Annual Return/Report of Employee Benefit Plan

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

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

Legend:

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

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Part I  Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:

- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:

- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:

- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II  Basic Plan Information—enter all requested information

1a Name of plan
SANDIA CORPORATION NON OCCUPATION ILLNESS/INJURY WHILE ON TRAVEL STATUS PLAN

1b Three-digit plan number (PN) 514

1c Effective date of plan 08/24/1970

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

PO BOX 5800, MAIL STOP 1302
ALBUQUERQUE, NM 87185-1302

2b Employer Identification Number (EIN) 85-0097942

2c Plan Sponsor’s telephone number 505-845-9222

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.

SIGN HERE  Filed with authorized/valid electronic signature.  10/11/2017  TIMOTHY C. KNEWITZ

Signature of plan administrator  Date  Enter name of individual signing as plan administrator

SIGN HERE  Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor

SIGN HERE  Signature of DFE  Date  Enter name of individual signing as DFE

Preparer’s name (including firm name, if applicable) and address (include room or suite number)  Preparer’s telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.
3a Plan administrator's name and address  
☐ Same as Plan Sponsor

EMPLOYEE BENEFITS COMMITTEE OF NTES
PO BOX 5800, MS 1022
ALBUQUERQUE, NM 87185-1022

3b Administrator's EIN
85-0097942

3c Administrator’s telephone number
505-284-1800

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor’s name
SANDIA CORPORATION

4b EIN
85-0097942

4c PN 
514

5 Total number of participants at the beginning of the plan year
5 11596

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).

6a(1) Total number of active participants at the beginning of the plan year
11596

6a(2) Total number of active participants at the end of the plan year
12090

6b Retired or separated participants receiving benefits

6c Other retired or separated participants entitled to future benefits

6d Subtotal. Add lines 6a(2), 6b, and 6c
12090

6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6f Total. Add lines 6d and 6e

6g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)
7

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

8b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1) Insurance
(2) Code section 412(e)(3) insurance contracts
(3) Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) Insurance
(2) Code section 412(e)(3) insurance contracts
(3) Trust
(4) ☐ General assets of the sponsor

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

10a 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

10b General Schedules

(1) ☐ H (Financial Information)
(2) ☐ I (Financial Information – Small Plan)
(3) ☐ A (Insurance Information)
(4) ☐ C (Service Provider Information)
(5) ☐ D (DFE/Participating Plan Information)
(6) ☐ G (Financial Transaction Schedules)
### Part III  Form M-1 Compliance Information (to be completed by welfare benefit plans)

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| **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 ____________________________