**Form 5500**
Department of the Treasury
Internal Revenue Service

**Department of Labor**
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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**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.

OMB Nos. 1210-0110
1210-0089

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**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. ................................................................. [ ]

D Check box if filing under:

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

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

1a Name of plan

SANDIA TERMINATION PAY PLAN

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1b Three-digit plan number (PN)  535

1c Effective date of plan  01/01/2010

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

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2b Employer Identification Number (EIN)  85-0097942

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

2d Business code (see instructions)  541700

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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.

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**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

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

Form 5500 (2016)  v. 160205
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<table>
<thead>
<tr>
<th>9a</th>
<th>Plan funding arrangement (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Insurance</td>
</tr>
<tr>
<td>(2)</td>
<td>Code section 412(e)(3) insurance contracts</td>
</tr>
<tr>
<td>(3)</td>
<td>Trust</td>
</tr>
<tr>
<td>(4)</td>
<td>General assets of the sponsor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9b</th>
<th>Plan benefit arrangement (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Insurance</td>
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</table>

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

<table>
<thead>
<tr>
<th>a Pension Schedules</th>
<th>b General Schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) R (Retirement Plan Information)</td>
<td>(1) H (Financial Information)</td>
</tr>
<tr>
<td>(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td>
<td>(2) I (Financial Information – Small Plan)</td>
</tr>
<tr>
<td>(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td>
<td>(3) A (Insurance Information)</td>
</tr>
<tr>
<td></td>
<td>(4) C (Service Provider Information)</td>
</tr>
<tr>
<td></td>
<td>(5) D (DFE/Participating Plan Information)</td>
</tr>
<tr>
<td></td>
<td>(6) G (Financial Transaction Schedules)</td>
</tr>
</tbody>
</table>
### Part III  Form M-1 Compliance Information  (to be completed by welfare benefit plans)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11a</strong></td>
<td>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.)</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes” is checked, complete lines 11b and 11c.</td>
</tr>
<tr>
<td><strong>11b</strong></td>
<td>Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>11c</strong></td>
<td>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.)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receipt Confirmation Code______________________</td>
</tr>
</tbody>
</table>
