

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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

1a Name of plan: NNSS IGAN PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/14/1972
2a Plan sponsor's name (employer, if for a single-employer plan): MISSION SUPPORT AND TEST SERVICES LLC
2b Employer Identification Number (EIN): 88-6023904
2c Plan Sponsor's telephone number: 702-295-4377
2d Business code (see instructions): 561600

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	471
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	65
	6a(2)	60
	6b	252
	6c	127
	6d	439
	6e	35
	6f	474
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 IGAN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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>88-6023904</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>2024</u>		
2	Assets:		
	a Market value	2a	<u>41759902</u>
	b Actuarial value	2b	<u>42791915</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>278</u>	<u>26895663</u>
	b For terminated vested participants	<u>136</u>	<u>5083265</u>
	c For active participants	<u>66</u>	<u>9376877</u>
	d Total	<u>480</u>	<u>41355805</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>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>575963</u>
	b Expected plan-related expenses	6b	<u>400000</u>
	c Target normal cost	6c	<u>975963</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>09/03/2025</u>	Date
	<u>V. JOSEPH FIORICA</u>	<u>23-08661</u>	Most recent enrollment number
	Firm name	<u>860-678-3037</u>	Telephone number (including area code)
	<u>30 WATERSIDE DRIVE, 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 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	3340453
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	487006
9	Amount remaining (line 7 minus line 8)	0	2853447
10	Interest on line 9 using prior year's actual return of <u>10.86</u> %	0	309884
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1262935
	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>5.34</u> %		41435
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		52888
	c Total available at beginning of current plan year to add to prefunding balance		1357258
	d Portion of (c) to be added to prefunding balance		1357258
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	4520589

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.76 %
15	Adjusted funding target attainment percentage	15	84.76 %
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	90.83 %
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		
12/10/2024	366400	0					
			Totals ▶	18(b)	366400	18(c)	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 349352
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
	(4) 4th	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 57
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 975963
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	6879358		668845	
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 1644808
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1295456	1295456	
36 Additional cash requirement (line 34 minus line 35)				36 349352
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 349352
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NSS IGAN PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 88-6023904	

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

ARISTOTLE PACIFIC CAPITAL, LLC

45-5076716

(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)

VERUS

999 THIRD AVE. 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	83889	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?
13 50	NONE	72209	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)

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?
11 50	NONE	66000	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)

MCCONELL & JONES, LLP

4828 LOOP CENTRAL DR, SUITE 1000
HOUSTON, TX 77081

76-0488832

(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	27996	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)

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?
19 50 21	NONE	23249	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)

ASB ALLEGIANCE REAL ESTATE FUND

7501 WISCONSIN AVENUE, SUITE 1500W
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 51	NONE	22447	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)

KRAW LAW GROUP

605 ELLIS STREET, SUITE 200
MOUNTAIN VIEW, CA 94043

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?
50 29	NONE	14774	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)

JACKSON LEWIS P.C

717 TEXAS AVE, SUIT 1700
HOUSTON, TX 77022

46-3862389

(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 29	NONE	6059	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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NNSS IGAN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</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>88-6023904</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>2696475</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC ASSET MANAGEMENT BANK LOAN</u>		
b Name of sponsor of entity listed in (a): <u>PAM BANK LOAN GP LLC</u>		
c EIN-PN <u>46-5076716-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2191065</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN GLOBAL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT LCC</u>		
c EIN-PN <u>20-5736845-007</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>4505484</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)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NNSS IGAN PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 88-6023904

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	11045	22868
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	819337	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18342	11225
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	160795	481379
(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)	5324168	7201959
(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)	0	2191065
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34704562	33014186
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	240000	0

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	41278249	42922682
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	20448	19062
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20448	19062
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	41257801	42903620

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)	366400	
(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)		366400
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27786	
(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)		27786
(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)	970009	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		970009
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2198875	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2158567	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		40308
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2535435
c Other income	2c		465526
d Total income. Add all income amounts in column (b) and enter total.....	2d		4405464

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2385284	
(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)		2385284
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)	72209	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27996	
(5) Investment advisory and investment management fees	2i(5)	109040	
(6) Bank or trust company trustee/custodial fees	2i(6)	23250	
(7) Actuarial fees	2i(7)	66000	
(8) Legal fees	2i(8)	20833	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	55033	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		374361
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2759645

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1645819
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		3000000
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 549916.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NSS IGAN PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 88-6023904	

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** **0**

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): 88-6023904

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** **1**

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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 IGAN Pension Plan

**Independent Auditor's Report
and Financial Statements**

December 31, 2024 and 2023

NSS IGAN Pension Plan

Table of Contents

December 31, 2024 and 2023

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	15

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 IGAN Pension Plan

Opinion on the 2024 Financial Statements

We have audited the financial statements of NNSS IGAN Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, 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 (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion on the 2024 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 2024 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 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.

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 2024 Financial Statements

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.

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2024, and the Schedule of Reportable Transactions for the year then ended is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor (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



McConnell Jones

records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 supplemental schedules are fairly stated, in all material respects, in relation to the financial statements, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

2023 Financial Statements

We performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, our audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In our report dated October 15, 2024, we indicated that in our opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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).

McConnell & Jones LLP

Houston, Texas
September 30, 2025

NSS IGAN Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments at fair value	\$ 42,888,589	\$ 40,189,525
Non-interest-bearing cash	22,868	251,045
Employer contributions receivable	-	819,337
Prepaid expenses	11,225	18,342
Total assets	42,922,682	41,278,249
Liabilities		
Accounts payable and accrued expenses	19,062	20,448
Total liabilities	19,062	20,448
Net Assets Available for Benefits	\$ 42,903,620	\$ 41,257,801

NNSS IGAN Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 3,069,055	\$ 3,141,210
Interest and dividends	970,009	929,255
Net investment income	4,039,064	4,070,465
Employer contributions	366,400	2,318,980
Total additions	4,405,464	6,389,445
Deductions		
Benefits paid to participants	2,385,284	2,147,401
Administrative expenses	374,361	518,101
Total deductions	2,759,645	2,665,502
Net Increase	1,645,819	3,723,943
Net Assets Available for Benefits, Beginning of Year	41,257,801	37,533,858
Net Assets Available for Benefits, End of Year	\$ 42,903,620	\$ 41,257,801

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1: Description of the Plan

The following brief description of NNSS IGAN 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 participants covered by the collective bargaining agreement between the union and Mission Support and Test Services LLC (MSTS or Plan sponsor/Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Eligibility/Participation

Employees begin to accumulate years of vesting service with their first hour of service. However, an employee must be an active participant in order to accumulate pension credit. In order to become an active participant, the employee must have attained the age of 21, have been credited with at least 1,000 hours of services in the first 12 consecutive month period of employment, or any subsequent 12 consecutive month period and be actively employed at the end of applicable 12-month period.

Effective January 1, 2011, Plan participation was frozen. Each employee who was a participant of the Plan as of December 31, 2010 will continue to participate in the Plan. Inactive participants who resume covered employment after January 1, 2011 will accrue only vesting service and not pension credits.

Pension Benefits

Employees are entitled to annual pension benefits if they have attained (a) age 62 and have accumulated at least 10 years of pension credit, including at least 3 years of future service credit or 5 years of vesting service (10 years of vesting service for regular pensions effective prior to July 1, 1987), or (b) normal retirement age (65) without having experienced a permanent break in service. Furthermore, effective January 1, 2020, there was an update to eligibility for service pension, which added the following requirements for eligibility; the participant has earned at least 20 pension credits, the participant has earned at least 3 years of future service credit, and the participant has not previously been awarded an early retirement pension.

The Plan permits early retirement at ages 55 - 61 if the participant has at least 10 pension credits without a break in service and at least 3 years of future service credit. If an employee terminates before rendering 5 years of service, they forfeit the right to receive a portion of their accumulated plan benefits.

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The monthly retirement income shall be an amount equal to \$35 per pension credit per year of pension credit for annuity starting dates before July 1, 1990, then gradually increasing up to \$82, \$85, and \$88 per pension credit per year of pension credit for annuity starting dates July 1, 2022, 2023, and 2024 respectively.

The normal form of benefit payment is a 50% joint and survivor annuity for married participants and a single life annuity for participants who are not married. A participant may elect either a 75% or 100% joint and survivor annuity with the written consent of his or her spouse.

Death and Disability Benefits

In the event of a death of a participant prior to retirement, the beneficiary will receive a death benefit equal to the value of the employee's accumulated pension benefits. A lump sum death benefit is available if an employee has at least 5 years of vesting service. The benefits shall be equal to \$1,000 for each 1.00 pension credit, up to a maximum of \$27,000. If payments are due under the 50% Pre-Retirement Survivor Annuity or the 100% Pre-Retirement Survivor Annuity, then this lump sum death benefit is not payable unless the surviving spouse elects this form of benefit instead. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

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 ERISA. In the event of termination of the Plan, remaining assets will be applied according to the Plan documents toward the provision of benefits for or on account of the participants. No assets of the Plan may be reverted 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.

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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.

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, 2024, and 2023, met or exceeded the minimum funding requirements established by 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.

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains on investments bought and sold as well as those held during the year. The Plan invests in various investment vehicles with differing characteristics.

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 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 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, 2024, and through September 30, 2025, 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

Certain information in the accompanying financial statements related to investments held as of December 31, 2023, and the related net appreciation in fair value of investments, interest and dividends for the year then ended, was certified as complete and accurate by the U.S. Bank National Association, the trustee of the Plan (Trustee). This certification was provided in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Management obtained this information and agreed to or derived it from the information certified by the Trustee.

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 4: Fair Value Measurement

FASB ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) 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.

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, 2024, and 2023.

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 and 103-12 investment: 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.

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Level 1:		
Money Market Mutual Funds	\$ 481,379	\$ 160,795
Mutual Funds	33,014,186	34,704,562
	<u>33,495,565</u>	<u>34,865,357</u>
Investments measured at NAV:		
Common/Collective Trusts*	7,201,959	5,324,168
103-12 Investment*	2,191,065	-
	<u>9,393,024</u>	<u>5,324,168</u>
Total investments at fair value	<u>\$ 42,888,589</u>	<u>\$ 40,189,525</u>

* 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 additional information for investments that are measured at NAV practical expedient as of December 31, 2024, and 2023:

	<u>2024</u>	<u>2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/Collective Trusts – direct filing entities					
ASB Allegiance Real Estate Fund	\$ 2,696,475	\$ 3,239,046	\$ -	Quarterly	None
Voya Senior Loan Trust Fund Class I	-	2,085,122	-	Daily	None
Acadian Global Equity Fund	4,505,484	-	-	Daily	10 days
	<u>7,201,959</u>	<u>5,324,168</u>	<u>-</u>		
103-12 Investment – direct filing entity					
Aristotle Commingled Strategy	2,191,065	-	-	Monthly	21 days
	<u>\$ 9,393,024</u>	<u>\$ 5,324,168</u>	<u>\$ -</u>		

NNSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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, 2024, were 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	57

The actuarial present value of accumulated plan benefits as of January 1, 2024, is as follows:

Vested benefits of participants and beneficiaries currently receiving benefits	\$ 23,205,695
Other vested benefits	12,587,068
	<u>35,792,763</u>
Non-vested benefits	2,578,737
	<u>2,578,737</u>
Actuarial present value of accumulated Plan benefits, January 1, 2024	\$ 38,371,500

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024, is as follows:

Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 36,399,696
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	2,274,981
Benefits accumulated and actuarial experience	1,479,550
Plan amendment	364,674
Benefits paid	(2,147,401)
	<u>1,971,804</u>
Net increase	1,971,804
Actuarial present value of accumulated Plan benefits, January 1, 2024	\$ 38,371,500

For the year ended December 31, 2023, plan amendment increase included the benefit multiplier increase from \$85 to \$88 on July 1, 2024. The change in expense assumption included a decrease of administrative expenses from \$450,000 to \$400,000.

NSS IGAN Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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, 2024.

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 December 16, 2015, that the Plan and related Trust 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 IGAN Pension Plan
EIN 88-6023904 PN 001**

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

December 31, 2024

[a]	[b]	[c]	[d]	[e]
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
First American Funds	Money Market Fund	\$ 478,982	\$ 480,914	
Blackrock Liq. Fds. Fund	Money Market Fund	465	465	
Dodge & Cox International Stock Fund	Mutual Funds	1,572,582	2,000,891	
American Funds Euro Pacific Growth Fund R6	Mutual Funds	1,880,172	1,994,869	
Vanguard Institutional Index Fund	Mutual Funds	8,568,428	13,793,508	
Dodge & Cox Income Fund	Mutual Funds	8,351,960	7,633,961	
Metropolitan West Total Return	Mutual Funds	8,803,012	7,590,957	
ASB Allegiance Real Estate Fund	Common/Collective Trust	2,526,179	2,696,475	
Acadian Global Equity Fund	Common/Collective Trust	4,197,456	4,505,484	
Aristotle Commingled Strategy	103-12 Investment	2,191,065	2,191,065	
Total Plan Investments		\$ 38,570,301	\$ 42,888,589	

**NNSS IGAN Pension Plan
EIN 88-6023904 PN 001**

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

The following pages represent the Schedule of Reportable Transactions for the year ended December 31, 2024, of the NNSS IGAN Pension Plan.

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 65 of 76
 Period from January 1, 2024 to December 31, 2024

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					40,429,525.13		
COMPARATIVE VALUE (5%)					2,021,476.25		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 04045F592 - Aristotle Funds Floating Rate Inc I							
03/19/2024	B	222,293.939	9.5700		- 2,127,353 *	2,127,353	
05/31/2024	S	- 224,559.040	9.5500		2,144,539 *	2,148,996	- 4,457
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
03/19/2024	B	2,127,352.710	1.0000		- 2,127,353 *	2,127,353	
03/20/2024	S	- 2,127,353.000	1.0000		2,127,353 *	2,127,353	
06/03/2024	B	2,194,538.830	1.0000		- 2,194,539 *	2,194,539	
06/03/2024	S	- 2,100,000.000	1.0000		2,100,000 *	2,100,000	
07/30/2024	B	4,200,000.000	1.0000		- 4,200,000 *	4,200,000	
07/30/2024	S	- 4,200,000.000	1.0000		4,200,000 *	4,200,000	
Issue: 922040100 - Vanguard Instl Index Instl#94							
07/29/2024	S	- 6,447.023	449.8200		2,900,000 *	1,541,169	1,358,831
09/30/2024	B	6,538.016	474.1500		- 3,100,000 *	3,100,000	
Issue: 95MSE1057 - Aristotle Commingled Strategy							
06/03/2024	B	2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
Issue: 95MSE3JW4 - Acadian Global Equity Fund							
08/31/2024	B	1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 66 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/18/2024	S	- 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
GRAND TOTAL				0	35,648,490	33,860,552	1,787,938

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

01/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.354	21.1951		792	644	148
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.388	21.3133		797	645	152
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 13.889	1,653.9676		22,972	18,318	4,654
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 51.708	21.5698		1,115	892	224
06/03/2024	B	Issue: 95MSE1057 - Aristotle Commingled Strategy 2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.606	1,541.1167		22,510	19,263	3,246
08/31/2024	B	Issue: 95MSE3JW4 - Acadian Global Equity Fund 1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.373	1,421.3118		20,428	18,955	1,473
10/31/2024	S	Issue: 95MSE3JW4 - Acadian Global Equity Fund -.684	3,902.0468		2,669	2,544	125
Total For Direct From Issuer				0	8,498,636	8,055,050	443,586

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 67 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	8,498,636	8,055,050	443,586

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

03/19/2024	B	222,293.939	9.5700		- 2,127,353 *	2,127,353	
Total For Buys				0	2,127,353	2,127,353	0

03/31/2024	R	563.947	9.5700		- 5,397	5,397	
04/30/2024	R	1,701.154	9.5500		- 16,246	16,246	
05/31/2024	R	1,653.876	9.5500		- 15,795	15,795	
06/30/2024	R	10.659	9.5200		- 101	101	
07/31/2024	R	.071	9.5200		- 1	1	
08/31/2024	R	.070	9.4900		- 1	1	
09/30/2024	R	.006	9.4900				
Total For Reinvestments				0	37,541	37,541	0

05/31/2024	S	- 224,559.040	9.5500		2,144,539 *	2,148,996	- 4,457
06/28/2024	S	- 1,653.876	9.5200		15,745	15,795	- 50
08/30/2024	S	- 10.730	9.4900		102	102	
Total For Sells				0	2,160,386	2,164,893	- 4,507

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 68 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Aristotle Funds Floating Rate Inc I				0	4,325,280	4,329,787	- 4,507
Issue: 256206103 - Dodge Cox International Stock Fd I							
12/18/2024	R	884.874	49.8100		- 44,076	44,076	
Total For Reinvestments				0	44,076	44,076	0
05/31/2024	S	- 2,842.524	52.7700		150,000	110,800	39,200
07/29/2024	S	- 12,485.593	52.0600		650,000	486,682	163,318
08/01/2024	S	- 1,948.558	51.3200		100,000	75,954	24,046
09/30/2024	S	- 28,689.259	55.7700		1,600,000	1,118,292	481,708
10/31/2024	S	- 1,870.557	53.4600		100,000	72,913	27,087
Total For Sells				0	2,600,000	1,864,641	735,359
Total Dodge Cox International Stock Fd I				0	2,644,076	1,908,717	735,359
Issue: 298706821 - American Euro Pac Growth Fdcl R6							
06/10/2024	R	1,759.264	58.1200		- 102,248	102,248	
12/19/2024	R	1,584.559	54.0600		- 85,661	85,661	
Total For Reinvestments				0	187,909	187,909	0
02/29/2024	S	- 1,763.357	56.7100		100,000	88,689	11,311
03/28/2024	S	- 2,126.936	58.7700		125,000	106,975	18,025

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 69 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2024	S	- 1,690.617	59.1500		100,000	85,030	14,970
07/29/2024	S	- 11,397.510	57.0300		650,000	575,329	74,671
09/30/2024	S	- 26,507.621	60.3600		1,600,000	1,338,065	261,935
10/31/2024	S	- 1,726.817	57.9100		100,000	87,167	12,833
Total For Sells				0	2,675,000	2,281,255	393,745

Total American Euro Pac Growth Fdcl R6				0	2,862,909	2,469,164	393,745
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Issue: 31846V542 - First Am Treas Ob Fd Cl Z

01/02/2024	B	240,000.000	1.0000		- 240,000	240,000	
01/03/2024	B	1,243.390	1.0000		- 1,243	1,243	
01/17/2024	B	14,871.790	1.0000		- 14,872	14,872	
02/01/2024	B	210,000.000	1.0000		- 210,000	210,000	
02/02/2024	B	1,409.680	1.0000		- 1,410	1,410	
02/21/2024	B	239.310	1.0000		- 239	239	
03/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
03/04/2024	B	1,360.950	1.0000		- 1,361	1,361	
03/19/2024	B	2,127,352.710	1.0000		- 2,127,353 *	2,127,353	
03/27/2024	B	429,000.000	1.0000		- 429,000	429,000	
04/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
04/02/2024	B	1,988.910	1.0000		- 1,989	1,989	
04/16/2024	B	14,409.550	1.0000		- 14,410	14,410	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 70 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2024	B	3,256.160	1.0000		- 3,256	3,256	
06/03/2024	B	2,194,538.830	1.0000		- 2,194,539 *	2,194,539	
06/04/2024	B	2,180.260	1.0000		- 2,180	2,180	
06/27/2024	B	467,500.000	1.0000		- 467,500	467,500	
07/01/2024	B	190,744.900	1.0000		- 190,745	190,745	
07/02/2024	B	1,862.920	1.0000		- 1,863	1,863	
07/17/2024	B	14,528.230	1.0000		- 14,528	14,528	
07/30/2024	B	4,200,000.000	1.0000		- 4,200,000 *	4,200,000	
08/02/2024	B	3,628.790	1.0000		- 3,629	3,629	
09/03/2024	B	101.830	1.0000		- 102	102	
09/04/2024	B	2,668.020	1.0000		- 2,668	2,668	
09/12/2024	B	454,222.450	1.0000		- 454,222	454,222	
10/01/2024	B	100,000.000	1.0000		- 100,000	100,000	
10/02/2024	B	2,910.070	1.0000		- 2,910	2,910	
10/17/2024	B	4,661.250	1.0000		- 4,661	4,661	
11/04/2024	B	2,847.880	1.0000		- 2,848	2,848	
12/03/2024	B	1,741.730	1.0000		- 1,742	1,742	
12/10/2024	B	366,400.000	1.0000		- 366,400	366,400	
Total For Buys				0	11,455,670	11,455,670	0
01/04/2024	S	- 19,476.410	1.0000		19,476	19,476	
01/16/2024	S	- 16,500.000	1.0000		16,500	16,500	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 71 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/23/2024	S	- 187,832.870	1.0000		187,833	187,833	
02/02/2024	S	- 15,308.280	1.0000		15,308	15,308	
02/08/2024	S	- 7,095.740	1.0000		7,096	7,096	
02/15/2024	S	- 74.000	1.0000		74	74	
02/22/2024	S	- 186,842.620	1.0000		186,843	186,843	
02/29/2024	S	- 14,503.630	1.0000		14,504	14,504	
03/05/2024	S	- 3,123.000	1.0000		3,123	3,123	
03/14/2024	S	- 4,003.000	1.0000		4,003	4,003	
03/20/2024	S	- 2,127,353.000	1.0000		2,127,353 *	2,127,353	
03/22/2024	S	- 187,210.870	1.0000		187,211	187,211	
04/04/2024	S	- 7,189.570	1.0000		7,190	7,190	
04/10/2024	S	- 3,648.000	1.0000		3,648	3,648	
04/23/2024	S	- 31,480.330	1.0000		31,480	31,480	
04/25/2024	S	- 193,101.100	1.0000		193,101	193,101	
04/26/2024	S	- 6,211.930	1.0000		6,212	6,212	
05/03/2024	S	- 13,830.140	1.0000		13,830	13,830	
05/10/2024	S	- 17,856.500	1.0000		17,857	17,857	
05/13/2024	S	- 3,086.500	1.0000		3,087	3,087	
05/21/2024	S	- 190,641.370	1.0000		190,641	190,641	
05/30/2024	S	- 14,367.390	1.0000		14,367	14,367	
06/03/2024	S	- 2,100,000.000	1.0000		2,100,000 *	2,100,000	
06/04/2024	S	- 6,040.500	1.0000		6,041	6,041	

00000401
53- -12-B -66 -028-01
1200 -99-04561-01



NNSS IGAN PENSION PLAN
ACCOUNT 6746001200

Page 72 of 76
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/06/2024	S	- 12,681.830	1.0000		12,682	12,682	
06/13/2024	S	- 8,107.720	1.0000		8,108	8,108	
06/21/2024	S	- 2,429.750	1.0000		2,430	2,430	
06/24/2024	S	- 194,602.620	1.0000		194,603	194,603	
07/05/2024	S	- 13,112.180	1.0000		13,112	13,112	
07/24/2024	S	- 193,170.620	1.0000		193,171	193,171	
07/25/2024	S	- 16,939.310	1.0000		16,939	16,939	
07/30/2024	S	- 4,200,000.000	1.0000		4,200,000 *	4,200,000	
08/07/2024	S	- 1,265.500	1.0000		1,266	1,266	
08/09/2024	S	- 16,691.030	1.0000		16,691	16,691	
08/23/2024	S	- 194,366.620	1.0000		194,367	194,367	
09/06/2024	S	- 2,598.000	1.0000		2,598	2,598	
09/25/2024	S	- 206,914.380	1.0000		206,914	206,914	
09/26/2024	S	- 2,937.980	1.0000		2,938	2,938	
10/03/2024	S	- 13,282.460	1.0000		13,282	13,282	
10/07/2024	S	- 369.000	1.0000		369	369	
10/10/2024	S	- 48,379.000	1.0000		48,379	48,379	
10/23/2024	S	- 201,126.120	1.0000		201,126	201,126	
10/24/2024	S	- 1,196.480	1.0000		1,196	1,196	
10/31/2024	S	- 26,044.230	1.0000		26,044	26,044	
11/07/2024	S	- 11,076.230	1.0000		11,076	11,076	
11/22/2024	S	- 197,510.120	1.0000		197,510	197,510	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 73 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/05/2024	S	- 15,559.810	1.0000		15,560	15,560	
12/19/2024	S	- 1,124.500	1.0000		1,125	1,125	
12/23/2024	S	- 197,226.120	1.0000		197,226	197,226	
Total For Sells				0	11,135,490	11,135,490	0
Total First Am Treas Ob Fd Cl Z				0	22,591,160	22,591,160	0
Issue: 922040100 - Vanguard Instl Index Instl#94							
02/29/2024	B	3,559.310	421.4300		- 1,500,000	1,500,000	
08/01/2024	B	222.970	448.4900		- 100,000	100,000	
09/30/2024	B	6,538.016	474.1500		- 3,100,000 *	3,100,000	
Total For Buys				0	4,700,000	4,700,000	0
03/25/2024	R	175.808	430.6400		- 75,710	75,710	
06/28/2024	R	101.910	449.2400		- 45,782	45,782	
09/27/2024	R	69.139	472.1100		- 32,641	32,641	
12/31/2024	R	393.478	480.9100		- 189,228	189,228	
Total For Reinvestments				0	343,361	343,361	0
01/31/2024	S	- 524.895	400.0800		210,000	110,985	99,015
03/28/2024	S	- 289.111	432.3600		125,000	68,892	56,108
05/31/2024	S	- 459.517	435.2400		200,000	109,498	90,502

0000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 74 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024	S	- 389.547	449.2400		175,000	92,825	82,175
07/29/2024	S	- 6,447.023	449.8200		2,900,000 *	1,541,169	1,358,831
10/31/2024	S	- 212.838	469.8400		100,000	62,776	37,224
Total For Sells				0	3,710,000	1,986,145	1,723,855
Total Vanguard Instl Index Instl#94				0	8,753,361	7,029,506	1,723,855
Issue: 95MSE1057 - Aristotle Commingled Strategy							
06/03/2024	B	2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
Total For Buys				0	2,100,000	2,100,000	0
Issue: 95MSE3JW4 - Acadian Global Equity Fund							
08/31/2024	B	1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
Total For Buys				0	4,200,000	4,200,000	0
10/31/2024	S	-.684	3,902.0468		2,669	2,544	125
Total For Sells				0	2,669	2,544	125
Total Acadian Global Equity Fund				0	4,202,669	4,202,544	125
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							
01/31/2024	S	- 37.354	21.1951		792	644	148

0000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 75 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024	S	- 37.388	21.3133		797	645	152
03/18/2024	S	- 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	- 51.708	21.5698		1,115	892	224
Total For Sells				0	2,130,057	1,695,970	434,088
Total Voya Senior Loan Trust Fund Class 1				0	2,130,057	1,695,970	434,088
GRAND TOTAL				0	49,609,512	46,326,848	3,282,665

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

01/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.354	21.1951		792	644	148
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.388	21.3133		797	645	152
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 13.889	1,653.9676		22,972	18,318	4,654
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 51.708	21.5698		1,115	892	224
06/03/2024	B	Issue: 95MSE1057 - Aristotle Commingled Strategy 2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.606	1,541.1167		22,510	19,263	3,246

Attachment to the 2024 Schedule SB, Line 26 – Schedule of Active Participant Data

Participants in active service by age and years of service

Age vs Years of Credited Service

Age	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	—	—	—	—	2	—	—	—	—	—
40 - 44	—	—	—	—	21	—	—	—	—	—
45 - 49	—	—	—	—	19	4	—	—	—	—
50 - 54	—	—	—	—	1	3	1	—	—	—
55 - 59	—	—	—	—	2	4	—	—	—	—
60 - 64	—	—	—	—	3	3	1	—	1	1
65 - 69	—	—	—	—	—	—	—	—	—	—
70 & over	—	—	—	—	—	—	—	—	—	—

Schedule SB, Line 24 - Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

- Assumption Type: Administrative expense assumption
 - Current Assumption: \$400,000 (previously, \$450,000)
 - Reason for Change: Better reflect anticipated and recent observed experience

**NNSS IGAN Pension Plan
EIN 88-6023904 PN 001**

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

The following pages represent the Schedule of Reportable Transactions for the year ended December 31, 2024, of the NNSS IGAN Pension Plan.

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 65 of 76
 Period from January 1, 2024 to December 31, 2024

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					40,429,525.13		
COMPARATIVE VALUE (5%)					2,021,476.25		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 04045F592 - Aristotle Funds Floating Rate Inc I							
03/19/2024	B	222,293.939	9.5700		- 2,127,353 *	2,127,353	
05/31/2024	S	- 224,559.040	9.5500		2,144,539 *	2,148,996	- 4,457
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
03/19/2024	B	2,127,352.710	1.0000		- 2,127,353 *	2,127,353	
03/20/2024	S	- 2,127,353.000	1.0000		2,127,353 *	2,127,353	
06/03/2024	B	2,194,538.830	1.0000		- 2,194,539 *	2,194,539	
06/03/2024	S	- 2,100,000.000	1.0000		2,100,000 *	2,100,000	
07/30/2024	B	4,200,000.000	1.0000		- 4,200,000 *	4,200,000	
07/30/2024	S	- 4,200,000.000	1.0000		4,200,000 *	4,200,000	
Issue: 922040100 - Vanguard Instl Index Instl#94							
07/29/2024	S	- 6,447.023	449.8200		2,900,000 *	1,541,169	1,358,831
09/30/2024	B	6,538.016	474.1500		- 3,100,000 *	3,100,000	
Issue: 95MSE1057 - Aristotle Commingled Strategy							
06/03/2024	B	2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
Issue: 95MSE3JW4 - Acadian Global Equity Fund							
08/31/2024	B	1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 66 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/18/2024	S	- 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
GRAND TOTAL				0	35,648,490	33,860,552	1,787,938

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

01/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.354	21.1951		792	644	148
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.388	21.3133		797	645	152
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 13.889	1,653.9676		22,972	18,318	4,654
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 51.708	21.5698		1,115	892	224
06/03/2024	B	Issue: 95MSE1057 - Aristotle Commingled Strategy 2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.606	1,541.1167		22,510	19,263	3,246
08/31/2024	B	Issue: 95MSE3JW4 - Acadian Global Equity Fund 1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.373	1,421.3118		20,428	18,955	1,473
10/31/2024	S	Issue: 95MSE3JW4 - Acadian Global Equity Fund -.684	3,902.0468		2,669	2,544	125
Total For Direct From Issuer				0	8,498,636	8,055,050	443,586

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 67 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	8,498,636	8,055,050	443,586

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

03/19/2024	B	222,293.939	9.5700		- 2,127,353 *	2,127,353	
Total For Buys				0	2,127,353	2,127,353	0

03/31/2024	R	563.947	9.5700		- 5,397	5,397	
04/30/2024	R	1,701.154	9.5500		- 16,246	16,246	
05/31/2024	R	1,653.876	9.5500		- 15,795	15,795	
06/30/2024	R	10.659	9.5200		- 101	101	
07/31/2024	R	.071	9.5200		- 1	1	
08/31/2024	R	.070	9.4900		- 1	1	
09/30/2024	R	.006	9.4900				
Total For Reinvestments				0	37,541	37,541	0

05/31/2024	S	- 224,559.040	9.5500		2,144,539 *	2,148,996	- 4,457
06/28/2024	S	- 1,653.876	9.5200		15,745	15,795	- 50
08/30/2024	S	- 10.730	9.4900		102	102	
Total For Sells				0	2,160,386	2,164,893	- 4,507

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 68 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Aristotle Funds Floating Rate Inc I				0	4,325,280	4,329,787	- 4,507
Issue: 256206103 - Dodge Cox International Stock Fd I							
12/18/2024	R	884.874	49.8100		- 44,076	44,076	
Total For Reinvestments				0	44,076	44,076	0
05/31/2024	S	- 2,842.524	52.7700		150,000	110,800	39,200
07/29/2024	S	- 12,485.593	52.0600		650,000	486,682	163,318
08/01/2024	S	- 1,948.558	51.3200		100,000	75,954	24,046
09/30/2024	S	- 28,689.259	55.7700		1,600,000	1,118,292	481,708
10/31/2024	S	- 1,870.557	53.4600		100,000	72,913	27,087
Total For Sells				0	2,600,000	1,864,641	735,359
Total Dodge Cox International Stock Fd I				0	2,644,076	1,908,717	735,359
Issue: 298706821 - American Euro Pac Growth Fdcl R6							
06/10/2024	R	1,759.264	58.1200		- 102,248	102,248	
12/19/2024	R	1,584.559	54.0600		- 85,661	85,661	
Total For Reinvestments				0	187,909	187,909	0
02/29/2024	S	- 1,763.357	56.7100		100,000	88,689	11,311
03/28/2024	S	- 2,126.936	58.7700		125,000	106,975	18,025

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 69 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2024	S	- 1,690.617	59.1500		100,000	85,030	14,970
07/29/2024	S	- 11,397.510	57.0300		650,000	575,329	74,671
09/30/2024	S	- 26,507.621	60.3600		1,600,000	1,338,065	261,935
10/31/2024	S	- 1,726.817	57.9100		100,000	87,167	12,833
Total For Sells				0	2,675,000	2,281,255	393,745

Total American Euro Pac Growth Fdcl R6				0	2,862,909	2,469,164	393,745
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Issue: 31846V542 - First Am Treas Ob Fd Cl Z

01/02/2024	B	240,000.000	1.0000		- 240,000	240,000	
01/03/2024	B	1,243.390	1.0000		- 1,243	1,243	
01/17/2024	B	14,871.790	1.0000		- 14,872	14,872	
02/01/2024	B	210,000.000	1.0000		- 210,000	210,000	
02/02/2024	B	1,409.680	1.0000		- 1,410	1,410	
02/21/2024	B	239.310	1.0000		- 239	239	
03/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
03/04/2024	B	1,360.950	1.0000		- 1,361	1,361	
03/19/2024	B	2,127,352.710	1.0000		- 2,127,353 *	2,127,353	
03/27/2024	B	429,000.000	1.0000		- 429,000	429,000	
04/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
04/02/2024	B	1,988.910	1.0000		- 1,989	1,989	
04/16/2024	B	14,409.550	1.0000		- 14,410	14,410	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 70 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2024	B	3,256.160	1.0000		- 3,256	3,256	
06/03/2024	B	2,194,538.830	1.0000		- 2,194,539 *	2,194,539	
06/04/2024	B	2,180.260	1.0000		- 2,180	2,180	
06/27/2024	B	467,500.000	1.0000		- 467,500	467,500	
07/01/2024	B	190,744.900	1.0000		- 190,745	190,745	
07/02/2024	B	1,862.920	1.0000		- 1,863	1,863	
07/17/2024	B	14,528.230	1.0000		- 14,528	14,528	
07/30/2024	B	4,200,000.000	1.0000		- 4,200,000 *	4,200,000	
08/02/2024	B	3,628.790	1.0000		- 3,629	3,629	
09/03/2024	B	101.830	1.0000		- 102	102	
09/04/2024	B	2,668.020	1.0000		- 2,668	2,668	
09/12/2024	B	454,222.450	1.0000		- 454,222	454,222	
10/01/2024	B	100,000.000	1.0000		- 100,000	100,000	
10/02/2024	B	2,910.070	1.0000		- 2,910	2,910	
10/17/2024	B	4,661.250	1.0000		- 4,661	4,661	
11/04/2024	B	2,847.880	1.0000		- 2,848	2,848	
12/03/2024	B	1,741.730	1.0000		- 1,742	1,742	
12/10/2024	B	366,400.000	1.0000		- 366,400	366,400	
Total For Buys				0	11,455,670	11,455,670	0
01/04/2024	S	- 19,476.410	1.0000		19,476	19,476	
01/16/2024	S	- 16,500.000	1.0000		16,500	16,500	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 71 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/23/2024	S	- 187,832.870	1.0000		187,833	187,833	
02/02/2024	S	- 15,308.280	1.0000		15,308	15,308	
02/08/2024	S	- 7,095.740	1.0000		7,096	7,096	
02/15/2024	S	- 74.000	1.0000		74	74	
02/22/2024	S	- 186,842.620	1.0000		186,843	186,843	
02/29/2024	S	- 14,503.630	1.0000		14,504	14,504	
03/05/2024	S	- 3,123.000	1.0000		3,123	3,123	
03/14/2024	S	- 4,003.000	1.0000		4,003	4,003	
03/20/2024	S	- 2,127,353.000	1.0000		2,127,353 *	2,127,353	
03/22/2024	S	- 187,210.870	1.0000		187,211	187,211	
04/04/2024	S	- 7,189.570	1.0000		7,190	7,190	
04/10/2024	S	- 3,648.000	1.0000		3,648	3,648	
04/23/2024	S	- 31,480.330	1.0000		31,480	31,480	
04/25/2024	S	- 193,101.100	1.0000		193,101	193,101	
04/26/2024	S	- 6,211.930	1.0000		6,212	6,212	
05/03/2024	S	- 13,830.140	1.0000		13,830	13,830	
05/10/2024	S	- 17,856.500	1.0000		17,857	17,857	
05/13/2024	S	- 3,086.500	1.0000		3,087	3,087	
05/21/2024	S	- 190,641.370	1.0000		190,641	190,641	
05/30/2024	S	- 14,367.390	1.0000		14,367	14,367	
06/03/2024	S	- 2,100,000.000	1.0000		2,100,000 *	2,100,000	
06/04/2024	S	- 6,040.500	1.0000		6,041	6,041	

00000401
53- -12-B -66 -028-01
1200 -99-04561-01



NNSS IGAN PENSION PLAN
ACCOUNT 6746001200

Page 72 of 76
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/06/2024	S	- 12,681.830	1.0000		12,682	12,682	
06/13/2024	S	- 8,107.720	1.0000		8,108	8,108	
06/21/2024	S	- 2,429.750	1.0000		2,430	2,430	
06/24/2024	S	- 194,602.620	1.0000		194,603	194,603	
07/05/2024	S	- 13,112.180	1.0000		13,112	13,112	
07/24/2024	S	- 193,170.620	1.0000		193,171	193,171	
07/25/2024	S	- 16,939.310	1.0000		16,939	16,939	
07/30/2024	S	- 4,200,000.000	1.0000		4,200,000 *	4,200,000	
08/07/2024	S	- 1,265.500	1.0000		1,266	1,266	
08/09/2024	S	- 16,691.030	1.0000		16,691	16,691	
08/23/2024	S	- 194,366.620	1.0000		194,367	194,367	
09/06/2024	S	- 2,598.000	1.0000		2,598	2,598	
09/25/2024	S	- 206,914.380	1.0000		206,914	206,914	
09/26/2024	S	- 2,937.980	1.0000		2,938	2,938	
10/03/2024	S	- 13,282.460	1.0000		13,282	13,282	
10/07/2024	S	- 369.000	1.0000		369	369	
10/10/2024	S	- 48,379.000	1.0000		48,379	48,379	
10/23/2024	S	- 201,126.120	1.0000		201,126	201,126	
10/24/2024	S	- 1,196.480	1.0000		1,196	1,196	
10/31/2024	S	- 26,044.230	1.0000		26,044	26,044	
11/07/2024	S	- 11,076.230	1.0000		11,076	11,076	
11/22/2024	S	- 197,510.120	1.0000		197,510	197,510	

00000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 73 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/05/2024	S	- 15,559.810	1.0000		15,560	15,560	
12/19/2024	S	- 1,124.500	1.0000		1,125	1,125	
12/23/2024	S	- 197,226.120	1.0000		197,226	197,226	
Total For Sells				0	11,135,490	11,135,490	0
Total First Am Treas Ob Fd Cl Z				0	22,591,160	22,591,160	0
Issue: 922040100 - Vanguard Instl Index Instl#94							
02/29/2024	B	3,559.310	421.4300		- 1,500,000	1,500,000	
08/01/2024	B	222.970	448.4900		- 100,000	100,000	
09/30/2024	B	6,538.016	474.1500		- 3,100,000 *	3,100,000	
Total For Buys				0	4,700,000	4,700,000	0
03/25/2024	R	175.808	430.6400		- 75,710	75,710	
06/28/2024	R	101.910	449.2400		- 45,782	45,782	
09/27/2024	R	69.139	472.1100		- 32,641	32,641	
12/31/2024	R	393.478	480.9100		- 189,228	189,228	
Total For Reinvestments				0	343,361	343,361	0
01/31/2024	S	- 524.895	400.0800		210,000	110,985	99,015
03/28/2024	S	- 289.111	432.3600		125,000	68,892	56,108
05/31/2024	S	- 459.517	435.2400		200,000	109,498	90,502

0000401
 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 74 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024	S	- 389.547	449.2400		175,000	92,825	82,175
07/29/2024	S	- 6,447.023	449.8200		2,900,000 *	1,541,169	1,358,831
10/31/2024	S	- 212.838	469.8400		100,000	62,776	37,224
Total For Sells				0	3,710,000	1,986,145	1,723,855
Total Vanguard Instl Index Instl#94				0	8,753,361	7,029,506	1,723,855
Issue: 95MSE1057 - Aristotle Commingled Strategy							
06/03/2024	B	2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
Total For Buys				0	2,100,000	2,100,000	0
Issue: 95MSE3JW4 - Acadian Global Equity Fund							
08/31/2024	B	1,129.163	3,719.5693		- 4,200,000 *	4,200,000	
Total For Buys				0	4,200,000	4,200,000	0
10/31/2024	S	-.684	3,902.0468		2,669	2,544	125
Total For Sells				0	2,669	2,544	125
Total Acadian Global Equity Fund				0	4,202,669	4,202,544	125
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							
01/31/2024	S	- 37.354	21.1951		792	644	148

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 53- -12-B -66 -028-01
 1200 -99-04561-01



NNSS IGAN PENSION PLAN
 ACCOUNT 6746001200

Page 75 of 76
 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024	S	- 37.388	21.3133		797	645	152
03/18/2024	S	- 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	- 51.708	21.5698		1,115	892	224
Total For Sells				0	2,130,057	1,695,970	434,088
Total Voya Senior Loan Trust Fund Class 1				0	2,130,057	1,695,970	434,088
GRAND TOTAL				0	49,609,512	46,326,848	3,282,665

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

01/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.354	21.1951		792	644	148
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 37.388	21.3133		797	645	152
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 98,239.351	21.6548		2,127,353 *	1,693,789	433,564
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 13.889	1,653.9676		22,972	18,318	4,654
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 51.708	21.5698		1,115	892	224
06/03/2024	B	Issue: 95MSE1057 - Aristotle Commingled Strategy 2,100,000.000	1.0000		- 2,100,000 *	2,100,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 14.606	1,541.1167		22,510	19,263	3,246

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 IGAN Pension Plan	B Three-digit plan number (PN) ▶	001
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) 88-6023904	
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>2024</u>			
2 Assets:			
a Market value	2a	41,759,902	
b Actuarial value	2b	42,791,915	
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	278	26,895,663	26,895,663
b For terminated vested participants	136	5,083,265	5,083,265
c For active participants	66	9,376,877	13,171,756
d Total	480	41,355,805	45,150,684
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	5.20%	
6 Target normal cost			
a Present value of current plan year accruals	6a	575,963	
b Expected plan-related expenses	6b	400,000	
c Target normal cost	6c	975,963	

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	V. Joseph Fiorica VJF Signature of actuary	09/03/2025 Date
	V. Joseph Fiorica Type or print name of actuary	2308661 Most recent enrollment number
	SEGAL Firm name	860-678-3037 Telephone number (including area code)
	30 WATERSIDE DRIVE, SUITE 300 FARMINGTON CT 06032 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: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 57
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 975,963
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	6,879,358		668,845	
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 1,644,808
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1,295,456	1,295,456	
36 Additional cash requirement (line 34 minus line 35).....				36 349,352
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 349,352
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
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				

Attachment to 2023 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

**NNSS IGAN Pension Plan
EIN 88-6023904 PN 001**

<u>Age</u>	<u>Assumed rate of retirement</u>	<u>Assumed number retiring</u>	<u>Age times number retiring</u>
45	2.0%	2	90
46	2.0%	2	92
47	2.0%	2	94
48	2.0%	2	96
49	2.0%	2	98
50	5.0%	5	250
51	5.0%	4	204
52	5.0%	4	208
53	5.0%	4	212
54	5.0%	4	216
55	10.0%	7	385
56	10.0%	6	336
57	10.0%	6	342
58	10.0%	5	290
59	10.0%	5	295
60	10.0%	4	240
61	10.0%	4	244
62	40.0%	13	806
63	25.0%	5	315
64	25.0%	4	256
65	100.0%	10	650
			5,719
		Weighted Average Retirement Age:	57.19

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

CLOSED TO NEW HIRES EFFECTIVE JANUARY 1, 2011

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 years of Vesting Service or 10 Pension Credits
- Amount: The monthly rate for each Pension Credit (up to 27 Pension Credits) is based on the participant's termination date, as shown below:

Termination Date	Monthly Rate
July 1, 2023 – June 30, 2024	\$85
July 1, 2024 – June 30, 2025	\$88
July 1, 2025 – June 30, 2026	\$91
July 1, 2026 – June 30, 2027	\$94
July 1, 2027 – June 30, 2028	\$97
July 1, 2028 forward	\$100

Service Retirement

- Age Requirement: None
- Service Requirement: 20 Pension Credits
- Amount: Regular pension accrued (unreduced)

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement

- Age Requirement: 55
- Service Requirement: 10 Pension Credits
- Amount: Regular pension accrued reduced by 6% for each year of age less than 62

Late Retirement

For retirements past age 65, the accrued benefit payable at age 65 is increased by 112.48% for age 66, 125.32% for age 67, 138.64% for age 68, 152.32% for age 69, 166.48% for age 70, 181.12% for age 71, and 196.36% for age 72.

Disability

- Age Requirement: None
- Service Requirement: 10 Pension Credits
- Amount: Regular pension accrued (unreduced)

Vesting

- Age Requirement: None
- Service Requirement: 5 years of Vesting Service
- Amount: Regular or Early pension based on plan in effect when last active

Spouse's Pre-Retirement Death Benefit

- Age Requirement: None
- Service Requirement: 5 years of Vesting Service
- Amount: For married participants, 50% of benefit participant would have received had he or she retired the day before death and elected the 50% Husband-and-Wife option. Benefits commence immediately, or at the participant's early retirement age, if later. This benefit may be rejected by the spouse in favor of the lump-sum benefit described below.

Schedule SB, Part V - Summary of Plan Provisions

Vested married participants may elect 100% spouse pre-retirement coverage, calculated as if the participant had retired on the day of death on the 100% Husband-and-Wife option. If elected, the monthly benefit of the participant and/or the surviving spouse is reduced an additional 0.1% per month from the time the option was elected to the time of retirement or death.

Pre-Retirement Lump-Sum Death Benefits

- Age Requirement: None
- Service Requirement: None
- Other Requirement: Not eligible for spouse's death benefit
- Amount: \$1,000 multiplied by the number of Pension Credits (maximum of \$27,000)

Post-Retirement Death Benefits

- Amount: If the participant is 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. Otherwise, or if the participant is 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

- Age Requirement: 21
- Service Requirement: On the anniversary of employment following completion of 1,000 hours during a 12-month period
- Other Requirement: Hired before January 1, 2011

Service

- Vesting: One year of Vesting Service for each calendar year in which participant works at least 1,000 hours
- Pension Credit: Beginning January 1, 2004, an employee will receive 0.02 Pension Credits for each week of Covered Employment, up to 1.06 Pension Credits in a Plan Year

Schedule SB, Part V - Summary of Plan Provisions

Forms of Benefit

Single Life Annuity with 36-Month Guarantee, 100%, 75% or 50% Joint and Survivor, or Level Income Option

Recent Plan Amendments

The monthly rate for benefit purposes is based on the participant's termination date, as shown below:

Termination Date	Monthly Rate
July 1, 2023 – June 30, 2024	\$85
July 1, 2024 – June 30, 2025	\$88
July 1, 2025 – June 30, 2026	\$91
July 1, 2026 – June 30, 2027	\$94
July 1, 2027 – June 30, 2028	\$97
July 1, 2028 forward	\$100

The valuation recognizes the monthly rate that will take effect during the current year. As such, the monthly rate was increased from \$85 to \$88 for this 2024 valuation.

**NNSS IGAN Pension Plan
EIN 88-6023904 PN 001**

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

December 31, 2024

[a]	[b]	[c]	[d]	[e]
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
First American Funds		Money Market Fund	\$ 478,982	\$ 480,914
Blackrock Liq. Fds. Fund		Money Market Fund	465	465
Dodge & Cox International Stock Fund		Mutual Funds	1,572,582	2,000,891
American Funds Euro Pacific Growth Fund R6		Mutual Funds	1,880,172	1,994,869
Vanguard Institutional Index Fund		Mutual Funds	8,568,428	13,793,508
Dodge & Cox Income Fund		Mutual Funds	8,351,960	7,633,961
Metropolitan West Total Return		Mutual Funds	8,803,012	7,590,957
ASB Allegiance Real Estate Fund		Common/Collective Trust	2,526,179	2,696,475
Acadian Global Equity Fund		Common/Collective Trust	4,197,456	4,505,484
Aristotle Commingled Strategy		103-12 Investment	2,191,065	2,191,065
Total Plan Investments			<u>\$ 38,570,301</u>	<u>\$ 42,888,589</u>

Attachment to 2024 Schedule SB, Line 32 - Schedule of Amortization Bases

Schedule of Shortfall Amortization Bases as of January 1, 2024

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2024	\$3,176,317	\$3,176,317	15	\$288,982
2023	1,808,146	1,734,990	14	165,592
2022	(773,432)	(710,351)	13	(71,474)
2021	3,064,562	2,678,402	12	285,745
Total		\$6,879,358		\$668,845

Schedule SB, Line 24 - Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

- Assumption Type: Administrative expense assumption
 - Current Assumption: \$400,000 (previously, \$450,000)
 - Reason for Change: Better reflect anticipated and recent observed experience