

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>NNSS STAFF PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MISSION SUPPORT AND TEST SERVICES LLC</u></p> <p><u>PO BOX 98521 M/S NLV010</u> <u>LAS VEGAS, NV 89193-8521</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1978</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>90-1507796</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>702-295-4377</u></p> <p><b>2d</b> Business code (see instructions) <u>561600</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2025	STACEY DUFFY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name MISSION SUPPORT AND TEST SERVICES LLC <b>c</b> Plan Name NNSS STAFF PENSION PLAN	<b>4b</b> EIN 81-0705502	
	<b>4d</b> PN 022	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 333	
<b>6</b> 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). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines 6d and 6e..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 13	
	<b>6a(2)</b> 11	
	<b>6b</b> 179	
	<b>6c</b> 111	
	<b>6d</b> 301	
	<b>6e</b> 24	
	<b>6f</b> 325	
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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.

<b>A</b> Name of plan <u>NNSS STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>90-1507796</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>30826112</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>31752924</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>206</u>	<u>22736155</u>
	<b>b</b> For terminated vested participants .....	<u>117</u>	<u>6459757</u>
	<b>c</b> For active participants .....	<u>13</u>	<u>1868881</u>
	<b>d</b> Total .....	<u>336</u>	<u>31064793</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>28008</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>350000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>378008</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/03/2025</u> Date
	<u>V. JOSEPH FIORICA</u> Type or print name of actuary	<u>23-08661</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>860-678-3037</u> Telephone number (including area code)
	<u>30 WATERSIDE DRIVE SUITE 300 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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2218675
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	412258
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1806417
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.77</u> % .....	0	194551
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		547200
<b>b(1)</b>	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>5.26</u> % .....		7098
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		44400
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		598698
<b>d</b>	Portion of (c) to be added to prefunding balance .....		598698
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	2599666

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.65 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.01 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	96.61 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 58
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 378008
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	1973912		184127	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 562135
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	562135	562135	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan <b>NSS STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MISSION SUPPORT AND TEST SERVICES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>90-1507796</b>	

**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**

**46-5076716**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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 AVENUE, SUITE 4200 SEATTLE, WA 98104

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	61874	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	61000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	50617	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)

MCCONNELL & 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?
50 19 21	NONE	18776	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 1300W  
BETHESDA, MD 20814

52-6257033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17816	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 ST  
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?
29 50	NONE	8481	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"/>

(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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>NNSS STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>90-1507796</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST CO</u>		
<b>c</b> EIN-PN <u>52-6257033-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2140239</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SENIOR LOAN TRUST FUND CLASS 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA INVESTMENT TRUST CO</u>		
<b>c</b> EIN-PN <u>06-1440627-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PACIFIC ASSET MANAGEMENT BANK LOAN</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PAM BANK LOAN GP LLC</u>		
<b>c</b> EIN-PN <u>46-5076716-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1669383</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN GLOBAL EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT LCC</u>		
<b>c</b> EIN-PN <u>20-5736845-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3432752</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NNSS STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MISSION SUPPORT AND TEST SERVICES LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>90-1507796</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	16664	33713
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	155318	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	15316	1094
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	106889	131895
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	4208260	5572991
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	1669383
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	25934979	23726335
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	353

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	30437426	31135764
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	16001	13807
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	16001	13807
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	30421425	31121957

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	14390	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14390
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	703539	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		703539
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1726460	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1694869	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		31591
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		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)		1879257
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		367786
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		2996563

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1999038	
(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)		1999038
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	50617	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	27996	
(5) Investment advisory and investment management fees .....	2i(5)	92792	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	7796	
(7) Actuarial fees .....	2i(7)	61000	
(8) Legal fees .....	2i(8)	10609	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	46183	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		296993
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		2296031

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		700532
<b>l</b> 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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 549922.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>NNSS STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MISSION SUPPORT AND TEST SERVICES LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>90-1507796</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 90-1507796

**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		0
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**NNSS Staff Pension Plan**  
**Independent Auditor's Report**  
**and Financial Statements**  
December 31, 2024 and 2023

**NNSS Staff Pension Plan**  
**Table of Contents**  
December 31, 2024 and 2023

---

<b>Independent Auditor’s Report</b>	1
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
<b>Supplemental Schedules</b>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j – Schedule of Reportable Transactions	16

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



## Independent Auditor's Report

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

### ***Opinion on the 2024 Financial Statements***

We have audited the financial statements of NNSS Staff Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), 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

**NNSS Staff Pension Plan**  
**Statements of Net Assets Available for Benefits**  
December 31, 2024 and 2023

---

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments at fair value	\$ 31,100,957	\$ 30,250,128
Non-interest-bearing cash	33,713	16,664
Employer contribution receivable	-	155,318
Prepaid Expenses	1,094	15,316
Total assets	31,135,764	30,437,426
<b>Liabilities</b>		
Accounts payable and accrued expenses	13,807	16,001
Total liabilities	13,807	16,001
<b>Net Assets Available for Benefits</b>	<b>\$ 31,121,957</b>	<b>\$ 30,421,425</b>

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

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 2,293,024	\$ 2,351,876
Interest and dividends	703,539	695,859
Net investment income	2,996,563	3,047,735
Employer contributions	-	730,749
Total additions	<u>2,996,563</u>	<u>3,778,484</u>
<b>Deductions</b>		
Benefits paid to participants	1,999,038	1,992,460
Administrative expenses	296,993	446,105
Total deductions	<u>2,296,031</u>	<u>2,438,565</u>
<b>Net Increase</b>	700,532	1,339,919
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>30,421,425</u>	<u>29,081,506</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 31,121,957</u>	<u>\$ 30,421,425</u>

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

---

**Note 1: Description of the Plan**

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

***General***

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

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

***Eligibility/Participation***

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

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

***Pension Benefits***

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

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

- 10 or more years of pension credit, at least 3 years of which were accumulated after August 12, 1972; or
- 5 or more years of pension credit, at least 3 years of which were accumulated after August 12, 1972, and an hour of service on or after January 1, 1989; or
- 5 or more years of vesting service and an hour of service on or after January 1, 1989.

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

---

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

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

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

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

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

***Death and Disability Benefits***

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

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

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

***Plan Termination***

Although it has not expressed any intention to do so, the Committee has the right under the Plan to modify the benefits provided to, and contributions required of, the Plan sponsor to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in 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

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

---

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.

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

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

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

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

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

---

***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.

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.

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

---

***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 to be 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 information and agreed to or derived it from the information certified by the Trustee.

**Note 4: Fair Value Measurement**

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

*Level 1*

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

*Level 2*

Inputs to the valuation methodology include:

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

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

*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.

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

---

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.

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>
<b>Level 1:</b>		
Money Market Mutual Funds	\$ 132,248	\$ 106,889
Mutual Funds	<u>23,726,335</u>	<u>25,934,979</u>
	<u>23,858,583</u>	<u>26,041,868</u>
<b>Investments measured at NAV:</b>		
Common/Collective Trusts*	5,572,991	4,208,260
103-12 Investments*	<u>1,669,383</u>	<u>-</u>
	<u>7,242,374</u>	<u>4,208,260</u>
<b>Total investments at fair value</b>	<u>\$ 31,100,957</u>	<u>\$ 30,250,128</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.*

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

The following table presents the 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	\$ 2,140,239	\$ 2,571,604	\$ -	Quarterly	None
Voya Senior Loan Trust Fund Class I	-	1,636,656	-	Daily	None
Acadian Global Equity Fund	<u>3,432,752</u>	<u>-</u>	<u>-</u>	Daily	10 days
	5,572,991	4,208,260	-		
103-12 Investment – direct filing entity					
Aristotle Commingled Strategy	<u>1,669,383</u>	<u>-</u>	<u>-</u>	Monthly	21 days
	<u>\$ 7,242,374</u>	<u>\$ 4,208,260</u>	<u>\$ -</u>		

**Note 5: Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2024, is as follows:

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

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	\$ 20,656,304
Other vested benefits	<u>7,289,172</u>
	27,945,476
Non-vested benefits	<u>50,117</u>
<b>Actuarial present value of accumulated Plan benefits, January 1, 2024</b>	<u>\$ 27,995,593</u>

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

---

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

Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 28,108,875
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	1,756,805
Benefits accumulated and actuarial experience	122,373
Benefits paid	(1,992,460)
Net decrease	(113,282)
<b>Actuarial present value of accumulated Plan benefits, January 1, 2024</b>	<b>\$ 27,995,593</b>

For the year ended December 31, 2023, the change in expense assumption included a decrease of administrative expenses from \$400,000 to \$350,000.

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

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

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

---

**Note 8: Plan Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated May 12, 2015, that the Plan and related 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 Staff Pension Plan  
EIN 90-1507796 PN 002**

**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	\$ 130,997	\$ 131,895	
Blackrock Liq. Fds. Fund	Money Market Fund	353	353	
Dodge & Cox International Stock Fund	Mutual Funds	1,103,971	1,386,803	
American Funds Euro Pacific Growth Fund R6	Mutual Funds	1,295,670	1,377,761	
Vanguard Institutional Index Fund	Mutual Funds	5,916,910	9,870,939	
Dodge & Cox Income Fund	Mutual Funds	6,100,846	5,548,084	
Metropolitan West Total Return	Mutual Funds	6,475,003	5,542,748	
ASB Allegiance Real Estate Fund	Common/Collective Trust	2,004,771	2,140,239	
Acadian Global Equity Fund	Common/Collective Trust	3,198,062	3,432,752	
Aristotle Commingled Strategy	103-12 Investment	1,669,383	1,669,383	
Total Plan Investments		<u>\$ 27,895,966</u>	<u>\$ 31,100,957</u>	

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

**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 Staff Pension Plan.

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 63 of 74  
 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
<b>BEGINNING MARKET VALUE</b>					<b>30,250,128.59</b>		
<b>COMPARATIVE VALUE (5%)</b>					<b>1,512,506.42</b>		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
Issue: 04045F592 - Aristotle Funds Floating Rate Inc I							
03/19/2024	B	174,483.072	9.5700		- 1,669,803 *	1,669,803	
05/31/2024	S	- 176,260.997	9.5500		1,683,293 *	1,686,791	- 3,499
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
03/19/2024	B	1,669,802.960	1.0000		- 1,669,803 *	1,669,803	
03/20/2024	S	- 1,669,803.000	1.0000		1,669,803 *	1,669,803	
06/03/2024	B	1,883,292.520	1.0000		- 1,883,293 *	1,883,293	
06/03/2024	S	- 1,600,000.000	1.0000		1,600,000 *	1,600,000	
07/30/2024	B	3,200,000.000	1.0000		- 3,200,000 *	3,200,000	
07/30/2024	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
Issue: 922040100 - Vanguard Instl Index Instl#94							
07/29/2024	S	- 4,890.845	449.8200		2,200,000 *	1,143,010	1,056,990
09/30/2024	B	4,323.526	474.1500		- 2,050,000 *	2,050,000	
Issue: 95MSE1099 - Aristotle Commingled Strategy							
06/03/2024	B	1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
Issue: 95MSE3JY0 - Acadian Global Equity Fund							
08/31/2024	B	860.315	3,719.5678		- 3,200,000 *	3,200,000	
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 64 of 74  
 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	- 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
<b>GRAND TOTAL</b>				<b>0</b>	<b>27,295,798</b>	<b>25,895,412</b>	<b>1,400,385</b>

**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 - 29.320	21.1951		621	503	118
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 29.346	21.3136		625	503	122
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.024	1,653.9618		18,233	14,537	3,696
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 40.586	21.5702		875	696	179
06/03/2024	B	Issue: 95MSE1099 - Aristotle Commingled Strategy 1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.593	1,541.1214		17,866	15,287	2,579
08/31/2024	B	Issue: 95MSE3JY0 - Acadian Global Equity Fund 860.315	3,719.5678		- 3,200,000 *	3,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.408	1,421.3168		16,214	15,043	1,171
10/31/2024	S	Issue: 95MSE3JY0 - Acadian Global Equity Fund -.521	3,902.1113		2,033	1,938	95
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 65 of 74  
 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
<b>GRAND TOTAL</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

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

Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

03/19/2024	B	174,483.072	9.5700		- 1,669,803 *	1,669,803	
<b>Total For Buys</b>				<b>0</b>	<b>1,669,803</b>	<b>1,669,803</b>	<b>0</b>

03/31/2024	R	442.653	9.5700		- 4,236	4,236	
04/30/2024	R	1,335.272	9.5500		- 12,752	12,752	
05/31/2024	R	1,298.166	9.5500		- 12,397	12,397	
06/30/2024	R	8.367	9.5200		- 80	80	
07/31/2024	R	8.867	9.5200		- 84	84	
08/31/2024	R	9.361	9.4900		- 89	89	
09/30/2024	R	.803	9.4900		- 8	8	
10/31/2024	R	.067	9.4900		- 1	1	
<b>Total For Reinvestments</b>				<b>0</b>	<b>29,647</b>	<b>29,647</b>	<b>0</b>

05/31/2024	S	- 176,260.997	9.5500		1,683,293 *	1,686,791	- 3,499
08/30/2024	S	- 1,315.400	9.4900		12,483	12,562	- 78
10/30/2024	S	- 10.164	9.5000		97	96	
<b>Total For Sells</b>				<b>0</b>	<b>1,695,873</b>	<b>1,699,449</b>	<b>- 3,577</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 66 of 74  
 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
<b>Total Aristotle Funds Floating Rate Inc I</b>				<b>0</b>	<b>3,395,323</b>	<b>3,398,899</b>	<b>- 3,577</b>
Issue: 256206103 - Dodge Cox International Stock Fd I							
12/18/2024	R	613.300	49.8100		- 30,548	30,548	
<b>Total For Reinvestments</b>				<b>0</b>	<b>30,548</b>	<b>30,548</b>	<b>0</b>
05/31/2024	S	- 1,895.016	52.7700		100,000	74,845	25,155
07/29/2024	S	- 9,604.303	52.0600		500,000	379,327	120,673
08/30/2024	S	- 1,392.500	53.8600		75,000	54,997	20,003
09/30/2024	S	- 19,723.866	55.7700		1,100,000	779,004	320,996
10/31/2024	S	- 1,870.558	53.4600		100,000	73,879	26,121
12/02/2024	S	- 1,894.298	52.7900		100,000	74,816	25,184
<b>Total For Sells</b>				<b>0</b>	<b>1,975,000</b>	<b>1,436,868</b>	<b>538,132</b>
<b>Total Dodge Cox International Stock Fd I</b>				<b>0</b>	<b>2,005,548</b>	<b>1,467,416</b>	<b>538,132</b>
Issue: 298706821 - American Euro Pac Growth Fdcl R6							
06/10/2024	R	1,275.503	58.1200		- 74,132	74,132	
12/19/2024	R	1,094.380	54.0600		- 59,162	59,162	
<b>Total For Reinvestments</b>				<b>0</b>	<b>133,294</b>	<b>133,294</b>	<b>0</b>
04/30/2024	S	- 3,497.115	57.1900		200,000	175,469	24,531

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 67 of 74  
 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	84,828	15,172
07/29/2024	S	- 8,767.315	57.0300		500,000	441,534	58,466
08/30/2024	S	- 1,255.650	59.7300		75,000	63,236	11,764
09/30/2024	S	- 18,223.989	60.3600		1,100,000	917,785	182,215
12/02/2024	S	- 1,708.817	58.5200		100,000	86,058	13,942
<b>Total For Sells</b>				<b>0</b>	<b>2,075,000</b>	<b>1,768,910</b>	<b>306,090</b>
<b>Total American Euro Pac Growth Fdcl R6</b>				<b>0</b>	<b>2,208,294</b>	<b>1,902,204</b>	<b>306,090</b>

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

01/03/2024	B	979.490	1.0000		- 979	979	
01/17/2024	B	11,833.110	1.0000		- 11,833	11,833	
01/22/2024	B	200,000.000	1.0000		- 200,000	200,000	
02/01/2024	B	170,000.000	1.0000		- 170,000	170,000	
02/02/2024	B	538.340	1.0000		- 538	538	
02/21/2024	B	188.220	1.0000		- 188	188	
03/01/2024	B	180,000.000	1.0000		- 180,000	180,000	
03/04/2024	B	988.410	1.0000		- 988	988	
03/19/2024	B	1,669,802.960	1.0000		- 1,669,803 *	1,669,803	
03/27/2024	B	152,500.000	1.0000		- 152,500	152,500	
04/02/2024	B	1,462.980	1.0000		- 1,463	1,463	
04/16/2024	B	11,466.220	1.0000		- 11,466	11,466	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 68 of 74  
 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
05/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
05/02/2024	B	993.710	1.0000		- 994	994	
06/03/2024	B	1,883,292.520	1.0000		- 1,883,293 *	1,883,293	
06/04/2024	B	1,141.410	1.0000		- 1,141	1,141	
06/27/2024	B	50,290.660	1.0000		- 50,291	50,291	
07/02/2024	B	1,544.900	1.0000		- 1,545	1,545	
07/17/2024	B	11,614.240	1.0000		- 11,614	11,614	
07/30/2024	B	3,200,000.000	1.0000		- 3,200,000 *	3,200,000	
08/02/2024	B	1,675.300	1.0000		- 1,675	1,675	
09/03/2024	B	262,483.140	1.0000		- 262,483	262,483	
09/04/2024	B	793.620	1.0000		- 794	794	
09/12/2024	B	210,630.110	1.0000		- 210,630	210,630	
10/01/2024	B	150,000.000	1.0000		- 150,000	150,000	
10/02/2024	B	1,669.980	1.0000		- 1,670	1,670	
10/17/2024	B	1,542.970	1.0000		- 1,543	1,543	
10/31/2024	B	96.560	1.0000		- 97	97	
11/04/2024	B	1,768.850	1.0000		- 1,769	1,769	
12/03/2024	B	200,914.530	1.0000		- 200,915	200,915	
<b>Total For Buys</b>				<b>0</b>	<b>8,580,212</b>	<b>8,580,212</b>	<b>0</b>
01/04/2024	S	- 10,490.790	1.0000		10,491	10,491	
01/12/2024	S	- 15,250.000	1.0000		15,250	15,250	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 69 of 74  
 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
01/25/2024	S	- 163,847.340	1.0000		163,847	163,847	
02/02/2024	S	- 10,632.330	1.0000		10,632	10,632	
02/08/2024	S	- 6,000.000	1.0000		6,000	6,000	
02/22/2024	S	- 165,132.340	1.0000		165,132	165,132	
02/29/2024	S	- 12,684.640	1.0000		12,685	12,685	
03/14/2024	S	- 1,840.500	1.0000		1,841	1,841	
03/20/2024	S	- 1,669,803.000	1.0000		1,669,803 *	1,669,803	
03/26/2024	S	- 164,126.340	1.0000		164,126	164,126	
04/04/2024	S	- 5,648.270	1.0000		5,648	5,648	
04/10/2024	S	- 2,025.000	1.0000		2,025	2,025	
04/15/2024	S	- 1,179.500	1.0000		1,180	1,180	
04/24/2024	S	- 164,754.840	1.0000		164,755	164,755	
04/25/2024	S	- 3,224.170	1.0000		3,224	3,224	
04/26/2024	S	- 4,418.100	1.0000		4,418	4,418	
05/03/2024	S	- 9,977.970	1.0000		9,978	9,978	
05/10/2024	S	- 16,050.000	1.0000		16,050	16,050	
05/13/2024	S	- 5,206.000	1.0000		5,206	5,206	
05/20/2024	S	- 2,088.000	1.0000		2,088	2,088	
05/28/2024	S	- 168,474.840	1.0000		168,475	168,475	
06/03/2024	S	- 1,600,000.000	1.0000		1,600,000 *	1,600,000	
06/04/2024	S	- 604.500	1.0000		605	605	
06/06/2024	S	- 9,648.490	1.0000		9,648	9,648	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 70 of 74  
 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
06/13/2024	S	- 7,320.230	1.0000		7,320	7,320	
06/20/2024	S	- 304.000	1.0000		304	304	
07/05/2024	S	- 11,777.240	1.0000		11,777	11,777	
07/25/2024	S	- 15,257.970	1.0000		15,258	15,258	
07/26/2024	S	- 169,253.840	1.0000		169,254	169,254	
07/30/2024	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
08/09/2024	S	- 12,400.470	1.0000		12,400	12,400	
08/23/2024	S	- 169,253.840	1.0000		169,254	169,254	
09/26/2024	S	- 164,900.590	1.0000		164,901	164,901	
10/03/2024	S	- 10,013.070	1.0000		10,013	10,013	
10/10/2024	S	- 45,122.000	1.0000		45,122	45,122	
10/25/2024	S	- 157,708.340	1.0000		157,708	157,708	
10/31/2024	S	- 25,359.960	1.0000		25,360	25,360	
11/07/2024	S	- 8,118.790	1.0000		8,119	8,119	
11/21/2024	S	- 500.000	1.0000		500	500	
11/25/2024	S	- 167,362.840	1.0000		167,363	167,363	
12/05/2024	S	- 9,920.790	1.0000		9,921	9,921	
12/19/2024	S	- 1,061.420	1.0000		1,061	1,061	
12/23/2024	S	- 167,362.840	1.0000		167,363	167,363	
<b>Total For Sells</b>				<b>0</b>	<b>8,556,105</b>	<b>8,556,105</b>	<b>0</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 71 of 74  
 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
<b>Total First Am Treas Ob Fd CI Z</b>				<b>0</b>	<b>17,136,317</b>	<b>17,136,317</b>	<b>0</b>
Issue: 922040100 - Vanguard Instl Index Instl#94							
02/29/2024	B	2,610.161	421.4300		- 1,100,000	1,100,000	
09/30/2024	B	4,323.526	474.1500		- 2,050,000 *	2,050,000	
<b>Total For Buys</b>				<b>0</b>	<b>3,150,000</b>	<b>3,150,000</b>	<b>0</b>
03/25/2024	R	130.050	430.6400		- 56,005	56,005	
06/28/2024	R	75.722	449.2400		- 34,017	34,017	
09/27/2024	R	51.445	472.1100		- 24,288	24,288	
12/31/2024	R	281.582	480.9100		- 135,415	135,415	
<b>Total For Reinvestments</b>				<b>0</b>	<b>249,725</b>	<b>249,725</b>	<b>0</b>
01/19/2024	S	- 500.613	399.5100		200,000	102,908	97,092
01/31/2024	S	- 424.915	400.0800		170,000	87,347	82,653
05/31/2024	S	- 459.517	435.2400		200,000	107,037	92,963
07/29/2024	S	- 4,890.845	449.8200		2,200,000 *	1,143,010	1,056,990
10/31/2024	S	- 425.677	469.8400		200,000	121,054	78,946
<b>Total For Sells</b>				<b>0</b>	<b>2,970,000</b>	<b>1,561,356</b>	<b>1,408,644</b>
<b>Total Vanguard Instl Index Instl#94</b>				<b>0</b>	<b>6,369,725</b>	<b>4,961,081</b>	<b>1,408,644</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 72 of 74  
 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
Issue: 95MSE1099 - Aristotle Commingled Strategy							
06/03/2024	B	1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
<b>Total For Buys</b>				<b>0</b>	<b>1,600,000</b>	<b>1,600,000</b>	<b>0</b>
Issue: 95MSE3JY0 - Acadian Global Equity Fund							
08/31/2024	B	860.315	3,719.5678		- 3,200,000 *	3,200,000	
<b>Total For Buys</b>				<b>0</b>	<b>3,200,000</b>	<b>3,200,000</b>	<b>0</b>
10/31/2024	S	-.521	3,902.1113		2,033	1,938	95
<b>Total For Sells</b>				<b>0</b>	<b>2,033</b>	<b>1,938</b>	<b>95</b>
<b>Total Acadian Global Equity Fund</b>				<b>0</b>	<b>3,202,033</b>	<b>3,201,938</b>	<b>95</b>
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							
01/31/2024	S	- 29.320	21.1951		621	503	118
02/29/2024	S	- 29.346	21.3136		625	503	122
03/18/2024	S	- 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	- 40.586	21.5702		875	696	179
<b>Total For Sells</b>				<b>0</b>	<b>1,671,924</b>	<b>1,324,611</b>	<b>347,313</b>
<b>Total Voya Senior Loan Trust Fund Class 1</b>				<b>0</b>	<b>1,671,924</b>	<b>1,324,611</b>	<b>347,313</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 73 of 74  
 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
<b>GRAND TOTAL</b>				<b>0</b>	<b>37,589,164</b>	<b>34,992,466</b>	<b>2,596,697</b>

**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 - 29.320	21.1951		621	503	118
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 29.346	21.3136		625	503	122
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.024	1,653.9618		18,233	14,537	3,696
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 40.586	21.5702		875	696	179
06/03/2024	B	Issue: 95MSE1099 - Aristotle Commingled Strategy 1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.593	1,541.1214		17,866	15,287	2,579
08/31/2024	B	Issue: 95MSE3JY0 - Acadian Global Equity Fund 860.315	3,719.5678		- 3,200,000 *	3,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.408	1,421.3168		16,214	15,043	1,171
10/31/2024	S	Issue: 95MSE3JY0 - Acadian Global Equity Fund -.521	3,902.1113		2,033	1,938	95
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

00001101  
53- -12-C -66 -041-01  
1200 -99-04561-01



NNSS STAFF PENSION  
ACCOUNT 6746001300

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

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

<b>DATE</b>	<b>BOUGHT/ SOLD</b>	<b>SHARES/ PAR VALUE</b>	<b>UNIT PRICE</b>	<b>EXPENSE INCURRED</b>	<b>PRINCIPAL CASH</b>	<b>TRANSACTION COST</b>	<b>REALIZED GAIN/LOSS</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

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	—	—	—	—	—	—	—	—	—	—
40 - 44	—	—	1	1	1	—	—	—	—	—
45 - 49	—	—	—	1	2	—	—	—	—	—
50 - 54	—	—	—	—	—	—	—	—	—	—
55 - 59	—	—	—	—	2	—	1	—	—	—
60 - 64	—	—	—	1	2	—	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: \$350,000 (previously, \$400,000)
  - Reason for Change: Better reflect anticipated and recent observed experience

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

**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 Staff Pension Plan.

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 63 of 74  
 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
<b>BEGINNING MARKET VALUE</b>					<b>30,250,128.59</b>		
<b>COMPARATIVE VALUE (5%)</b>					<b>1,512,506.42</b>		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
Issue: 04045F592 - Aristotle Funds Floating Rate Inc I							
03/19/2024	B	174,483.072	9.5700		- 1,669,803 *	1,669,803	
05/31/2024	S	- 176,260.997	9.5500		1,683,293 *	1,686,791	- 3,499
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
03/19/2024	B	1,669,802.960	1.0000		- 1,669,803 *	1,669,803	
03/20/2024	S	- 1,669,803.000	1.0000		1,669,803 *	1,669,803	
06/03/2024	B	1,883,292.520	1.0000		- 1,883,293 *	1,883,293	
06/03/2024	S	- 1,600,000.000	1.0000		1,600,000 *	1,600,000	
07/30/2024	B	3,200,000.000	1.0000		- 3,200,000 *	3,200,000	
07/30/2024	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
Issue: 922040100 - Vanguard Instl Index Instl#94							
07/29/2024	S	- 4,890.845	449.8200		2,200,000 *	1,143,010	1,056,990
09/30/2024	B	4,323.526	474.1500		- 2,050,000 *	2,050,000	
Issue: 95MSE1099 - Aristotle Commingled Strategy							
06/03/2024	B	1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
Issue: 95MSE3JY0 - Acadian Global Equity Fund							
08/31/2024	B	860.315	3,719.5678		- 3,200,000 *	3,200,000	
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 64 of 74  
 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	- 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
<b>GRAND TOTAL</b>				<b>0</b>	<b>27,295,798</b>	<b>25,895,412</b>	<b>1,400,385</b>

**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 - 29.320	21.1951		621	503	118
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 29.346	21.3136		625	503	122
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.024	1,653.9618		18,233	14,537	3,696
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 40.586	21.5702		875	696	179
06/03/2024	B	Issue: 95MSE1099 - Aristotle Commingled Strategy 1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.593	1,541.1214		17,866	15,287	2,579
08/31/2024	B	Issue: 95MSE3JY0 - Acadian Global Equity Fund 860.315	3,719.5678		- 3,200,000 *	3,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.408	1,421.3168		16,214	15,043	1,171
10/31/2024	S	Issue: 95MSE3JY0 - Acadian Global Equity Fund -.521	3,902.1113		2,033	1,938	95
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 65 of 74  
 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
<b>GRAND TOTAL</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

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

Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

03/19/2024	B	174,483.072	9.5700		- 1,669,803 *	1,669,803	
<b>Total For Buys</b>				<b>0</b>	<b>1,669,803</b>	<b>1,669,803</b>	<b>0</b>

03/31/2024	R	442.653	9.5700		- 4,236	4,236	
04/30/2024	R	1,335.272	9.5500		- 12,752	12,752	
05/31/2024	R	1,298.166	9.5500		- 12,397	12,397	
06/30/2024	R	8.367	9.5200		- 80	80	
07/31/2024	R	8.867	9.5200		- 84	84	
08/31/2024	R	9.361	9.4900		- 89	89	
09/30/2024	R	.803	9.4900		- 8	8	
10/31/2024	R	.067	9.4900		- 1	1	
<b>Total For Reinvestments</b>				<b>0</b>	<b>29,647</b>	<b>29,647</b>	<b>0</b>

05/31/2024	S	- 176,260.997	9.5500		1,683,293 *	1,686,791	- 3,499
08/30/2024	S	- 1,315.400	9.4900		12,483	12,562	- 78
10/30/2024	S	- 10.164	9.5000		97	96	
<b>Total For Sells</b>				<b>0</b>	<b>1,695,873</b>	<b>1,699,449</b>	<b>- 3,577</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 66 of 74  
 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
<b>Total Aristotle Funds Floating Rate Inc I</b>				<b>0</b>	<b>3,395,323</b>	<b>3,398,899</b>	<b>- 3,577</b>
Issue: 256206103 - Dodge Cox International Stock Fd I							
12/18/2024	R	613.300	49.8100		- 30,548	30,548	
<b>Total For Reinvestments</b>				<b>0</b>	<b>30,548</b>	<b>30,548</b>	<b>0</b>
05/31/2024	S	- 1,895.016	52.7700		100,000	74,845	25,155
07/29/2024	S	- 9,604.303	52.0600		500,000	379,327	120,673
08/30/2024	S	- 1,392.500	53.8600		75,000	54,997	20,003
09/30/2024	S	- 19,723.866	55.7700		1,100,000	779,004	320,996
10/31/2024	S	- 1,870.558	53.4600		100,000	73,879	26,121
12/02/2024	S	- 1,894.298	52.7900		100,000	74,816	25,184
<b>Total For Sells</b>				<b>0</b>	<b>1,975,000</b>	<b>1,436,868</b>	<b>538,132</b>
<b>Total Dodge Cox International Stock Fd I</b>				<b>0</b>	<b>2,005,548</b>	<b>1,467,416</b>	<b>538,132</b>
Issue: 298706821 - American Euro Pac Growth Fdcl R6							
06/10/2024	R	1,275.503	58.1200		- 74,132	74,132	
12/19/2024	R	1,094.380	54.0600		- 59,162	59,162	
<b>Total For Reinvestments</b>				<b>0</b>	<b>133,294</b>	<b>133,294</b>	<b>0</b>
04/30/2024	S	- 3,497.115	57.1900		200,000	175,469	24,531

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 67 of 74  
 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	84,828	15,172
07/29/2024	S	- 8,767.315	57.0300		500,000	441,534	58,466
08/30/2024	S	- 1,255.650	59.7300		75,000	63,236	11,764
09/30/2024	S	- 18,223.989	60.3600		1,100,000	917,785	182,215
12/02/2024	S	- 1,708.817	58.5200		100,000	86,058	13,942
<b>Total For Sells</b>				<b>0</b>	<b>2,075,000</b>	<b>1,768,910</b>	<b>306,090</b>
<b>Total American Euro Pac Growth Fdcl R6</b>				<b>0</b>	<b>2,208,294</b>	<b>1,902,204</b>	<b>306,090</b>

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

01/03/2024	B	979.490	1.0000		- 979	979	
01/17/2024	B	11,833.110	1.0000		- 11,833	11,833	
01/22/2024	B	200,000.000	1.0000		- 200,000	200,000	
02/01/2024	B	170,000.000	1.0000		- 170,000	170,000	
02/02/2024	B	538.340	1.0000		- 538	538	
02/21/2024	B	188.220	1.0000		- 188	188	
03/01/2024	B	180,000.000	1.0000		- 180,000	180,000	
03/04/2024	B	988.410	1.0000		- 988	988	
03/19/2024	B	1,669,802.960	1.0000		- 1,669,803 *	1,669,803	
03/27/2024	B	152,500.000	1.0000		- 152,500	152,500	
04/02/2024	B	1,462.980	1.0000		- 1,463	1,463	
04/16/2024	B	11,466.220	1.0000		- 11,466	11,466	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 68 of 74  
 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
05/01/2024	B	200,000.000	1.0000		- 200,000	200,000	
05/02/2024	B	993.710	1.0000		- 994	994	
06/03/2024	B	1,883,292.520	1.0000		- 1,883,293 *	1,883,293	
06/04/2024	B	1,141.410	1.0000		- 1,141	1,141	
06/27/2024	B	50,290.660	1.0000		- 50,291	50,291	
07/02/2024	B	1,544.900	1.0000		- 1,545	1,545	
07/17/2024	B	11,614.240	1.0000		- 11,614	11,614	
07/30/2024	B	3,200,000.000	1.0000		- 3,200,000 *	3,200,000	
08/02/2024	B	1,675.300	1.0000		- 1,675	1,675	
09/03/2024	B	262,483.140	1.0000		- 262,483	262,483	
09/04/2024	B	793.620	1.0000		- 794	794	
09/12/2024	B	210,630.110	1.0000		- 210,630	210,630	
10/01/2024	B	150,000.000	1.0000		- 150,000	150,000	
10/02/2024	B	1,669.980	1.0000		- 1,670	1,670	
10/17/2024	B	1,542.970	1.0000		- 1,543	1,543	
10/31/2024	B	96.560	1.0000		- 97	97	
11/04/2024	B	1,768.850	1.0000		- 1,769	1,769	
12/03/2024	B	200,914.530	1.0000		- 200,915	200,915	
<b>Total For Buys</b>				<b>0</b>	<b>8,580,212</b>	<b>8,580,212</b>	<b>0</b>
01/04/2024	S	- 10,490.790	1.0000		10,491	10,491	
01/12/2024	S	- 15,250.000	1.0000		15,250	15,250	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 69 of 74  
 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
01/25/2024	S	- 163,847.340	1.0000		163,847	163,847	
02/02/2024	S	- 10,632.330	1.0000		10,632	10,632	
02/08/2024	S	- 6,000.000	1.0000		6,000	6,000	
02/22/2024	S	- 165,132.340	1.0000		165,132	165,132	
02/29/2024	S	- 12,684.640	1.0000		12,685	12,685	
03/14/2024	S	- 1,840.500	1.0000		1,841	1,841	
03/20/2024	S	- 1,669,803.000	1.0000		1,669,803 *	1,669,803	
03/26/2024	S	- 164,126.340	1.0000		164,126	164,126	
04/04/2024	S	- 5,648.270	1.0000		5,648	5,648	
04/10/2024	S	- 2,025.000	1.0000		2,025	2,025	
04/15/2024	S	- 1,179.500	1.0000		1,180	1,180	
04/24/2024	S	- 164,754.840	1.0000		164,755	164,755	
04/25/2024	S	- 3,224.170	1.0000		3,224	3,224	
04/26/2024	S	- 4,418.100	1.0000		4,418	4,418	
05/03/2024	S	- 9,977.970	1.0000		9,978	9,978	
05/10/2024	S	- 16,050.000	1.0000		16,050	16,050	
05/13/2024	S	- 5,206.000	1.0000		5,206	5,206	
05/20/2024	S	- 2,088.000	1.0000		2,088	2,088	
05/28/2024	S	- 168,474.840	1.0000		168,475	168,475	
06/03/2024	S	- 1,600,000.000	1.0000		1,600,000 *	1,600,000	
06/04/2024	S	- 604.500	1.0000		605	605	
06/06/2024	S	- 9,648.490	1.0000		9,648	9,648	

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 70 of 74  
 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
06/13/2024	S	- 7,320.230	1.0000		7,320	7,320	
06/20/2024	S	- 304.000	1.0000		304	304	
07/05/2024	S	- 11,777.240	1.0000		11,777	11,777	
07/25/2024	S	- 15,257.970	1.0000		15,258	15,258	
07/26/2024	S	- 169,253.840	1.0000		169,254	169,254	
07/30/2024	S	- 3,200,000.000	1.0000		3,200,000 *	3,200,000	
08/09/2024	S	- 12,400.470	1.0000		12,400	12,400	
08/23/2024	S	- 169,253.840	1.0000		169,254	169,254	
09/26/2024	S	- 164,900.590	1.0000		164,901	164,901	
10/03/2024	S	- 10,013.070	1.0000		10,013	10,013	
10/10/2024	S	- 45,122.000	1.0000		45,122	45,122	
10/25/2024	S	- 157,708.340	1.0000		157,708	157,708	
10/31/2024	S	- 25,359.960	1.0000		25,360	25,360	
11/07/2024	S	- 8,118.790	1.0000		8,119	8,119	
11/21/2024	S	- 500.000	1.0000		500	500	
11/25/2024	S	- 167,362.840	1.0000		167,363	167,363	
12/05/2024	S	- 9,920.790	1.0000		9,921	9,921	
12/19/2024	S	- 1,061.420	1.0000		1,061	1,061	
12/23/2024	S	- 167,362.840	1.0000		167,363	167,363	
<b>Total For Sells</b>				<b>0</b>	<b>8,556,105</b>	<b>8,556,105</b>	<b>0</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 71 of 74  
 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
<b>Total First Am Treas Ob Fd CI Z</b>				<b>0</b>	<b>17,136,317</b>	<b>17,136,317</b>	<b>0</b>
Issue: 922040100 - Vanguard Instl Index Instl#94							
02/29/2024	B	2,610.161	421.4300		- 1,100,000	1,100,000	
09/30/2024	B	4,323.526	474.1500		- 2,050,000 *	2,050,000	
<b>Total For Buys</b>				<b>0</b>	<b>3,150,000</b>	<b>3,150,000</b>	<b>0</b>
03/25/2024	R	130.050	430.6400		- 56,005	56,005	
06/28/2024	R	75.722	449.2400		- 34,017	34,017	
09/27/2024	R	51.445	472.1100		- 24,288	24,288	
12/31/2024	R	281.582	480.9100		- 135,415	135,415	
<b>Total For Reinvestments</b>				<b>0</b>	<b>249,725</b>	<b>249,725</b>	<b>0</b>
01/19/2024	S	- 500.613	399.5100		200,000	102,908	97,092
01/31/2024	S	- 424.915	400.0800		170,000	87,347	82,653
05/31/2024	S	- 459.517	435.2400		200,000	107,037	92,963
07/29/2024	S	- 4,890.845	449.8200		2,200,000 *	1,143,010	1,056,990
10/31/2024	S	- 425.677	469.8400		200,000	121,054	78,946
<b>Total For Sells</b>				<b>0</b>	<b>2,970,000</b>	<b>1,561,356</b>	<b>1,408,644</b>
<b>Total Vanguard Instl Index Instl#94</b>				<b>0</b>	<b>6,369,725</b>	<b>4,961,081</b>	<b>1,408,644</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 72 of 74  
 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
Issue: 95MSE1099 - Aristotle Commingled Strategy							
06/03/2024	B	1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
<b>Total For Buys</b>				<b>0</b>	<b>1,600,000</b>	<b>1,600,000</b>	<b>0</b>
Issue: 95MSE3JY0 - Acadian Global Equity Fund							
08/31/2024	B	860.315	3,719.5678		- 3,200,000 *	3,200,000	
<b>Total For Buys</b>				<b>0</b>	<b>3,200,000</b>	<b>3,200,000</b>	<b>0</b>
10/31/2024	S	-.521	3,902.1113		2,033	1,938	95
<b>Total For Sells</b>				<b>0</b>	<b>2,033</b>	<b>1,938</b>	<b>95</b>
<b>Total Acadian Global Equity Fund</b>				<b>0</b>	<b>3,202,033</b>	<b>3,201,938</b>	<b>95</b>
Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1							
01/31/2024	S	- 29.320	21.1951		621	503	118
02/29/2024	S	- 29.346	21.3136		625	503	122
03/18/2024	S	- 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	- 40.586	21.5702		875	696	179
<b>Total For Sells</b>				<b>0</b>	<b>1,671,924</b>	<b>1,324,611</b>	<b>347,313</b>
<b>Total Voya Senior Loan Trust Fund Class 1</b>				<b>0</b>	<b>1,671,924</b>	<b>1,324,611</b>	<b>347,313</b>

00001101  
 53- -12-C -66 -041-01  
 1200 -99-04561-01



NNSS STAFF PENSION  
 ACCOUNT 6746001300

Page 73 of 74  
 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
<b>GRAND TOTAL</b>				<b>0</b>	<b>37,589,164</b>	<b>34,992,466</b>	<b>2,596,697</b>

**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 - 29.320	21.1951		621	503	118
02/29/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 29.346	21.3136		625	503	122
03/18/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 77,110.090	21.6548		1,669,803 *	1,322,909	346,894
03/31/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.024	1,653.9618		18,233	14,537	3,696
03/31/2024	S	Issue: 98MSC4AU1 - Voya Senior Loan Trust Fund Class 1 - 40.586	21.5702		875	696	179
06/03/2024	B	Issue: 95MSE1099 - Aristotle Commingled Strategy 1,600,000.000	1.0000		- 1,600,000 *	1,600,000	
06/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.593	1,541.1214		17,866	15,287	2,579
08/31/2024	B	Issue: 95MSE3JY0 - Acadian Global Equity Fund 860.315	3,719.5678		- 3,200,000 *	3,200,000	
09/30/2024	S	Issue: 00ASBARF2 - Asb Allegiance Real Estate Fd - 11.408	1,421.3168		16,214	15,043	1,171
10/31/2024	S	Issue: 95MSE3JY0 - Acadian Global Equity Fund -.521	3,902.1113		2,033	1,938	95
<b>Total For Direct From Issuer</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

00001101  
53- -12-C -66 -041-01  
1200 -99-04561-01



NNSS STAFF PENSION  
ACCOUNT 6746001300

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

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

<b>DATE</b>	<b>BOUGHT/ SOLD</b>	<b>SHARES/ PAR VALUE</b>	<b>UNIT PRICE</b>	<b>EXPENSE INCURRED</b>	<b>PRINCIPAL CASH</b>	<b>TRANSACTION COST</b>	<b>REALIZED GAIN/LOSS</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>6,526,270</b>	<b>6,171,416</b>	<b>354,854</b>

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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.

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

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	30,826,112
	<b>b</b> Actuarial value .....	<b>2b</b>	31,752,924
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	206	22,736,155
	<b>b</b> For terminated vested participants .....	117	6,459,757
	<b>c</b> For active participants .....	13	1,868,881
	<b>d</b> Total .....	336	31,064,793
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.12%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	28,008
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	350,000
	<b>c</b> Target normal cost .....	<b>6c</b>	378,008

**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.

<b>SIGN HERE</b>	V. Joseph Fiorica <span style="float: right; font-family: cursive;">VJF</span> Signature of actuary	<u>09/03/2025</u> Date
	<u>V. Joseph Fiorica</u> Type or print name of actuary	<u>2308661</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>860-678-3037</u> Telephone number (including area code)
	<u>30 WATERSIDE DRIVE SUITE 300 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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2,218,675
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	412,258
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,806,417
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.77%</u> .....	0	194,551
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		547,200
	<b>b(1)</b> 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>5.26%</u> .....		7,098
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		44,400
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		598,698
	<b>d</b> Portion of (c) to be added to prefunding balance .....		598,698
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	2,599,666

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.65%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.01%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	96.61%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 58
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 378,008
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	1,973,912		184,127	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 562,135
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	562,135	562,135	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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 2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

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

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

# Schedule SB, Part V - Summary of Plan Provisions

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

## Plan Status

ONGOING AND CLOSED TO NEW HIRES AND REHIRES EFFECTIVE JANUARY 1, 2012 (TRANSFERS FROM IGAN ARE ALLOWED BACK INTO THE PLAN); HIGHLY COMPENSATED EMPLOYEE ACCRUALS FROZEN JANUARY 1, 2017

## Normal Retirement

- Age Requirement: 62
- Service Requirement: 5 years of Pension Credit
- Amount: 1.45% of highest average salary per year of Pension Credit. Highest average salary is defined as the average monthly salary earned during the highest 5 years of employment prior to termination (each year not to exceed the IRC Section 401(a)(17) compensation limit). There is a 30-year maximum on total Pension Credit accrual.

## Service Retirement

- Age Requirement: None
- Service Requirement: 25 years of Pension Credit or Past Service Credit
- Amount: Regular pension accrued (unreduced)

## Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years of Pension Credit, 5 years of Vesting Service, or vested status in the Bechtel Nevada Employee Retirement Plan. Participants who were vested as of October 1, 1998 in the Bechtel Nevada Employee Retirement Plan and became participants in this Plan on October 1, 1998 are also vested in this Plan.
- Amount: Regular pension accrued, reduced by 6% for each year of age less than 62

## Schedule SB, Part V - Summary of Plan Provisions

### Late Retirement

Greater of additional accruals to actual retirement date or actuarial increase of normal retirement benefit. Actuarial increase is 1% per month for each of the first 60 months past normal retirement date, and 1.5% per month for each month thereafter.

### Disability

- Age Requirement: None
- Service Requirement: 10 years of Pension Credit
- Disability Requirement: Receiving a Social Security Disability award, or deemed disabled under the medical standards set forth in 10 CFR 1046
- Amount: Regular pension accrued (unreduced)

### Vesting

- Age Requirement: None
- Service Requirement: 5 years of Pension Credit, 5 years of Vesting Service, or vested status in the Bechtel Nevada Employee Retirement Plan
- Amount: Regular pension accrued payable at age 62
- Vesting Percentage: 100% after 5 years of service

### Spouse's Pre-Retirement Death Benefits

- Age Requirement: None
- Service Requirement: Same as for vesting
- Amount: If married, 50% of benefit participant would have received had he or she retired the day before death and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.

## Schedule SB, Part V - Summary of Plan Provisions

### **Pre-Retirement Lump Sum Death Benefits (if not eligible for spouse's benefit)**

- Age Requirement: None
- Service Requirement: None
- Amount: \$1,000 multiplied by the number of years of Pension Credit, up to a maximum of \$25,000

### **Post-Retirement Death Benefits**

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 36 payments guaranteed without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.

### **Participation**

- Age Requirement: None
- Service Requirement: After completion of 3 months of service

### **Groups Covered**

All non-bargained employees of the Employer, as defined by the plan document, working at its Las Vegas, Nevada offices and related facilities.

Closed to new hires and rehires as of January 1, 2012.

### **Service**

- Pension Credit: .02 future service credits per week of covered employment after August 14, 1972, with a carry forward of weeks in excess of 50 in the calendar year to subsequent years including the year of retirement or termination. If a participant works less than 50 weeks in a calendar year, pension credit is earned at the rate of .02 Credits for each week of work. A participant who works more than 50 weeks in a calendar year can carry up to 2 weeks forward to a later year, including the year of retirement or termination.
- Past Service Credit: Counts toward vesting and service pension eligibility, but not benefit credit
- Vesting Service: One year of vesting service for each calendar year in which the participant works at least 1,000 hours.

## Schedule SB, Part V - Summary of Plan Provisions

### Benefit Accruals for Highly Compensated Employees

If the active participant headcount falls below the federally mandated Minimum Participation threshold of 50 at any point during a Plan Year, then benefit accruals for Highly Compensated Employees are frozen as of the beginning of the Plan Year in which the headcount is below 50.

This occurred during 2017, and the benefit accruals were frozen for the Highly Compensated employees.

### Forms of Benefit

- Normal Form: Life annuity with 36 months guaranteed for single participants, 100% joint and survivor for married participants
- Optional Forms: 50% joint and survivor, 75% joint and survivor, level income option
- Actuarial Equivalence: Factors are noted in the plan document for the various optional form conversions  
For small lump sums and level income options, actuarial equivalence is based on 417(e) assumptions

### Recent Plan Amendments

- Plan Amendment: Freeze Highly Compensated Employee accruals when active participant count drops below 50
  - Effective Date: January 1, 2017
  - Reflected in 2024 Actuarial Valuation: Yes

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

**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	\$ 130,997	\$ 131,895	
Blackrock Liq. Fds. Fund	Money Market Fund	353	353	
Dodge & Cox International Stock Fund	Mutual Funds	1,103,971	1,386,803	
American Funds Euro Pacific Growth Fund R6	Mutual Funds	1,295,670	1,377,761	
Vanguard Institutional Index Fund	Mutual Funds	5,916,910	9,870,939	
Dodge & Cox Income Fund	Mutual Funds	6,100,846	5,548,084	
Metropolitan West Total Return	Mutual Funds	6,475,003	5,542,748	
ASB Allegiance Real Estate Fund	Common/Collective Trust	2,004,771	2,140,239	
Acadian Global Equity Fund	Common/Collective Trust	3,198,062	3,432,752	
Aristotle Commingled Strategy	103-12 Investment	1,669,383	1,669,383	
Total Plan Investments		<u>\$ 27,895,966</u>	<u>\$ 31,100,957</u>	

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

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2024	\$956,411	\$956,411	15	\$87,014
2023	1,060,403	1,017,501	14	97,113
<b>Total</b>		<b>\$1,973,912</b>		<b>\$184,127</b>

## Schedule SB, Line 24 - Change in Actuarial Assumptions

### **Non-Prescribed Assumption Changes Since Prior Valuation**

- Assumption Type: Administrative expense assumption
  - Current Assumption: \$350,000 (previously, \$400,000)
  - Reason for Change: Better reflect anticipated and recent observed experience