

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan NTESS SAVINGS AND INCOME PLAN 1b Three-digit plan number (PN) 008 1c Effective date of plan 06/01/1993 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC P.O. BOX 5800, MAIL STOP 1302 ALBUQUERQUE, NM 87185-1302 2b Employer Identification Number (EIN) 85-0097942 2c Plan Sponsor's telephone number 505-845-6380 2d Business code (see instructions) 541700

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS COMMITTEE OF NTESS PO BOX 5800, MS 1302 ALBUQUERQUE, NM 87185-1302	3b Administrator's EIN 85-0097942 3c Administrator's telephone number 505-845-6380
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	19831
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	15926
a(2) Total number of active participants at the end of the plan year	6a(2)	15950
b Retired or separated participants receiving benefits.....	6b	406
c Other retired or separated participants entitled to future benefits	6c	3405
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	19761
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	122
f Total. Add lines 6d and 6e	6f	19883
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	19661
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	19472
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	214

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2T 3F 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

GLOBAL TRUST COMPANY

26-3761443

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

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(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)

EDELMAN FINANCIAL ENGINES, LLC

94-3250323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	2048561	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 38 64 65 99	RECORDKEEPER	584681	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	15750	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"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EDELMAN FINANCIAL ENGINES, LLC 1050 ENTERPRISE WAY, 3RD FLOOR SUNNYVALE, CA 94089	(1) .13% FIRST \$500 M, (2) .065% NEXT \$500 M NO ADD \$975,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INFLATION RESPONSIVE MULTI-ASSET FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>45-2777766-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15837295</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC EQUITY INDEX FD F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>94-3262720-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1033063872</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID CONTRAFUND POOL CL F</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-133</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815882004</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID GROWTH CO POOL CL O</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-135</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1004710321</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>20-3747528-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>357906595</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDING LOEVNER INTL EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>27-6075499-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53044018</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS US BOND INDX XIV</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-477</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>325641321</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2065 TRUST A](#)

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

c EIN-PN 99-6210126-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43047676
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2070 TRUST A](#)

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

c EIN-PN 99-6216430-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4860155
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2020 TRUST A](#)

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

c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89388604
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2025 TRUST A](#)

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

c EIN-PN 99-6175112-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	236233308
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2030 TRUST A](#)

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

c EIN-PN 99-6180036-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	280361349
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2035 TRUST A](#)

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

c EIN-PN 99-6185022-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	298983401
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2040 TRUST A](#)

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

c EIN-PN 99-6187090-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	295174298
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2045 TRUST A](#)

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

c EIN-PN 99-6192483-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	380221562
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2050 TRUST A](#)

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

c EIN-PN 99-6197455-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	346540973
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TARGET RETIREMENT 2055 TRUST A](#)

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

c EIN-PN 99-6202084-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	288672677
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 TRUST A

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

c EIN-PN 99-6206555-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	147924886
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a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INC TRUST A

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

c EIN-PN 99-6156630-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71643329
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FD

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

c EIN-PN 94-3371912-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	231827966
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS GOVT SHORT TERM INVESTMENT FD

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

c EIN-PN 04-0025081-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	822129
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIM US SM CAP CIT S

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

c EIN-PN 61-6611861-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	163298082
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSRSL SMMDCP IDX II

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

c EIN-PN 32-6528132-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	89769480
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC TOTAL RETURN L

b Name of sponsor of entity listed in (a): BLACKROCK INST TRUST COMPANY, N.A.

c EIN-PN 93-2706044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102099720
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NTESS SAVINGS AND INCOME PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA, LLC	D Employer Identification Number (EIN) 85-0097942

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	789	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6573001	7171474
(2) Participant contributions	1b(2)	8922805	9716508
(3) Other	1b(3)	1174290	1387967
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5219838	7851508
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	87173172	97022862
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	42506461	48146880
(9) Value of interest in common/collective trusts	1c(9)	5535538901	6676132892
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	361391	778573
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	450817564	400367232

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6138288212	7248575896
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	153581	226027
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	507534	1116560
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	661115	1342587
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6137627097	7247233309

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	189929776	
(B) Participants.....	2a(1)(B)	263507676	
(C) Others (including rollovers).....	2a(1)(C)	24804237	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		478241689
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	442870	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	3054921	
(F) Other.....	2b(1)(F)	11168429	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14666220
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2299202	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2299202
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	36849348	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	33566875	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3282473
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	10821163	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1073220623
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1582531370

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	468826239	
(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)		468826239
f Corrective distributions (see instructions)	2f		33681
g Certain deemed distributions of participant loans (see instructions)	2g		60725
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	584681	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3404082	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	15750	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4004513
j Total expenses. Add all expense amounts in column (b) and enter total	2j		472925158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1109606212
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

NTESS SAVINGS AND INCOME PLAN

**Financial Statements and Supplemental Schedule
As of December 31, 2024 and 2023 and
For the Year Ended December 31, 2024
With Independent Auditor's Report**



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

NTESS SAVINGS AND INCOME PLAN

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants of the
NTESS Savings and Income Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the NTESS Savings and Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

1625 K Street, NW
Washington, DC 20006
T +1 202 293 7500
F +1 202 465 3149
mitchelltitus.com



- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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 Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 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'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Mitchell Titus, LLP

June 30, 2025

NTESS SAVINGS AND INCOME PLAN
 Statements of Net Assets Available for Benefits
 As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ -	\$ 789
<i>Investments</i>		
Investments, at fair value	6,774,706,467	5,624,582,180
Investments in fully benefit-responsive investment contracts, at contract value	426,296,349	479,151,779
<i>Receivables</i>		
Participant contributions	9,716,508	8,922,805
Employer contributions	7,171,474	6,573,001
Notes receivable from participants	48,146,880	42,506,461
Due from brokers from the sale of securities	<u>630,004</u>	<u>365,284</u>
Total assets	<u>7,266,667,682</u>	<u>6,162,102,299</u>
LIABILITIES		
Due to brokers from the purchase of securities	<u>401,757</u>	<u>161,271</u>
Total liabilities	<u>401,757</u>	<u>161,271</u>
Net assets available for benefits	<u>\$ 7,266,265,925</u>	<u>\$ 6,161,941,028</u>

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

NTESS SAVINGS AND INCOME PLANStatement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Net assets available for benefits at beginning of year	<u>\$ 6,161,941,028</u>
ADDITIONS TO NET ASSETS	
<i>Contributions</i>	
Participant	288,311,913
Employer	<u>189,929,776</u>
Total contributions	<u>478,241,689</u>
<i>Investment income</i>	
Net appreciation in fair value of investments	1,082,042,944
Interest and dividends	<u>13,910,500</u>
Total investment income	<u>1,095,953,444</u>
Interest income on notes receivable from participants	<u>3,054,921</u>
Total additions	<u>1,577,250,054</u>
DEDUCTIONS FROM NET ASSETS	
Benefit payments	468,920,645
Administrative expenses	<u>4,004,512</u>
Total deductions	<u>472,925,157</u>
Net increase	<u>1,104,324,897</u>
Net assets available for benefits, at end of year	<u>\$ 7,266,265,925</u>

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

NOTE 1 DESCRIPTION OF PLAN

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

General

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

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

Contributions

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

In addition, each payroll period the Company contributes 66.667% of the sum of each participant's pretax, Roth and after-tax contribution, up to 6% of eligible earnings. The Plan allows participants aged 50 or older to make catch-up contributions.

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

Participant Accounts

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

NOTE 1 DESCRIPTION OF PLAN *(continued)*

Benefit Payments

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

Vesting

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

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$778,573 and \$361,391, respectively. These accounts will be used to reduce future employer matching contributions, enhanced contributions, and/or pay administrative expenses of the Plan. In 2024, employer contributions were reduced by \$2,816,407 from forfeited nonvested accounts.

Notes Receivable from Participants

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

Plan Termination

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

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

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

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

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

Administrative Expenses

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

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

Administrative Expenses *(continued)*

Participants may be charged for expenses associated with the administration of the Plan. These expenses generally fall into a transactional expense or general administration expense category. Transactional expenses are charged when a transaction is specifically requested or utilized and will be disclosed to the participant when beginning such a transaction (e.g., loan set-up and maintenance fees). General administrative expenses, which include recordkeeping fees, are charged to participant accounts, when not fully paid by the Company.

Subsequent Events

The Company evaluated subsequent events and transactions through June 30, 2025, the date these financial statements were available to be issued.

NOTE 3 INVESTMENTS

Investment information disclosed in the accompanying financial statements and supplemental schedule, for investments held at December 31, 2024 and 2023 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2024, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

General

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

NOTE 3 INVESTMENTS *(continued)*

General *(continued)*

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

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

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

The Plan owns the investments underlying the synthetic GICs, which consist primarily of U.S. Government securities, corporate debt obligations, and mortgage and other asset-backed securities. As of December 31, 2024 and 2023, the contract values of the wrap contracts were not material.

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

NTESS SAVINGS AND INCOME PLAN
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

NOTE 3 INVESTMENTS *(continued)*

Fair Value of Assets

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

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

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

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

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

The following table presents the fair value of the assets in the Plan by asset category and their level within the fair value hierarchy as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Equities	\$ 97,022,862	\$ 10,142.00	\$ 97,033,004
Mutual funds	778,573	-	778,573
Common/collective trusts	-	6,676,894,890	6,676,894,890
Total investment assets, at fair value	<u>\$ 97,801,435</u>	<u>\$ 6,676,905,032</u>	6,774,706,467
Due from brokers for the sale of securities, net			228,247
Fully benefit-responsive investment contracts, at contract value			<u>426,296,349</u>
Total assets, net			<u>\$ 7,201,231,063</u>

NTSS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

NOTE 3 INVESTMENTS (continued)

Fair Value of Assets (continued)

The following table presents the fair value of the assets in the Plan by asset category and their level within the fair value hierarchy as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Equities	\$ 87,173,172	\$ -	\$ 87,173,172
Mutual funds	361,391	-	361,391
Common/collective trusts	-	5,537,047,617	5,537,047,617
Total investment assets, at fair value	<u>\$ 87,534,563</u>	<u>\$ 5,537,047,617</u>	5,624,582,180
Due from brokers for the sale of securities, net			204,013
Fully benefit-responsive investment contracts, at contract value			<u>479,151,779</u>
Total assets, net			<u>\$ 6,103,937,972</u>

Valuation Techniques

There are no financial assets or liabilities categorized as Level 3 in the Plan as of December 31, 2024 or 2023.

Cash equivalents are comprised of money market funds managed to provide a stable share price of \$1.00.

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

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

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

NTESS SAVINGS AND INCOME PLAN

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

NOTE 4 PARTIES-IN-INTEREST TRANSACTIONS

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

The Plan paid \$1,724,483 in expenses to FMTC, the trustee, and FIIOC, the record-keeper, for the year ended December 31, 2024. Certain Plan investments are managed by affiliates of the Plan's trustee.

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

NOTE 5 INCOME TAX STATUS

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

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

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to federal tax examinations for years prior to 2021.

NOTE 6 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The accompanying financial statements present fully benefit-responsive investment contracts at contract value. The Form 5500 requires fully benefit-responsive investment contracts to be reported at fair value. Therefore, there is a variance between the reported total net assets available for plan benefits on the financial statements to the reported total net assets available for plan benefits on the Form 5500's Schedule H of \$19,032,616 and \$24,313,931 as of December 31, 2024 and 2023, respectively. The reported total additions to net assets available for plan benefits on the financial statements is \$5,281,315 less than on the Form 5500s Schedule H for the year ended December 31, 2024. The variance is due to the differences between fair value and contract value of the fully benefit-responsive investment contracts.

SUPPLEMENTAL SCHEDULE

NTESS SAVINGS AND INCOME PLAN

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

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units	Current Value
<i>T. Rowe Price Large Cap</i>		
ACCENTURE PLC CL A	3,751	\$ 1,319,564
ADOBE INC	550	244,574
AGCO CORP	9,859	921,619
AMEREN CORP	18,912	1,685,816
AMERICAN INTL GROUP	17,650	1,284,920
ASTRAZENECA PLC SPONS ADR	8,953	586,601
AVALONBAY COMMUNITIES INC	7,861	1,729,184
BANK OF AMERICA CORPORATI	55,562	2,441,950
BAXTER INTL INC	28,948	844,124
BECTON DICKINSON & CO	8,275	1,877,349
BIOGEN INC	1,947	297,735
BOEING CO	3,310	585,870
CANADIAN DOLLAR	14,579	10,142
CF INDU HLDGS INC	9,974	850,982
CHUBB LTD	8,836	2,441,387
CIGNA GROUP (THE)	1,743	481,312
CITIGROUP INC	21,198	1,492,127
COCA COLA CO	10,987	684,051
COLGATE-PALMOLIVE CO	10,378	943,464
COMCAST CORP CL A	26,596	998,148
CONAGRA BRANDS INC	23,588	654,567
CONOCOPHILLIPS	19,188	1,902,874
CUMMINS INC	4,503	1,569,746
CVS HEALTH CORP	18,293	821,173
DISNEY (WALT) CO	10,709	1,192,447
DOMINION ENERGY INC	8,099	436,212
ELEVANCE HEALTH INC	5,415	1,997,593
EOG RESOURCES INC	5,833	715,009
EQT CORPORATION	27,095	1,249,350
EQUITABLE HLDGS INC	32,594	1,537,459
EXXON MOBIL CORP	17,890	1,924,427
FIFTH THIRD BANCORP	15,016	634,876
FISERV INC	11,893	2,443,060
FORTIVE CORP	10,100	757,500
GE AEROSPACE	8,339	1,390,862
GE VERNOVA INC	1,376	452,608
HARTFORD INSURANCE GROUP	20,193	2,209,114
HOME DEPOT INC	2,142	833,217

NTESS SAVINGS AND INCOME PLANSchedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units	Current Value
<i>T. Rowe Price Large Cap (continued)</i>		
* HONEYWELL INTL INC	4,390	\$ 991,657
HUNTINGTON BANCSHARES INC	68,259	1,110,574
INTEL CORP	17,347	347,807
INTL PAPER CO	24,243	1,304,758
JOHNSON & JOHNSON	10,963	1,585,469
KENVUE INC	117,756	2,514,091
KIMBERLY CLARK CORP	10,678	1,399,245
L3HARRIS TECH INC	10,047	2,112,683
LAS VEGAS SANDS CORP	23,591	1,211,634
METLIFE INC	16,466	1,348,236
MICRON TECH INC	7,285	613,106
MICROSOFT CORP	2,048	863,232
NEWS CORP NEW CL A	49,127	1,352,958
NORFOLK SOUTHERN CORP	7,002	1,643,369
PHILIP MORRIS INTL INC	12,956	1,559,255
QUALCOMM INC	7,615	1,169,816
REXFORD INDU REALTY INC	21,765	841,435
ROCKWELL AUTOMATION INC	4,037	1,153,734
RPM INTL INC	4,471	550,201
SANOFI SPON ADR	14,516	700,107
SCHLUMBERGER LTD	19,296	739,809
SCHWAB CHARLES CORP	28,799	2,131,414
SEMPRA	13,035	1,143,430
SIEMENS AG SPON ADR	8,251	797,707
SOUTHERN CO	16,811	1,383,881
SOUTHWEST AIRLINES CO	19,787	665,239
STANLEY BLACK & DECKER IN	19,379	1,555,940
SUNCOR ENERGY INC	26,264	937,100
TE CONNECTIVITY PLC	7,369	1,053,546
TEXAS INSTRUMENTS INC	3,954	741,415
THERMO FISHER SCIENTIFIC	2,893	1,505,025
TOTALENERGIES SE ADR	15,178	827,201
UNION PACIFIC CORP	4,643	1,058,790
UNITED PARCEL SVCS INC CL	12,808	1,615,089
UNITEDHEALTH GROUP INC	3,678	1,860,553
US BANCORP DEL	21,644	1,035,233
VIATRIS INC	55,249	687,850
WALMART INC	15,143	1,368,170

NTESS SAVINGS AND INCOME PLANSchedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units	Current Value
<i>T. Rowe Price Large Cap (continued)</i>		
WELLS FARGO & CO	38,947	\$ 2,735,637
WESTERN DIGITAL CORP	7,268	433,391
WEYERHAEUSER CO	57,288	1,612,657
WILLIAMS COMPANIES INC	11,527	623,841
ZIMMER BIOMET HLDGS INC	16,129	1,703,706
Total investment in equities		97,033,004
* Fidelity Investments Money Market Treasury Portfolio – Class I	778,573	778,573
Total investments in mutual funds		778,573
BlackRock Equity Index Fund	32,909,553	1,033,025,755
BlackRock Inflation Responsive Multi-Asset Fund	1,209,879	15,826,388
BlackRock Russell 3000 Index Fund F	9,761,220	231,816,859
BlackRock Total Return Bond Fund L	9,685,594	102,099,720
Dimensional US Small Cap Collective Investment Fund - Class S	7,779,804	163,298,082
* Fidelity Contrafund Commingled Pool Class F	17,852,998	815,882,004
* Fidelity Growth Company Commingled Pool Class O	14,154,837	1,004,710,321
Harding Loevner International Equity Collective Investment Fund - Class AN	5,320,363	53,044,018
International Equity Index Portfolio, managed by Blackrock Institutional Trust Company, N.A.	22,112,929	357,906,595
State Street Russell Small/Mid Cap Index Securities Lending Series Fund Class II	4,874,273	89,769,480
State Street U.S. Bond Index Securities Lending Series Fund Class XIV	30,252,817	325,641,321
State Street Government Short Term Investment Fund	822,129	822,129
Vanguard Target Retirement Income Trust A	3,582,166	71,643,329
Vanguard Target Retirement 2020 Trust A	4,467,197	89,388,604
Vanguard Target Retirement 2025 Trust A	11,793,974	236,233,308
Vanguard Target Retirement 2030 Trust A	13,990,087	280,361,349
Vanguard Target Retirement 2035 Trust A	14,891,030	298,983,401
Vanguard Target Retirement 2040 Trust A	14,692,598	295,174,298
Vanguard Target Retirement 2045 Trust A	18,907,089	380,221,562
Vanguard Target Retirement 2050 Trust A	17,215,150	346,540,973
Vanguard Target Retirement 2055 Trust A	14,340,421	288,672,677

NTESS SAVINGS AND INCOME PLANSchedule H, Line 4(i)—Schedule of Assets (Held at End of Year) *(continued)*

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party and Description	Number of Shares or Units	Current Value
Vanguard Target Retirement 2060 Trust A	7,348,479	\$ 147,924,886
Vanguard Target Retirement 2065 Trust A	2,138,484	43,047,676
Vanguard Target Retirement 2070 Trust A	241,558	<u>4,860,155</u>
Total investments in common collective trust funds		<u>6,676,894,890</u>
* Interest Income Fund, synthetic guaranteed investment contracts managed by Fidelity Institutional Asset Management	426,296,349	426,296,349
* Notes receivable from participants (interest rates ranging from 3.25% to 9.00% with various maturities)		<u>48,146,880</u>
Total investments, at fair value	708,791,588	<u>\$ 7,249,149,696</u>

* *Indicates party-in-interest to the Plan.*



NTES SAVINGS AND INCOME PLAN		EIN: 85-0097942	
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)		Plan #: 008	
As of December 31, 2024			
*Party-in-Interest			
(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
*	Fidelity Contrafund Commingled Pool Class F	Common Collective Trust	815,882,004
*	Fidelity Growth Company Commingled Pool Class O	Common Collective Trust	1,004,710,321
*	Fidelity Investments Money Market	Registered Investment Company Shares	778,573
*	HONEYWELL INTL INC	Equities	991,657
*	Interest Income Fund	Synthetic Guaranteed Investment Contract	407,386,469
*	Participant Loans	Interest Rates Ranging from 3.25% to 9.0% with various maturities	48,146,880
	ACCENTURE PLC CL A	Equities	1,319,564
	ADOBE INC	Equities	244,574
	AGCO CORP	Equities	921,619
	AMEREN CORP	Equities	1,685,816
	AMERICAN INTL GROUP	Equities	1,284,920
	ASTRAZENECA PLC SPONS ADR	Equities	586,601
	AVALONBAY COMMUNITIES INC	Equities	1,729,184
	BANK OF AMERICA CORPORATI	Equities	2,441,950
	BAXTER INTL INC	Equities	844,124
	BECTON DICKINSON & CO	Equities	1,877,349
	BIOGEN INC	Equities	297,735
	BlackRock Equity Index Fund	Common Collective Trust	1,033,063,872
	BlackRock Inflation Responsive Multi-Asset Fund	Common Collective Trust	15,837,295
	BlackRock Russell 3000 Index Fund F	Common Collective Trust	231,827,966
	BlackRock Total Return Bond Fund L	Common Collective Trust	102,099,720
	BOEING CO	Equities	585,870
	CANADIAN DOLLAR	Interest Bearing Cash	10,142
	CF INDU HLDGS INC	Equities	850,982
	CHUBB LTD	Equities	2,441,387
	CIGNA GROUP (THE)	Equities	481,312
	CITIGROUP INC	Equities	1,492,127
	COCA COLA CO	Equities	684,051
	COLGATE-PALMOLIVE CO	Equities	943,464
	COMCAST CORP CL A	Equities	998,148
	CONAGRA BRANDS INC	Equities	654,567
	CONOCOPHILLIPS	Equities	1,902,874
	CUMMINS INC	Equities	1,569,746
	CVS HEALTH CORP	Equities	821,173
	Dimensional US Small Cap Collective Investment	Common Collective Trust	163,298,082
	DISNEY (WALT) CO	Equities	1,192,447
	DOMINION ENERGY INC	Equities	436,212
	ELEVANCE HEALTH INC	Equities	1,997,593
	EOG RESOURCES INC	Equities	715,009
	EQT CORPORATION	Equities	1,249,350
	EQUITABLE HLDGS INC	Equities	1,537,459
	EXXON MOBIL CORP	Equities	1,924,427
	FIFTH THIRD BANCORP	Equities	634,876
	FISERV INC	Equities	2,443,060
	FORTIVE CORP	Equities	757,500
	GE AEROSPACE	Equities	1,390,862
	GE VERNOVA INC	Equities	452,608
	Harding Loevner Int'l Equity Collective Invest Fd AN	Common Collective Trust	53,044,018
	HARTFORD INSURANCE GROUP	Equities	2,209,114
	HOME DEPOT INC	Equities	833,217
	HUNTINGTON BANCSHARES INC	Equities	1,110,574
	INTEL CORP	Equities	347,807
	International Equity Index Portfolio	Common Collective Trust	357,906,595
	INTL PAPER CO	Equities	1,304,758
	JOHNSON & JOHNSON	Equities	1,585,469
	KENVUE INC	Equities	2,514,091
	KIMBERLY CLARK CORP	Equities	1,399,245
	L3HARRIS TECH INC	Equities	2,112,683
	LAS VEGAS SANDS CORP	Equities	1,211,634
	METLIFE INC	Equities	1,348,236

NTES SAVINGS AND INCOME PLAN		EIN: 85-0097942	
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)		Plan #: 008	
As of December 31, 2024			
*Party-in-Interest			
(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
	MICRON TECH INC	Equities	613,106
	MICROSOFT CORP	Equities	863,232
	NEWS CORP NEW CL A	Equities	1,352,958
	NORFOLK SOUTHERN CORP	Equities	1,643,369
	PHILIP MORRIS INTL INC	Equities	1,559,255
	QUALCOMM INC	Equities	1,169,816
	REXFORD INDU REALTY INC	Equities	841,435
	ROCKWELL AUTOMATION INC	Equities	1,153,734
	RPM INTL INC	Equities	550,201
	SANOFI SPON ADR	Equities	700,107
	SCHLUMBERGER LTD	Equities	739,809
	SCHWAB CHARLES CORP	Equities	2,131,414
	SEMPRA	Equities	1,143,430
	SIEMENS AG SPON ADR	Equities	797,707
	SOUTHERN CO	Equities	1,383,881
	SOUTHWEST AIRLINES CO	Equities	665,239
	STANLEY BLACK & DECKER IN	Equities	1,555,940
	State Street Govt Short Term Investment Fund	Interest Bearing Cash	822,129
	State Street Russell Small/Mid Cap Index SL Series F	Common Collective Trust	89,769,480
	State Street U.S. Bond Index SL Series Fd CI XIV	Common Collective Trust	325,641,321
	SUNCOR ENERGY INC	Equities	937,100
	TE CONNECTIVITY PLC	Equities	1,053,546
	TEXAS INSTRUMENTS INC	Equities	741,415
	THERMO FISHER SCIENTIFIC	Equities	1,505,025
	TOTALENERGIES SE ADR	Equities	827,201
	UNION PACIFIC CORP	Equities	1,058,790
	UNITED PARCEL SVCS INC CL	Equities	1,615,089
	UNITEDHEALTH GROUP INC	Equities	1,860,553
	US BANCORP DEL	Equities	1,035,233
	Vanguard Target Retirement 2020 Trust A	Common Collective Trust	89,388,604
	Vanguard Target Retirement 2025 Trust A	Common Collective Trust	236,233,308
	Vanguard Target Retirement 2030 Trust A	Common Collective Trust	280,361,349
	Vanguard Target Retirement 2035 Trust A	Common Collective Trust	298,983,401
	Vanguard Target Retirement 2040 Trust A	Common Collective Trust	295,174,298
	Vanguard Target Retirement 2045 Trust A	Common Collective Trust	380,221,562
	Vanguard Target Retirement 2050 Trust A	Common Collective Trust	346,540,973
	Vanguard Target Retirement 2055 Trust A	Common Collective Trust	288,672,677
	Vanguard Target Retirement 2060 Trust A	Common Collective Trust	147,924,886
	Vanguard Target Retirement 2065 Trust A	Common Collective Trust	43,047,676
	Vanguard Target Retirement 2070 Trust A	Common Collective Trust	4,860,155
	Vanguard Target Retirement Income Trust A	Common Collective Trust	71,643,329
	VIATRIS INC	Equities	687,850
	WALMART INC	Equities	1,368,170
	WELLS FARGO & CO	Equities	2,735,637
	WESTERN DIGITAL CORP	Equities	433,391
	WEYERHAEUSER CO	Equities	1,612,657
	WILLIAMS COMPANIES INC	Equities	623,841
	ZIMMER BIOMET HLDGS INC	Equities	1,703,706
			7,230,299,947