,653	
02/09/2023	S	- 2,556.980	1.0000		2,557	2,557	
02/17/2023	S	- 1,309.000	1.0000		1,309	1,309	
02/24/2023	S	- 165,061.340	1.0000		165,061	165,061	
03/03/2023	S	- 9,719.640	1.0000		9,720	9,720	
03/08/2023	S	- 1,900.000	1.0000		1,900	1,900	
03/09/2023	S	- 1,515.000	1.0000		1,515	1,515	
03/24/2023	S	- 163,052.340	1.0000		163,052	163,052	
03/31/2023	S	- 9,908.820	1.0000		9,909	9,909	
04/10/2023	S	- 6,490.000	1.0000		6,490	6,490	
04/20/2023	S	- 15,250.000	1.0000		15,250	15,250	
04/25/2023	S	- 163,169.340	1.0000		163,169	163,169	
05/05/2023	S	- 14,757.240	1.0000		14,757	14,757	
05/08/2023	S	- 6,134.500	1.0000		6,135	6,135	
05/12/2023	S	- 2,430.000	1.0000		2,430	2,430	

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43- -12-C -66 -026-01
1200 -99-04561-01



NNSS STAFF PENSION
ACCOUNT 6746001300

Page 64 of 65
Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/25/2023	S	- 164,197.840	1.0000		164,198	164,198	
06/01/2023	S	- 742.390	1.0000		742	742	
06/09/2023	S	- 13,044.290	1.0000		13,044	13,044	
06/23/2023	S	- 162,131.840	1.0000		162,132	162,132	
06/30/2023	S	- 3,772.110	1.0000		3,772	3,772	
07/07/2023	S	- 4,943.490	1.0000		4,943	4,943	
07/13/2023	S	- 19,610.410	1.0000		19,610	19,610	
07/21/2023	S	- 3,424.000	1.0000		3,424	3,424	
07/24/2023	S	- 5,847.000	1.0000		5,847	5,847	
07/25/2023	S	- 156,143.840	1.0000		156,144	156,144	
08/04/2023	S	- 9,263.290	1.0000		9,263	9,263	
08/11/2023	S	- 2,659.460	1.0000		2,659	2,659	
08/18/2023	S	- 1,876.000	1.0000		1,876	1,876	
08/25/2023	S	- 161,260.120	1.0000		161,260	161,260	
09/14/2023	S	- 3,704.650	1.0000		3,705	3,705	
09/20/2023	S	- 17,711.500	1.0000		17,712	17,712	
09/22/2023	S	- 167,128.310	1.0000		167,128	167,128	
09/29/2023	S	- 5,018.050	1.0000		5,018	5,018	
10/04/2023	S	- 1,970.000	1.0000		1,970	1,970	
10/06/2023	S	- 4,620.920	1.0000		4,621	4,621	
10/12/2023	S	- 197,896.000	1.0000		197,896	197,896	
10/16/2023	S	- 403.500	1.0000		404	404	

00001101
 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 65 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/25/2023	S	- 168,174.340	1.0000		168,174	168,174	
10/26/2023	S	- 5,250.650	1.0000		5,251	5,251	
11/03/2023	S	- 4,326.680	1.0000		4,327	4,327	
11/16/2023	S	- 1,505.000	1.0000		1,505	1,505	
11/27/2023	S	- 167,331.840	1.0000		167,332	167,332	
12/08/2023	S	- 8,520.680	1.0000		8,521	8,521	
12/13/2023	S	- 22,912.100	1.0000		22,912	22,912	
12/21/2023	S	- 159,725.570	1.0000		159,726	159,726	
Total For Sells				0	2,493,392	2,493,392	0
Total First Am Treas Ob Fd Cl Z				0	4,842,137	4,842,137	0
GRAND TOTAL				0	4,842,137	4,842,137	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Attachment to the 2023 Schedule SB, Line 26 – Schedule of Active Participant Data

Participants in active service by age and years of service

Age	Years of Credited Service									
	Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	--	--	--	--	--	--	--
40 - 44	--	1	--	2	1	--	--	--	--	--
45 - 49	--	--	--	1	1	--	--	--	--	--
50 - 54	--	--	--	--	--	--	--	--	--	--
55 - 59	--	--	--	--	2	--	1	--	--	--
60 - 64	--	--	--	2	1	--	1	--	--	--
65 - 69	--	--	--	--	--	--	--	--	--	--
70 & over	--	--	--	--	--	--	--	--	--	--

Schedule SB, Part V - Summary of Actuarial Assumptions and Methods

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest:

The interest rates used for the 2023 plan year are the 24-month average corporate bond segment rates for September 2022 (a four-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2023, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2021 plan year. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	4.75%	5.00%	5.74%	5.26%
Current Year, without stabilization	1.41%	3.09%	3.58%	3.23%
Prior Year, reflecting stabilization	4.75%	5.18%	5.92%	5.43%
Prior Year, without stabilization	1.07%	2.68%	3.36%	2.93%

The interest rates used to determine the PBGC variable-rate premium are:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	4.84%	5.15%	4.85%

These interest rates are based on the plan sponsor's election for the 2023 plan year and are subject to the constraints established by law. The plan sponsor will have the option to switch to the alternative method for the 2028 plan year.

For 2022, the interest rates used were the same as those used for funding, without reflecting funding stabilization.

Schedule SB, Part V - Summary of Actuarial Assumptions and Methods

Mortality Rates	<p>RP-2006 combined employee and annuitant healthy mortality tables, projected through the valuation date plus a number of years that varies by age and sex per IRC 1.430(h)(3)-1(c)(3)(ii)(A) using scale MP-2021. This reflects an update to the mandated mortality projection assumption.</p> <p>This assumption is one of the choices allowed by the regulations.</p>		
Salary Increases	<p>2.50%.</p> <p>This assumption is based on historical and current data, adjusted to reflect the economic conditions of the industry, input from the sponsor, and estimated future experience and professional judgment.</p>		
Benefit Election	<p>3-year certain and life annuity for unmarried participants. 100% joint and survivor for married participants.</p> <p>This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</p>		
Sample Termination Rates	Age	Male	Female
	30	10.49%	15.00%
	35	8.21	11.31
	40	6.19	8.28
	45	4.20	5.51
	50	2.08	2.71
	55	0.00	0.00
	60	0.00	0.00
	<p>Termination rates do not apply after early retirement age.</p> <p>Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</p>		
Sample Disability Rates	Age	Rates	
	30	0.11%	
	35	0.15	
	40	0.22	
	45	0.36	
	50	0.61	
	55	1.01	
	60	1.63	
	<p>Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.</p>		

Schedule SB, Part V - Summary of Actuarial Assumptions and Methods

Retirement (From Active Status) Rates	Age	Rates
	51-54*	6%
	55-61	10
	62	50
	63-64	30
	65	100
* With 25 years of Pension Credit		
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.		
Description of Weighted Average Retirement Age	Age 58, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.	
Retirement From Inactive Status	Immediately, if 25 or more Pension Credits; otherwise at age 62	
Percent Married	75%. Spouse is assumed to be the opposite gender.	
Age Difference	Male spouses are assumed to be three years older than female spouses.	
Future Service Accrual Rate	1.04 pension credits per year	
Administrative Expenses	<p>An expense assumption is required under the funding rules. Plan-related expenses of \$400,000 (previously, \$450,000) are expected to be paid by the plan during the year.</p> <p>This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, and estimated future experience and professional judgment.</p>	
Asset Method	<p>As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 6.00% for 2021 and 2022, not to exceed the applicable third segment rates of 6.11% for 2021 and 5.92% for 2022.</p>	

Schedule SB, Part V - Summary of Actuarial Assumptions and Methods

Funding Method and Contribution Requirement	<p>Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.</p> <p>Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan's funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plan, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.</p>
Actuarial Models	<p>Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.</p>

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 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 61 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					29,071,907.71		
COMPARATIVE VALUE (5%)					1,453,595.38		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
01/04/2023	B	1,300.590	1.0000		- 1,301	1,301	
01/17/2023	B	62,233.000	1.0000		- 62,233	62,233	
01/18/2023	B	17,489.580	1.0000		- 17,490	17,490	
02/01/2023	B	100,000.000	1.0000		- 100,000	100,000	
02/02/2023	B	655.420	1.0000		- 655	655	
02/16/2023	B	62,232.000	1.0000		- 62,232	62,232	
02/17/2023	B	170,000.000	1.0000		- 170,000	170,000	
03/02/2023	B	742.380	1.0000		- 742	742	
03/20/2023	B	44,457.000	1.0000		- 44,457	44,457	
04/03/2023	B	110,000.000	1.0000		- 110,000	110,000	
04/03/2023	B	100,000.000	1.0000		- 100,000	100,000	
04/04/2023	B	666.700	1.0000		- 667	667	
04/18/2023	B	12,792.630	1.0000		- 12,793	12,793	
04/26/2023	B	53,342.000	1.0000		- 53,342	53,342	

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 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 62 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/01/2023	B	140,000.000	1.0000		- 140,000	140,000	
05/02/2023	B	920.810	1.0000		- 921	921	
05/15/2023	B	53,342.000	1.0000		- 53,342	53,342	
06/01/2023	B	120,000.000	1.0000		- 120,000	120,000	
06/02/2023	B	1,154.680	1.0000		- 1,155	1,155	
06/22/2023	B	32,005.000	1.0000		- 32,005	32,005	
07/03/2023	B	160,000.000	1.0000		- 160,000	160,000	
07/05/2023	B	1,006.900	1.0000		- 1,007	1,007	
07/18/2023	B	12,250.030	1.0000		- 12,250	12,250	
07/28/2023	B	74,679.000	1.0000		- 74,679	74,679	
08/01/2023	B	160,000.000	1.0000		- 160,000	160,000	
08/02/2023	B	1,084.390	1.0000		- 1,084	1,084	
08/29/2023	B	53,342.000	1.0000		- 53,342	53,342	
09/01/2023	B	50,000.000	1.0000		- 50,000	50,000	
09/05/2023	B	1,413.550	1.0000		- 1,414	1,414	
09/19/2023	B	53,342.000	1.0000		- 53,342	53,342	
10/02/2023	B	380,000.000	1.0000		- 380,000	380,000	
10/03/2023	B	1,086.160	1.0000		- 1,086	1,086	
10/17/2023	B	11,895.220	1.0000		- 11,895	11,895	
10/19/2023	B	82,632.000	1.0000		- 82,632	82,632	
11/02/2023	B	1,719.840	1.0000		- 1,720	1,720	
12/01/2023	B	220,000.000	1.0000		- 220,000	220,000	

00001101
 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 63 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023	B	959.480	1.0000		- 959	959	
Total For Buys				0	2,348,745	2,348,745	0
01/05/2023	S	- 85,000.000	1.0000		85,000	85,000	
01/06/2023	S	- 25,256.610	1.0000		25,257	25,257	
01/13/2023	S	- 391.000	1.0000		391	391	
01/30/2023	S	- 164,720.840	1.0000		164,721	164,721	
02/03/2023	S	- 9,653.410	1.0000		9,653	9,653	
02/09/2023	S	- 2,556.980	1.0000		2,557	2,557	
02/17/2023	S	- 1,309.000	1.0000		1,309	1,309	
02/24/2023	S	- 165,061.340	1.0000		165,061	165,061	
03/03/2023	S	- 9,719.640	1.0000		9,720	9,720	
03/08/2023	S	- 1,900.000	1.0000		1,900	1,900	
03/09/2023	S	- 1,515.000	1.0000		1,515	1,515	
03/24/2023	S	- 163,052.340	1.0000		163,052	163,052	
03/31/2023	S	- 9,908.820	1.0000		9,909	9,909	
04/10/2023	S	- 6,490.000	1.0000		6,490	6,490	
04/20/2023	S	- 15,250.000	1.0000		15,250	15,250	
04/25/2023	S	- 163,169.340	1.0000		163,169	163,169	
05/05/2023	S	- 14,757.240	1.0000		14,757	14,757	
05/08/2023	S	- 6,134.500	1.0000		6,135	6,135	
05/12/2023	S	- 2,430.000	1.0000		2,430	2,430	

00001101
43- -12-C -66 -026-01
1200 -99-04561-01



NNSS STAFF PENSION
ACCOUNT 6746001300

Page 64 of 65
Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/25/2023	S	- 164,197.840	1.0000		164,198	164,198	
06/01/2023	S	- 742.390	1.0000		742	742	
06/09/2023	S	- 13,044.290	1.0000		13,044	13,044	
06/23/2023	S	- 162,131.840	1.0000		162,132	162,132	
06/30/2023	S	- 3,772.110	1.0000		3,772	3,772	
07/07/2023	S	- 4,943.490	1.0000		4,943	4,943	
07/13/2023	S	- 19,610.410	1.0000		19,610	19,610	
07/21/2023	S	- 3,424.000	1.0000		3,424	3,424	
07/24/2023	S	- 5,847.000	1.0000		5,847	5,847	
07/25/2023	S	- 156,143.840	1.0000		156,144	156,144	
08/04/2023	S	- 9,263.290	1.0000		9,263	9,263	
08/11/2023	S	- 2,659.460	1.0000		2,659	2,659	
08/18/2023	S	- 1,876.000	1.0000		1,876	1,876	
08/25/2023	S	- 161,260.120	1.0000		161,260	161,260	
09/14/2023	S	- 3,704.650	1.0000		3,705	3,705	
09/20/2023	S	- 17,711.500	1.0000		17,712	17,712	
09/22/2023	S	- 167,128.310	1.0000		167,128	167,128	
09/29/2023	S	- 5,018.050	1.0000		5,018	5,018	
10/04/2023	S	- 1,970.000	1.0000		1,970	1,970	
10/06/2023	S	- 4,620.920	1.0000		4,621	4,621	
10/12/2023	S	- 197,896.000	1.0000		197,896	197,896	
10/16/2023	S	- 403.500	1.0000		404	404	

00001101
 43- -12-C -66 -026-01
 1200 -99-04561-01



NNSS STAFF PENSION
 ACCOUNT 6746001300

Page 65 of 65
 Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/25/2023	S	- 168,174.340	1.0000		168,174	168,174	
10/26/2023	S	- 5,250.650	1.0000		5,251	5,251	
11/03/2023	S	- 4,326.680	1.0000		4,327	4,327	
11/16/2023	S	- 1,505.000	1.0000		1,505	1,505	
11/27/2023	S	- 167,331.840	1.0000		167,332	167,332	
12/08/2023	S	- 8,520.680	1.0000		8,521	8,521	
12/13/2023	S	- 22,912.100	1.0000		22,912	22,912	
12/21/2023	S	- 159,725.570	1.0000		159,726	159,726	
Total For Sells				0	2,493,392	2,493,392	0
Total First Am Treas Ob Fd Cl Z				0	4,842,137	4,842,137	0
GRAND TOTAL				0	4,842,137	4,842,137	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NNSS Staff Pension Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mission Support and Test Services LLC	D Employer Identification Number (EIN) 90-1507796	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	29,499,859
	b Actuarial value	2b	32,449,844
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	200	22,657,004
	b For terminated vested participants.....	126	6,890,122
	c For active participants.....	13	1,691,344
	d Total	339	31,238,470
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate.....	5	5.26%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	49,562
	b Expected plan-related expenses	6b	400,000
	c Target normal cost.....	6c	449,562

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>V. Joseph Fiorica</u> VJF Signature of actuary	<u>10/03/2024</u> Date
	<u>V. Joseph Fiorica</u> Type or print name of actuary	<u>2308661</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>860-678-3037</u> Telephone number (including area code)
	<u>30 WATERSIDE DRIVE</u> <u>SUITE 300</u> <u>FARMINGTON CT 06032</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 58
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	449,562	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,060,403	97,113	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	546,675	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	412,258	412,258
36 Additional cash requirement (line 34 minus line 35)	36	134,417	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	681,617	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	547,200	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	412,258	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Attachment to 2023 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

**NNSS Staff Pension Plan
EIN 90-1507796 PN 002**

<u>Age</u>	<u>Assumed rate of retirement</u>	<u>Assumed number retiring</u>	<u>Age times number retiring</u>
51	6.0%	6	306
52	6.0%	6	312
53	6.0%	5	265
54	6.0%	5	270
55	10.0%	8	440
56	10.0%	7	392
57	10.0%	6	342
58	10.0%	6	348
59	10.0%	5	295
60	10.0%	5	300
61	10.0%	4	244
62	50.0%	19	1,178
63	30.0%	5	315
64	30.0%	4	256
65	100.0%	9	585
			5,848
		Weighted Average Retirement Age:	58.48

Schedule SB, Part V - Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status	ONGOING AND CLOSED TO NEW HIRES AND REHIRS EFFECTIVE JANUARY 1, 2012 (TRANSFERS FROM IGAN ARE ALLOWED BACK INTO THE PLAN); HIGHLY COMPENSATED EMPLOYEE ACCRUALS FROZEN JANUARY 1, 2017
Normal Retirement	<ul style="list-style-type: none">• <i>Age Requirement:</i> 62• <i>Service Requirement:</i> 5 years of Pension Credit• <i>Amount:</i> 1.45% of highest average salary per year of Pension Credit. Highest average salary is defined as the average monthly salary earned during the highest 5 years of employment prior to termination (each year not to exceed the IRC Section 401(a)(17) compensation limit). There is a 30-year maximum on total Pension Credit accrual.
Service Retirement	<ul style="list-style-type: none">• <i>Age Requirement:</i> None• <i>Service Requirement:</i> 25 years of Pension Credit or Past Service Credit• <i>Amount:</i> Regular pension accrued (unreduced)
Early Retirement	<ul style="list-style-type: none">• <i>Age Requirement:</i> 55• <i>Service Requirement:</i> 5 years of Pension Credit, 5 years of Vesting Service, or vested status in the Bechtel Nevada Employee Retirement Plan. Participants who were vested as of October 1, 1998 in the Bechtel Nevada Employee Retirement Plan and became participants in this Plan on October 1, 1998 are also vested in this Plan.• <i>Amount:</i> Regular pension accrued, reduced by 6% for each year of age less than 62
Late Retirement	Greater of additional accruals to actual retirement date or actuarial increase of normal retirement benefit. Actuarial increase is 1% per month for each of the first 60 months past normal retirement date, and 1.5% per month for each month thereafter.
Disability	<ul style="list-style-type: none">• <i>Age Requirement:</i> None• <i>Service Requirement:</i> 10 years of Pension Credit• <i>Disability Requirement:</i> Receiving a Social Security Disability award, or deemed disabled under the medical standards set forth in 10 CFR 1046• <i>Amount:</i> Regular pension accrued (unreduced)

Schedule SB, Part V - Summary of Plan Provisions

Vesting	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of Pension Credit, 5 years of Vesting Service, or vested status in the Bechtel Nevada Employee Retirement Plan • <i>Amount:</i> Regular pension accrued payable at age 62 • <i>Vesting Percentage:</i> 100% after 5 years of service
Spouse's Pre-Retirement Death Benefits	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> Same as for vesting • <i>Amount:</i> If married, 50% of benefit participant would have received had he or she retired the day before death and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.
Pre-Retirement Lump Sum Death Benefits (if not eligible for spouse's benefit)	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> None • <i>Amount:</i> \$1,000 multiplied by the number of years of Pension Credit, up to a maximum of \$25,000
Post-Retirement Death Benefits	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 36 payments guaranteed without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.
Participation	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> After completion of 3 months of service
Groups Covered	All non-bargained employees of the Employer, as defined by the plan document, working at its Las Vegas, Nevada offices and related facilities. Closed to new hires and rehires as of January 1, 2012.
Service	<ul style="list-style-type: none"> • <i>Pension Credit:</i> .02 future service credits per week of covered employment after August 14, 1972, with a carry forward of weeks in excess of 50 in the calendar year to subsequent years including the year of retirement or termination. If a participant works less than 50 weeks in a calendar year, pension credit is earned at the rate of .02 Credits for each week of work. A participant who works more than 50 weeks in a calendar year can carry up to 2 weeks forward to a later year, including the year of retirement or termination. • <i>Past Service Credit:</i> Counts toward vesting and service pension eligibility, but not benefit credit • <i>Vesting Service:</i> One year of vesting service for each calendar year in which the participant works at least 1,000 hours.

Schedule SB, Part V - Summary of Plan Provisions

Benefit Accruals for Highly Compensated Employees	<p>If the active participant headcount falls below the federally mandated Minimum Participation threshold of 50 at any point during a Plan Year, then benefit accruals for Highly Compensated Employees are frozen as of the beginning of the Plan Year in which the headcount is below 50.</p> <p>This occurred during 2017, and the benefit accruals were frozen for the Highly Compensated employees.</p>
Forms of Benefit	<ul style="list-style-type: none">• <i>Normal Form</i>: Life annuity with 36 months guaranteed for single participants, 100% joint and survivor for married participants• <i>Optional Forms</i>: 50% joint and survivor, 75% joint and survivor, level income option• <i>Actuarial Equivalence</i>: Factors are noted in the plan document for the various optional form conversions For small lump sums and level income options, actuarial equivalence is based on 417(e) assumptions
Recent Plan Amendments	<ul style="list-style-type: none">• <i>Plan Amendment</i>: Freeze Highly Compensated Employee accruals when active participant count drops below 50<ul style="list-style-type: none">– <i>Effective Date</i>: January 1, 2017– <i>Reflected in 2023 Actuarial Valuation</i>: Yes

FORM 5500 - ASSETS AND LIABILITIES

	BEGINNING OF YEAR	END OF YEAR
ASSETS		
(A) TOTAL NONINTEREST-BEARING CASH	.00	.00
(B) RECEIVABLES (LESS DOUBTFUL ACCOUNTS)		
(1) EMPLOYERS	.00	.00
(2) PARTICIPANTS	.00	.00
(3) OTHER	1,300.59	979.49
(C) GENERAL INVESTMENTS:		
(1) INTEREST BEARING CASH	.00	.00
(2) U. S. GOVERNMENT SECURITIES	.00	.00
(3) CORPORATE DEBT INSTRUMENTS:		
(a) PREFERRED	.00	.00
(b) ALL OTHER	.00	.00
(4) CORPORATE STOCKS:		
(a) PREFERRED	.00	.00
(b) COMMON	.00	.00
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	4,831,950.15	4,207,541.32
(6) REAL ESTATE	.00	.00
(7) LOANS (OTHER THAN TO PARTICIPANTS)	.00	.00
(8) PARTICIPANT LOANS	.00	.00
(9) VALUE OF INT.- COMM/COLL TRUST	.00	.00
(10) VALUE OF INT.- POOLED SEP ACCTS	.00	.00
(11) VALUE OF INT.- MASTER TRUSTS	.00	.00
(12) VALUE OF INT.- 103-12 ENTITIES	.00	.00
(13) VALUE OF INT.- REGIS INVES CO.	24,237,905.25	26,040,889.06
(14) VALUE OF UNALLOCATED INS. CONTRACTS	.00	.00
(15) OTHER	751.72	718.72
(D) EMPLOYER-RELATED INVESTMENTS:		
(1) EMPLOYER SECURITIES	.00	.00
(2) EMPLOYER REAL PROPERTY	.00	.00
(E) BUILDINGS AND OTHER PROPERTY	.00	.00
(F) TOTAL ASSETS	29,071,907.71	30,250,128.59
LIABILITIES		
(G) BENEFIT CLAIMS PAYABLE	.00	.00
(H) OPERATING PAYABLES	.00	.00

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43- -12-C -66 -026-01
1200 -99-04561-01



NNSS STAFF PENSION
ACCOUNT 6746001300

Page 57 of 65
Period from January 1, 2023 to December 31, 2023

FORM 5500 - ASSETS AND LIABILITIES (continued)

	BEGINNING OF YEAR	END OF YEAR
(I) ACQUISITION INDEBTEDNESS	.00	.00
(J) OTHER LIABILITIES	.00	.00
(K) TOTAL LIABILITIES	.00	.00
(L) NET ASSETS	29,071,907.71	30,250,128.59

Attachment to 2023 Schedule SB, Line 32 - Schedule of Amortization Bases

**NSS Staff Pension Plan
EIN 90-1507796 PN 002**

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
2023	1,060,403	1,060,403	15	97,113
Total		\$1,060,403		\$97,113

Schedule SB, Line 24 - Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation	
	<ul style="list-style-type: none"><li data-bbox="415 253 1087 289">• <i>Assumption Type:</i> Administrative expense assumption<li data-bbox="415 293 1079 329">• <i>Current Assumption:</i> \$400,000 (previously, \$450,000)<li data-bbox="415 334 1367 370">• <i>Reason for Change:</i> Better reflect anticipated and recent observed experience