

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: NWI NASHVILLE, LLC PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): NWI NASHVILLE, LLC
2b Employer Identification Number (EIN): 84-3253902
2c Plan Sponsor's telephone number: 229-977-8745
2d Business code (see instructions): 336410

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	209
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	182
	6a(2)	171
	6b	40
	6c	1
	6d	212
	6e	1
	6f	213
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NWI NASHVILLE, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NWI NASHVILLE, LLC</u>	D Employer Identification Number (EIN) <u>84-3253902</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>27931797</u>
	b Actuarial value	2b	<u>30724977</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>30</u>	<u>7147616</u>
	b For terminated vested participants	<u>0</u>	<u>0</u>
	c For active participants	<u>196</u>	<u>21370931</u>
	d Total	<u>226</u>	<u>28518547</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>225000</u>
	c Target normal cost	6c	<u>225000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/13/2025</u>
	<u>CHRISTOPHER D. KLUDY</u>	Date
	Type or print name of actuary	<u>23-06018</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>614-457-7000</u>
	<u>775 YARD STREET</u>	Telephone number (including area code)
	<u>SUITE 200</u>	
	<u>COLUMBUS, OH 43212</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.10</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	107.22 %
15	Adjusted funding target attainment percentage	15	107.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	225000
b Excess assets, if applicable, but not greater than line 31a	31b	225000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan NWI NASHVILLE, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NWI NASHVILLE, LLC	D Employer Identification Number (EIN) 84-3253902	

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 51 70	NONE	85862	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE PNC FINANCIAL SERVICES GROUP

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52 62 68	NONE	38104	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)

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

CLARK HILL, PLC

38-0425840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NWI NASHVILLE, LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NWI NASHVILLE, LLC	D Employer Identification Number (EIN) 84-3253902

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	38960	37475
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	320209	307096
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	357993	326327
(2) U.S. Government securities	1c(2)	5964363	4104329
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	16648292	15499471
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4680620	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	4573488

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	28010437	24848186
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	78641	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	78641	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	27931796	24848186

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-71968	
(B) U.S. Government securities.....	2b(1)(B)	221653	
(C) Corporate debt instruments.....	2b(1)(C)	941693	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1091378
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13997	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13997
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4686718	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4791423	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1312710	
(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)		
(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		-91340
d Total income. Add all income amounts in column (b) and enter total	2d		-403380

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2484648	
(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)		2484648
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18050	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	38104	
(7) Actuarial fees	2i(7)	85862	
(8) Legal fees	2i(8)	13216	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	40350	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		195582
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2680230

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3083610
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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		500000
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.)			
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 546433.

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

A Name of plan NWI NASHVILLE, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NWI NASHVILLE, LLC	D Employer Identification Number (EIN) 84-3253902	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-1146430

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	12
--	----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
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? Yes No N/A

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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




NWI Nashville, LLC Pension Plan

EIN 84-3253902 PN 001

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedule**

December 31, 2024 and 2023



**NWI Nashville, LLC Pension Plan
Contents
December 31, 2024 and 2023**

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Independent Auditor's Report

Pension Benefits Committee
NWI Nashville, LLC Pension Plan
Nashville, Tennessee

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

We have performed audits of the financial statements of NWI Nashville, LLC Pension 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, and 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 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 audit 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 certifications 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 6 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.
- 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 NWI Nashville, LLC Pension 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 NWI Nashville, LLC Pension Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 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 NWI Nashville, LLC Pension 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 NWI Nashville, LLC Pension 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 audits.

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but are 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 DOL'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).

Forvis Mazars, LLP

**Asheville, North Carolina
October 14, 2025**

Federal Employer Identification Number: 44-0160260

NWI Nashville, LLC Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value	\$ 24,503,615	\$ 27,651,268
Cash	37,475	38,960
Accrued interest receivable	<u>307,096</u>	<u>320,209</u>
Total Assets	<u>24,848,186</u>	<u>28,010,437</u>
LIABILITIES		
Pending purchase	<u>-</u>	<u>78,641</u>
Net Assets Available for Benefits	<u><u>\$ 24,848,186</u></u>	<u><u>\$ 27,931,796</u></u>

NWI Nashville, LLC Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions

Interest and dividends \$ 1,649,641

Total Additions

1,649,641

Deductions

Net depreciation in fair value of investments 2,053,023

Benefit payments 2,484,648

Administrative expenses 195,580

Total Deductions

4,733,251

Net Change

(3,083,610)

Net Assets Available for Benefits

Beginning of year 27,931,796

End of Year

\$ 24,848,186

Note 1. Description of the Plan

The following description of the NWI Nashville, LLC (the “Company”) Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan was established, effective January 1, 2020, as a defined benefit non-contributory pension plan. It was formed to receive a transfer of pension liabilities and assets for the participants, all of whom previously participated in the Vought Aircraft Industries, Inc. Hourly Retirement Plan (the “Transferor Plan”). The transfer occurred in connection with the Asset Purchase Agreement, dated October 10, 2019, by and among the Company, SPEF Nashville, LLC, Utica Realty Nashville, LLC, Triumph Aerostructures, LLC and NWI Holdco LLC. As a result, \$54,954,000 of Plan assets and liabilities were transferred in 2020.

The Plan is intended to replicate the benefits that participants had under the Transferor Plan. As of October 10, 2019, the benefits of most participants under the Transferor Plan were “frozen,” and the service and pay of such participants under the Plan will not affect the amount of their Plan benefits. However, the benefits of a salary participant (“AS”) who had 16 or more years of vesting service as of December 31, 2007, but less than 30 years of vesting service as of October 10, 2019 will continue to accrue under the Plan until the AS participant has 30 years of vesting service, and the benefits of a hourly participant (“AH”) who had 16 or more years of seniority as of June 30, 2009, but less than 30 years of credited service as of December 31, 2016 and as of October 10, 2019 will continue to accrue benefits under the Plan until the AH participant has 30 years of credited service.

The Pension Benefits Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. PNC Bank, National Association serves as the trustee (“Trustee”) and manages the Plan’s investments. The Plan is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility And Pension Benefits

For hourly employees, participants generally were eligible for benefits under the AH provisions of the Plan if their Plan benefit is attributable to hourly-paid employment under the Transferor Plan and they were represented by Aero Lodge No. 735, International Association of Machinists and Aerospace Workers (IAM). Benefits for hourly participants generally are based on years of credited service earned through the date that employment ends or, if earlier, the date the participant’s benefit under the Transferor Plan became frozen (“benefit freeze date”). Service that counted under the Transferor Plan is generally included in determining benefits under the Plan. Credited service is used to determine the amount of AH provisions benefits. Participants receive one year of credited service for each calendar year in which they accumulate more than 1,520 hours of service with the Company and any predecessor company. For any calendar year in which a participant accumulated 1,520 or fewer hours of service, they will be credited with a fraction of a year of credited service.

For salary employees, participants generally were eligible to participate in the Transferor Plan’s AS provisions when they completed 12 consecutive months of employment during any calendar year beginning on or after the first completed hour of service and were paid on a salaried or commissioned basis working in Nashville, Tennessee. For salary participants, credited service generally is the years and completed months of service earned under the Plan or the Transferor Plan. However, participants will not earn any credited service (a) during the period a participant is receiving severance pay following the date of termination or (b) after the “benefit freeze date.”

**NWI Nashville, LLC Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Benefit Payments

Monthly retirement benefits are computed based on several factors including, but not limited to, retirement date, age at date of retirement, years of credited service, and a benefit amount (all defined in the plan document).

Benefit payments usually begin when the employee retires. Generally, participants can retire and begin receiving a benefit normal retirement, early retirement, delayed retirement or disability retirement. If the employee is not married when they choose to retire, their benefit can be paid as a life single life annuity or lump sum, but no benefits will be paid to their beneficiary after their death. If the employee is married when their benefit payments begin, their benefit will automatically be paid a joint and one-half survivor annuity with their spouse as their beneficiary. Participants may also choose from some option payment methods under the Plan that include joint and 75% for hourly participants, joint and 75%, joint and 100% survivor, 20- Year Certain Annuity and lump sum for salary participants. If pension benefits are paid out as a lump sum, no survivor benefits will be paid to their beneficiary after their death. If the value of their plan is \$1,000 or less, the employee will automatically receive their benefit in a single lump sum payment rather than receiving a monthly benefit. If the employee dies before benefit payments begin and they are married, their spouse will be entitled to a death benefit.

Note 2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, trustee and insurance company. See Note 5 for discussion of fair value measurements.

Purchase and sale of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan’s administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company’s funding policy is to make cash contributions to the Plan in the amount as determined by the Plan’s independent actuary. The Company met the minimum funding requirements of ERISA for the year ended December 31, 2024.

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan’s provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employee’s average monthly compensation for the highest five years out of the last ten years of service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

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

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 (valuation dates) were:

Actuarial value of assets	The average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
Discount rate	5.56% for 2025 and 5.03% for 2024

**NWI Nashville, LLC Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Expected return on investments	5.56% for 2025 and 5.03% for 2024
Mortality rate	The mortality assumption used the Pri-2012 tables with a base year of 2012 with Blue Collar adjustments for hourly employees and no collar adjustments for salaried employees, with separate rates for annuitants and non-annuitants (based on Employees table) and separate rates for retirees and contingent annuitants (both before and after the retiree's death) projected forward using Scale MP-2021 with generational projection for both years.
Benefit commencement date	Preretirement death benefit – Death of a vested participant prior to commencement of benefits Deferred vested benefit – Upon age 62 Retirement benefit – Upon termination of employment

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024.

The actuarial present value of accumulated plan benefits was as follows as of January 1:

	<u>2025</u>	<u>2024</u>
Vested benefits		
Active employees	\$ 15,882,116	\$ 21,540,278
Participants receiving benefits	<u>9,827,794</u>	<u>6,928,365</u>
	25,709,910	28,468,643
Non-vested accumulated benefits	<u>231,982</u>	<u>295,246</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 25,941,892</u>	<u>\$ 28,763,889</u>

The actuarial present value of accumulated plan benefits increased as follows as of January 1, 2025:

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 28,763,889</u>
Increase (decrease) attributable to	
Actuarial (gains)/losses	24,939
Decrease in the discount period	1,384,335
Actual benefits paid	(2,484,648)
Assumption changes	<u>(1,746,623)</u>
	<u>(2,821,997)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 25,941,892</u>

Note 5. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liabilities has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds and Money Market Funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Corporate Bonds and Government and Agency Securities

These investments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar investments, they are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Mortgage-Backed Securities

These investments are public investment vehicles valued using matrix pricing with standard inputs, including vendor trading platform data.

**NWI Nashville, LLC Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	December 31, 2024			
	Fair Value Measurements Using			
Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual funds	\$ 787,138	\$ 787,138	\$ -	\$ -
Corporate bonds	15,242,835	-	15,242,835	-
Government and agency securities	7,890,677	-	7,890,677	-
Money market funds	326,329	326,329	-	-
Mortgage-backed securities	256,636	-	256,636	-
Total investments	\$ 24,503,615	\$ 1,113,467	\$ 23,390,148	\$ -

	December 31, 2023			
	Fair Value Measurements Using			
Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual funds	\$ 676,721	\$ 676,721	\$ -	\$ -
Corporate bonds	16,372,392	-	16,372,392	-
Government and agency securities	9,968,263	-	9,968,263	-
Money market funds	357,992	357,992	-	-
Mortgage-backed securities	275,900	-	275,900	-
Total investments	\$ 27,651,268	\$ 1,034,713	\$ 26,616,555	\$ -

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2024 and 2023 and for the year then ended December 31, 2024 that was obtained from data prepared and certified to be complete and accurate by the Plan's Trustee:

	2024	2023
Investments	\$ 24,503,615	\$ 27,651,268
Cash	\$ 37,475	\$ 38,960
Accrued interest receivable	\$ 307,096	\$ 320,209
Net depreciation in fair value of investments	\$ (2,053,023)	
Interest and dividends	\$ 1,649,641	

Note 7. Exempt Parties-in-Interest Transactions

Certain plan investments are managed by PNC Bank, National Association. ("PNC"). PNC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on each fund.

Note 8. Tax Status

The IRS has determined and informed the Company by a letter dated October 10, 2023, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes the Plan and trust are operating in a manner that does not jeopardize this tax status.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various 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, and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and any applicable collective bargaining agreements.

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

**NWI Nashville, LLC Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 11. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

NWI Nashville, LLC Pension Plan

EIN 84-3253902 PN 001

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

December 31, 2024

(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) Cost	(e) Current Value
	Mutual Funds			
	VANGUARD	FTSE ALL WORLD EX- US	\$ 151,484	\$ 203,461
	VANGUARD	TOTAL STOCK MARKET	285,152	583,677
			<u>436,636</u>	<u>787,138</u>
	Corporate Bonds			
	3M COMPANY	04.000% DUE 09/14/2048	175,186	117,953
	ABBOTT LABORATORIES	04.900% DUE 11/30/2046	265,179	186,686
	ABBOTT LABORATORIES	04.750% DUE 10/15/2043	100,591	75,513
	ABBVIE INC	04.500% DUE 05/14/2035	338,195	280,944
	ALLSTATE CORP	05.550% DUE 05/09/2035	240,517	192,385
	AMAZON. COM INC	04.250% DUE 08/22/2057	471,489	286,612
	AMERICA MOVIL SA DE CV	06.375% DUE 03/01/2035	266,729	221,466
	AMERICAN INTL GROUP	04.250% DUE 03/15/2029	199,024	197,516
	AMGEN INC	03.375% DUE 02/21/2050	183,942	123,003
	ANHEUSER-BUSCH INBEV	03.500% DUE 06/01/2030	91,379	93,755
	APPLE INC	03.850% DUE 05/04/2043	344,414	248,502
	APPLIED MATERIALS INC	04.350% DUE 04/01/2047	203,810	135,520
	ASTRAZENECA PLC	04.000% DUE 09/18/2042	160,141	115,804
	AT&T INC	04.850% DUE 03/01/2039	227,499	185,126
	ATMOS ENERGY CORP	03.375% DUE 09/15/2049	122,131	82,405
	BANK OF AMERICA CORP	05.000% DUE 01/21/2044	316,793	242,783
	BHP BILLITON FIN USA LTD	05.000% DUE 09/30/2043	191,808	140,141
	BP CAP MARKETS AMERICA	03.000% DUE 02/24/2050	123,571	89,005
	BRISTOL- MYERS SQUIBB CO	04.500% DUE 03/01/2044	150,069	103,842
	BURLINGTN NORTH SANTA FE	03.550% DUE 02/15/2050	305,487	202,322
	CANADIAN NATL RAILWAY SEDOL	05.850% DUE 11/01/2033	59,861	62,881
	CANADIAN PACIFIC RAILWAY SEDOL	03.500% DUE 05/01/2050	203,376	145,429
	CIGNA CORP	02.400% DUE 03/15/2030	176,766	152,273
	CSX CORP	05.500% DUE 04/15/2041	202,601	169,009
	CVS HEALTH CORP	03.250% DUE 08/15/2029	207,177	182,080
	CATERPILLAR INC	03.803% DUE 08/15/2042	111,025	81,240
	CATERPILLAR INC	04.750% DUE 05/16/2064	166,753	120,422
	CHEVRON CORP	02.978% DUE 05/11/2040	95,000	70,401
	CHUBB CORP	06.500% DUE 05/15/2038	248,655	198,549
	CISCO SYSTEMS INC	05.500% DUE 01/15/2040	321,772	241,958
	CITIGROUP INC	06.000% DUE 10/31/2033	284,451	257,268
	COMCAST CORP	04.049% DUE 11/01/2052	404,105	303,610
	COMCAST CORP	02.450% DUE 08/15/2052	320,579	190,099
	CON EDISON CO OF NY INC	03.700% DUE 11/15/2059	306,993	216,101
	DTE ELECTRIC CO	02.950% DUE 03/01/2050	96,462	64,958
	DEERE & COMPANY	03.900% DUE 06/09/2042	114,010	83,522
	WALT DISNEY COMPANY/ THE	03.700% DUE 12/01/2042	10,932	7,840
	WALT DISNEY COMPANY/ THE	04.125% DUE 06/01/2044	114,503	82,221
	WALT DISNEY COMPANY/ THE	02.750% DUE 09/01/2049	334,121	212,044
	DUKE ENERGY CAROLINAS	03.200% DUE 08/15/2049	316,451	206,565
	EMERSON ELECTRIC CO	02.750% DUE 10/15/2050	249,695	155,468
	ENTERGY TEXAS INC	03.550% DUE 09/30/2049	81,702	56,255
	ENTERPRISE PRODS OPER	06.875% DUE 03/01/2033	236,603	231,044
	EXELON GENERATION CO LLC	06.250% DUE 10/01/2039	131,307	135,589

See Independent Auditor's Report

NWI Nashville, LLC Pension Plan
EIN 84-3253902 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(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) Cost	(e) Current Value
	GOLDMAN SACHS CAPITAL I	06.345% DUE 02/15/2034	\$ 365,683	\$ 334,099
	HSBC HLDGS PLC SUB NT	06.500% DUE 09/15/2037	243,452	204,010
	HOME DEPOT INC	04.400% DUE 03/15/2045	186,180	136,654
	HONEYWELL INTERNATIONAL	03.812% DUE 11/21/2047	199,126	137,896
	HUMANA INC	04.500% DUE 04/01/2026	186,768	188,784
	ILLINOIS TOOL WORKS INC	03.900% DUE 09/01/2042	112,918	81,694
	ING US INC	05.700% DUE 07/15/2043	116,704	95,475
	IBM CORP	04.150% DUE 05/15/2039	340,140	258,096
	JPMORGAN CHASE & CO	04.850% DUE 02/01/2044	283,981	211,671
	JPMORGAN CHASE & CO	VAR% DUE 02/22/2048	175,628	124,196
	JOHNSON & JOHNSON	04.850% DUE 05/15/2041	323,810	241,143
	KFW	ZERO CPN DUE 04/18/2036	392,152	287,194
	KFW	ZERO CPN DUE 06/29/2037	498,783	347,193
	LOCKHEED MARTIN CORP	04.090% DUE 09/15/2052	353,310	229,390
	LOWES COMPANIES INC	04.650% DUE 04/15/2042	130,263	104,969
	MASS INSTITUTE OF TECH	04.678% DUE 07/01/2114	203,448	117,953
	MEDTRONIC INC	04.375% DUE 03/15/2035	222,186	178,326
	MERCK & CO INC	04.150% DUE 05/18/2043	121,787	83,738
	MICROSOFT CORP	02.675% DUE 06/01/2060	333,765	167,376
	MICROSOFT CORP	03.041% DUE 03/17/2062	444,852	256,523
	MORGAN STANLEY	04.300% DUE 01/27/2045	415,378	296,741
	NBCUNIVERSAL MEDIA LLC	04.450% DUE 01/15/2043	177,635	130,312
	NOVARTIS CAPITAL CORP	04.400% DUE 05/06/2044	119,871	87,736
	ORACLE CORP	03.900% DUE 05/15/2035	372,320	306,656
	PPL ELECTRIC UTILITIES	03.000% DUE 10/01/2049	100,049	65,624
	PACIFICORP	02.700% DUE 09/15/2030	41,176	35,335
	PEPSICO INC	04.450% DUE 04/14/2046	292,452	198,771
	PFIZER INC	04.400% DUE 05/15/2044	258,096	172,932
	PHILIP MORRIS INTL INC	04.125% DUE 03/04/2043	158,680	121,815
	PHILLIPS 66	04.650% DUE 11/15/2034	95,053	93,225
	PRINCIPAL FINANCIAL GROU	04.300% DUE 11/15/2046	169,455	131,701
	PRUDENTIAL FINANCIAL INC	06.625% DUE 12/01/2037	232,986	197,683
	RAYTHEON COMPANY	04.200% DUE 12/15/2044	135,969	95,784
	RIO TINTO FIN USA PLC	04.125% DUE 08/21/2042	151,539	108,763
	ROGERS COMMUNICATIONS IN	03.625% DUE 12/15/2025	304,804	296,544
	SHELL INTERNATIONAL FIN	04.125% DUE 05/11/2035	373,242	311,668
	SUMITOMO MITSUI FINL GRP SEDOL	05.464% DUE 01/13/2026	199,506	201,536
	TARGET CORP	04.000% DUE 07/01/2042	118,152	83,599
	TEXAS INSTRUMENTS INC	04.150% DUE 05/15/2048	232,624	154,366
	TORONTO-DOMINION BANK	04.000% DUE 09/14/2048	233,028	236,885
	TOTAL CAPITAL INTL SA	03.127% DUE 05/29/2050	250,000	163,778
	TRUIST FINANCIAL CORP	01.950% DUE 06/05/2030	64,812	55,487
	UNION PACIFIC CORP	04.375% DUE 11/15/2065	220,678	150,770
	UNITEDHEALTH GROUP INC	03.500% DUE 08/15/2039	233,152	173,994
	VISA INC	04.300% DUE 12/14/2045	402,744	282,450
	WAL MART STORES	05.250% DUE 09/01/2035	179,454	144,197
	WELLS FARGO & COMPANY	03.900% DUE 05/01/2045	294,731	209,994
			20,335,376	15,242,835

NWI Nashville, LLC Pension Plan
EIN 84-3253902 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(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) Cost	(e) Current Value
	Government and Agency Securities			
	AMERICAN MUN PWR OHIO INC	07.834% DUE 02/15/2041	\$ 277,256	\$ 235,856
	ASIAN DEV BK SEDOL	06.375% DUE 10/01/2028	480,490	422,924
	BAY AREA CA TOLL AUTH TOLL BRI	07.043% DUE 04/01/2050	313,549	229,246
	CALIFORNIA ST	07.500% DUE 04/01/2034	396,576	330,849
	CALIFORNIA ST	07.550% DUE 04/01/2039	265,478	212,765
	CENTRL TX REGL MOBILITY AUTH R	03.167% DUE 01/01/2041	200,000	154,110
	CHICAGO IL OHARE INTERNA	04.472% DUE 01/01/2049	209,395	170,892
	CHICAGO IL WTR REVENUE	06.742% DUE 11/01/2040	197,904	171,466
	EUROPEAN INVESTMENT BANK	04.875% DUE 02/15/2036	506,768	372,712
	FEDERAL HOME LOAN BANK	03.000% DUE 06/09/2028	127,881	115,019
	FEDERAL NATL MTG ASSN	05.625% DUE 07/15/2037	758,954	556,733
	INDIANA ST MUNI PWR AGY	05.594% DUE 01/01/2042	253,169	197,546
	MET GOVT NASHVILLE	03.235% DUE 04/01/2052	170,000	111,195
	NEW YORK CITY NY MUNI WTR FIN	05.750% DUE 06/15/2041	133,590	98,822
	NEW YORK ST THRUWAY AUTH	02.900% DUE 01/01/2035	229,834	196,372
	OHIO ST UNIV GEN RCPTS	04.910% DUE 06/01/2040	109,427	84,203
	REPUBLIC OF PHILIPPINES	03.700% DUE 02/02/2042	224,491	157,068
	PORT AUTH OF NEW YORK & NEW JE	04.458% DUE 10/01/2062	248,064	176,398
	PORT AUTH OF NEW YORK & NE	04.031% DUE 09/01/2048	57,123	40,505
	UNIV OF CALIFORNIA CA RGTS MED	03.256% DUE 05/15/2060	309,021	193,455
	USA TREASURY NOTES	01.375% DUE 08/15/2050	76,980	73,143
	USA TREASURY NOTES	03.000% DUE 08/15/2052	107,416	89,684
	USA TREASURY NOTES	03.625% DUE 05/15/2053	165,932	146,322
	USA TREASURY NOTES	03.875% DUE 02/15/2043	189,928	172,054
	USA TREASURY NOTES	03.875% DUE 05/15/2043	92,354	83,610
	USA TREASURY NOTES	04.125% DUE 08/15/2053	75,706	71,251
	USA TREASURY NOTES	04.250% DUE 11/15/2034	88,773	87,655
	USA TREASURY NOTES	04.500% DUE 02/15/2044	86,640	85,902
	USA TREASURY NOTES	04.625% DUE 05/15/2044	41,170	38,778
	USA TREASURY NOTES	04.750% DUE 11/15/2053	78,486	69,250
	TENN VALLEY AUTHORITY	04.700% DUE 07/15/2033	301,958	240,358
	TENN VALLEY AUTHORITY	04.650% DUE 06/15/2035	314,525	246,393
	TENNESSEE VALLEY AUTHORITY	04.625% DUE 09/15/2060	652,179	358,512
	REPUBLIC OF CHILE	02.550% DUE 01/27/2032	440,914	376,470
	INTER- AMERICAN DEVEL BK	03.200% DUE 08/07/2042	429,281	274,414
	INTL BK RECON & DEVELOP	04.750% DUE 02/15/2035	803,780	599,616
	ISRAEL ST	05.500% DUE 09/18/2033	207,258	162,031
	UNITED MEXICAN STATES	03.250% DUE 04/16/2030	512,516	487,098
			10,134,766	7,890,677
	Mortgage-Backed Securities			
	NEW YORK ST URBAN DEV CORP REV	05.770% DUE 03/15/2039	105,147	90,888
	UNITED AIR 2018-1 AA PTT	03.500% DUE 09/01/2031	153,860	165,748
			259,007	256,636

NWI Nashville, LLC Pension Plan
 EIN 84-3253902 PN 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2024

(Continued)

(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) Cost	(e) Current Value
	Money Market Funds			
	FEDERATED HERMES GOVERNMENT	Bank deposit	\$ 143,509	\$ 143,509
	FEDERATED HERMES GOVERNMENT	Bank deposit	182,817	182,820
			<u>326,326</u>	<u>326,329</u>
			<u>\$ 31,492,111</u>	<u>\$ 24,503,615</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	4	0	0	0	0	0	0	0	0	4
40-44	0	8	1	0	0	0	0	0	0	0	9
45-49	0	8	3	8	0	0	0	0	0	0	19
50-54	0	13	7	11	0	0	0	0	0	0	31
55-59	1	10	9	15	0	0	0	2	0	0	37
60-64	1	11	5	12	2	1	0	16	9	0	57
65-69	0	3	3	3	0	0	0	11	12	0	32
70 & over	1	1	0	0	0	0	0	1	2	2	7
Total	3	58	28	49	2	1	0	30	23	2	196

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: NWI Nashville, LLC Pension Plan
 EIN / PN: 84-3253902/001
 Plan Sponsor: NWI Nashville, LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

Annual rates of increase

- Compensation: 3.50%
- Future Social Security wage bases 3.25%
- Weighted average N/A
- Statutory limits on compensation N/A

Plan-related expenses \$225,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Plan Name: NWI Nashville, LLC Pension Plan
EIN / PN: 84-3253902/001
Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- **Disabled** Same as healthy mortality.

Termination Rates varying by age. Representative rates are below.

Percentage leaving during the year

Attained Age	Percentage
20	10.7%
25	16.2%
30	10.5%
35	6.4%
40	4.5%
45	4.0%
50	2.7%
55	4.9%
60	9.2%
65	0.0%

Plan Name: NWI Nashville, LLC Pension Plan
EIN / PN: 84-3253902/001
Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age.

Percentage retiring during the year	
Age	Percentage
55	15.00%
56	12.50%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	15.00%
64	15.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	30.00%
70	100.00%

Disability

None assumed.

Benefit commencement date:

- Preretirement death benefit Death of a vested participant prior to commencement of benefits
- Deferred vested benefit Upon age 62
- Retirement benefit Upon termination of employment

Form of payment

- 10% of participants are assumed to elect the 100% joint and survivor annuity, if eligible; if not eligible, assumed to elect 75% joint and survivor annuity
- 10% of participants are assumed to elect the 50% joint and survivor annuity
- 15% of participants are assumed to elect the single life annuity
- 65% of participants are assumed to elect the lump sum

Plan Name: NWI Nashville, LLC Pension Plan
EIN / PN: 84-3253902/001
Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Percent married	75% of participants are assumed to be married
Spouse age	Wife three years younger than husband for hourly and salary
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: NWI Nashville, LLC Pension Plan
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Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions were valued as described. Willis Towers Watson is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan administrator furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or inconsistent data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name: NWI Nashville, LLC Pension Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.

Retirement Assumed retirement rates differ by age because of observed and expected differences in retirement rates by age.

Percent married The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Benefit commencement date for deferred benefits:

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

Plan Name: NWI Nashville, LLC Pension Plan
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Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Deferred vested benefit

Deferred vested and laid off participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The estimate of plan-related expenses was increased from \$183,105 to \$225,000 to reflect anticipated plan experience.

Change in methods since prior valuation

None.

Plan Name: NWI Nashville, LLC Pension Plan
EIN / PN: 84-3253902/001
Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NWI Nashville, LLC Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NWI Nashville, LLC	D Employer Identification Number (EIN) 84-3253902	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	27,931,797	
b Actuarial value	2b	30,724,977	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	30	7,147,616	7,147,616
b For terminated vested participants	0	0	0
c For active participants	196	21,370,931	21,507,027
d Total	226	28,518,547	28,654,643
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	225,000	
c Target normal cost	6c	225,000	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	CHRISTOPHER D. KLUDY <i>CDK</i> Signature of actuary	October 13, 2025 Date
	CHRISTOPHER D. KLUDY Type or print name of actuary	2306018 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	614-457-7000 Telephone number (including area code)
	775 Yard Street Suite 200 Columbus OH 43212 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.10%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	107.22%
15	Adjusted funding target attainment percentage	15	107.22%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 225,000
b Excess assets, if applicable, but not greater than line 31a				31b 225,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	NWI Nashville, LLC
EIN/PN	84-3253902/001
Plan Name	NWI Nashville, LLC Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Christopher D. Kludy
Enrollment Number	23-06018

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	15.00%	1,000	1.000000	0.150000	8.250000
56	12.50%	850	0.850000	0.106250	5.950000
57	12.50%	744	0.743750	0.092969	5.299219
58	12.50%	651	0.650781	0.081348	4.718164
59	12.50%	569	0.569434	0.071179	4.199573
60	12.50%	498	0.498254	0.062282	3.736908
61	12.50%	436	0.435973	0.054497	3.324291
62	12.50%	381	0.381476	0.047685	2.956439
63	15.00%	334	0.333792	0.050069	3.154330
64	15.00%	284	0.283723	0.042558	2.723739
65	20.00%	241	0.241164	0.048233	3.135137
66	20.00%	193	0.192931	0.038586	2.546696
67	20.00%	154	0.154345	0.030869	2.068226
68	20.00%	123	0.123476	0.024695	1.679276
69	30.00%	99	0.098781	0.029634	2.044765
70	100.00%	69	0.069147	0.069147	4.840265
Average age at retirement					60.627027
Rounded for Schedule SB item 22					61

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
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Annual rates of increase

- Compensation: 3.50%
- Future Social Security wage bases 3.25%
- Weighted average N/A
- Statutory limits on compensation N/A

Plan-related expenses \$225,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

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Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- **Disabled** Same as healthy mortality.

Termination Rates varying by age. Representative rates are below.

Percentage leaving during the year

Attained Age	Percentage
20	10.7%
25	16.2%
30	10.5%
35	6.4%
40	4.5%
45	4.0%
50	2.7%
55	4.9%
60	9.2%
65	0.0%

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Retirement

Rates varying by age.

Percentage retiring during the year	
Age	Percentage
55	15.00%
56	12.50%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	15.00%
64	15.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	30.00%
70	100.00%

Disability

None assumed.

Benefit commencement date:

- Preretirement death benefit Death of a vested participant prior to commencement of benefits
- Deferred vested benefit Upon age 62
- Retirement benefit Upon termination of employment

Form of payment

- 10% of participants are assumed to elect the 100% joint and survivor annuity, if eligible; if not eligible, assumed to elect 75% joint and survivor annuity
- 10% of participants are assumed to elect the 50% joint and survivor annuity
- 15% of participants are assumed to elect the single life annuity
- 65% of participants are assumed to elect the lump sum

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Percent married	75% of participants are assumed to be married
Spouse age	Wife three years younger than husband for hourly and salary
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

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Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions were valued as described. Willis Towers Watson is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan administrator furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or inconsistent data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

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Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.

Retirement

Assumed retirement rates differ by age because of observed and expected differences in retirement rates by age.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Benefit commencement date for deferred benefits:

- Preretirement death benefit

Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

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- Deferred vested benefit

Deferred vested and laid off participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The estimate of plan-related expenses was increased from \$183,105 to \$225,000 to reflect anticipated plan experience.

Change in methods since prior valuation

None.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2024:

The estimate of plan-related expenses was increased from \$183,105 to \$225,000 to reflect anticipated plan experience.

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Schedule SB, Part V Summary of Plan Provisions

Aero Salaried

The Plan became sponsored by NWI Nashville, LLC effective January 1, 2020 in connection with the acquisition of Triumph Aerostructures. This plan is a continuation of the legacy Triumph Aerostructures Vought Aircraft Division Pension Plan sponsored by Triumph.

Participation

Participants named in the plan document upon its initial adoption are covered under the plan. No new participants will be admitted to the plan. The Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Definitions

Vesting Service means the period or periods, in years and completed months, of full-time, continuous employment with the Company or predecessor employer taken into account under the Plan.

Credited Service means the period or periods, in years and completed months, of employment as a Covered Employee. Credited Service includes credited service under the Aerostructures Heritage Pension Plan for Hourly-Rated Employees (Hourly Plan) earned prior to becoming a Covered Employee. Effective December 31, 2007, Credited Service is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Compensation means amounts paid to an employee as wages, as defined for income tax withholding purposes, plus amounts deferred under IRC Sections 401(k), 125, and 132(f), but excluding reimbursements or other expense allowances, fringe benefits (except 132(f) benefits), moving expenses, deferred compensation (except 401(k) and 125 deferrals), welfare plan credits or payments, and special payments or bonuses payable in connection with the sale or merger of the Company.

Compensation Base means the highest average Compensation for any five consecutive calendar year period of employment. Effective December 31, 2007, Compensation Base is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Covered Compensation means 82.5% of the average Social Security taxable wage bases for the 35-year period ending with the calendar year of termination of employment. Effective December 31, 2007, Covered Compensation is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Avco Frozen Benefit means the annual benefit accrued under the prior Avco Plan as of December 31, 1988.

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Avco Compensation Ratio means the ratio of the Compensation Base as of the determination date to the Compensation Base determined as of December 31, 1988.

Avco Credited Service means Credited Service as of December 31, 1988 used to determine the Avco Frozen Benefit.

Accrued Benefit means one-twelfth of (a) + (b) – (c), below:

(a) Avco Frozen Benefit x Avco Compensation Ratio

(b) The sum of (1) and (2), multiplied by (3) below:

(1) 1.0% of Compensation Base

(2) 0.5% of Compensation Base in excess of Covered Compensation

(3) Credited Service (up to 35 years) less Avco Credited Service

(c) Annual Hourly Plan benefit based on the benefit rate in effect at the time of transfer

Effective December 31, 2007, the Accrued Benefit is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007. Effective April 1, 2013, the Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Normal Benefit

- Eligibility: Age 65
- Monthly Benefit: Accrued Benefit payable immediately

Early Benefit

- Eligibility:
 - A. Age 60, or
 - B. 20 years of Vesting Service, or
 - C. Age 55 and 10 years of Vesting Service

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- Monthly Benefit Accrued Benefit payable at age 62 or an amount equal to the following percentage of the Accrued Benefit (percentages at fractional ages are interpolated):

Age	%	Age	%	Age	%
62	100.0	54	59.8	46	26.1
61	95.0	53	53.4	45	24.4
60	90.0	52	49.0	44	22.7
59	85.0	51	45.0	43	21.1
58	80.0	50	40.0	42	19.5
57	75.0	49	35.0	41	17.9
56	68.8	48	30.0	40	16.3
55	63.2	47	27.9		

Deferred Vested Benefit

- Eligibility: Five years of Vesting Service
- Monthly Benefit: Accrued Benefit deferred to age 65 or an amount reduced by 5/9 of 1% for each month of the first five years and by 5/18 of 1% for each month of the next five years that commencement of benefits precedes age 65

Pre-Pension Surviving Spouse Annuity

- Eligibility: Death of a married vested participant prior to commencement of benefits
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at (a) the time of death, if age 55 or 20 years of Vesting Service at the time of death or (b) age 55, otherwise. If the participant dies while an active employee, the benefit is reduced using the Early Benefit reduction percentages.

Pre-Pension Survivor Annuity

- Eligibility: Death of an unmarried participant eligible for a Normal or Early Benefit who elects to be covered and who dies (a) while unmarried, (b) after age 55, and (c) before commencement of benefits.
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at the time of death. This benefit is provided on a “charge” basis so was not valued.

Death Benefit

- Eligibility: Death after:
 - A. Commencement of Normal or Early Benefit and prior to receiving 60 monthly payments, or

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B. Termination of employment and eligible for a Normal or Early Benefit, but payments have not commenced

- Benefit: Accrued Benefit payable for period equal to 60 months reduced by the number of months payments were made prior to death. This benefit is payable in addition to any survivor annuities that may be payable.

Normal Form of Benefit

- Single: Single life annuity
- Married: 50% joint and survivor annuity
- Optional Forms of Payment
 - Single life annuity
 - 50% joint and survivor annuity
 - 100% joint and survivor annuity
 - Lump sum
 - In addition to those listed above, there are other optional forms with low utilization that were not included for valuation purposes.

Maximum Benefits

All benefits are subject to the limits of Internal Revenue Code Section 415.

Contributions

All contributions to support the Plan are made by the Employer.

Changes in Plan Provisions Since Previous Valuation

None.

Certain participants have previously had annuities purchased for portions of their Accrued Benefits. The assets and liabilities for these annuities were excluded from the valuation. To our knowledge, no other benefits or participants were excluded from the valuation.

Plan Name: NWI Nashville, LLC Pension Plan
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Aero Hourly

The Plan became sponsored by NWI Nashville, LLC d/b/a TECT Aerospace Nashville effective January 1, 2020 in connection with the acquisition of Triumph Aerostructures. This plan is a continuation of the legacy Triumph Aerostructures Vought Aircraft Division Pension Plan sponsored by Triumph.

Participation

Participants named in the plan document upon its initial adoption are covered under the plan. No new participants will be admitted to the plan. The Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Definitions

A year of Continuous Service is granted for each calendar year in which the employee completes 1,000 or more hours of service with the employer or any affiliated employer.

A year of Credited Service is granted for each calendar year in which the employee completes 1,600 hours of service while a member of the Bargaining Unit. Credited Service will be prorated for hours less than 1,600 (to the nearest 1/10th of a year). Effective June 30, 2009, employees who had less than 16 years of seniority as of June 30, 2009 will not earn Credited Service after June 30, 2009.

The Bargaining Unit consists of the unit of employees which are represented by Aero Lodge No. 735, International Association of Machinists and Aerospace Workers (IAM).

Normal Benefit

- Eligibility: Age 65
- Monthly Benefit: Applicable monthly rate multiplied by Years of Credited Service

The monthly rate of an AH participant who had fewer than 16 Years of Seniority as of June 30, 2009 and who retires before February 1, 2020 shall be \$43. The monthly rate of an AH participant who had fewer than 16 Years of Seniority as of June 30, 2009 and who retires on or after February 1, 2020 shall be \$50. The monthly rate of an AH participant who had 16 Years of Seniority as of June 30, 2009 shall be equal to the applicable amount below, determined as of the date of termination.

Monthly Rate of Pension Benefit	Effective Date
\$60.00	January 1, 2020 to January 31, 2020
\$70.00	On or after February 1, 2020

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For participants who have been rehired, the monthly benefit is equal to the benefit rate multiplied by Credited Service earned after rehire plus the accrued benefit earned prior to termination. For participants who transfer to another plan, the benefit is based on the benefit rate in effect at the time of transfer, unless the participant transfers back into the plan prior to termination of employment.

Effective December 31, 2016, the benefit is frozen for participants once they reach 30 years of Credited Service.

Early Benefit

- Eligibility: Age 55 and 10 years of Credited Service
- Monthly Benefit: Accrued Benefit payable at age 62 or an amount equal to the following percentage of the Accrued Benefit (percentages at fractional ages are interpolated):

Age	%	Age	%
62	100.0	58	85.6
61	97.6	57	78.4
60	95.2	56	72.6
59	92.8	55	66.6

Rule of 80 Benefit

- Eligibility: Age 55 and age plus years of Credited Service ("points") total at least 80
- Monthly Benefit:
 - A. Accrued benefit payable immediately, plus
 - B. \$500 per month paid until age 62, reduced by excess earnings, if applicable

For participants with less than 16 years of seniority as of June 30, 2009, the \$500 benefit shall be multiplied by the ratio of (i) Years of Credited Service as of June 30, 2009, to (ii) the Years of Credited Service projected to the date the participant will first become eligible for the Rule of 80 benefit.

Disability Benefit

- Eligibility
 - A. 10 years of Credited Service and termination by reason of disability,
 - B. Not attained Normal Retirement Age,
 - C. Not eligible for A&S weekly benefits under any group insurance plan to which the Company contributes.

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- Monthly Benefit: Benefit rate (in effect at time of disability) increased by \$1, multiplied by Credited Service payable until age 65 and accrued benefit at the time of disability payable thereafter. The benefit is reduced by Workers Compensation or other statutory disability payments (except Social Security disability payments).

This benefit was eliminated as of June 30, 2009 for participants with less than 16 years of seniority as of June 30, 2009.

Deferred Vested Benefit

- Eligibility: Five years of Continuous Service or Credited Service
- Monthly Benefit: Benefit rate multiplied by years of Credited Service (up to 30 years) deferred to age 65 or an amount reduced by 5/9 of 1% for each month of the first five years and by 5/18 of 1% for each month of the next five years that commencement of benefits precedes age 65.

Death Benefits During Active Service or Disability Retirement and Prior to Age 65

Preretirement Survivor Benefit

- Eligibility: Death of a vested participant prior to commencement of benefits
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at the earliest date his benefits could have commenced.

Death Benefit

- Eligibility: Death after normal or early retirement and not covered by any group life insurance plan to which the Company contributed
- Benefit: Lump sum amount of \$7,000 paid to surviving beneficiary.

This benefit was eliminated as of June 30, 2009 for participants with less than 16 years of seniority as of June 30, 2009.

Survivor Income Benefit

- Eligibility
 - A. Participant was married less than one year before death.
 - B. Surviving spouse is at least 48 years old but less than age 60.
 - C. Surviving spouse is not eligible to receive Mother's Insurance Benefits
 - D. Surviving spouse is not eligible for a payment of a benefit under any Triumph retirement plan other than a single sum death benefit.
- Benefit Lump sum amount of \$10,000 paid to surviving spouse.

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Plan Sponsor: NWI Nashville, LLC
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Normal Form of Benefit

- Single: Single life annuity
- Married: 50% joint and survivor annuity

Optional Forms Of Payment

- Single life annuity
- 50% joint and survivor annuity
- 75% joint and survivor annuity
- Lump Sum

Maximum Benefits

All benefits are subject to the limits of Internal Revenue Code Section 415.

Contributions

The Company makes all contributions to provide the cost of the Plan.

Changes in Plan Provisions Since Previous Valuation

None.

To our knowledge, no participants or benefits were excluded from the calculations.

Plan Name: NWI Nashville, LLC Pension Plan
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Plan Sponsor: NWI Nashville, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	4	0	0	0	0	0	0	0	0	4
40-44	0	8	1	0	0	0	0	0	0	0	9
45-49	0	8	3	8	0	0	0	0	0	0	19
50-54	0	13	7	11	0	0	0	0	0	0	31
55-59	1	10	9	15	0	0	0	2	0	0	37
60-64	1	11	5	12	2	1	0	16	9	0	57
65-69	0	3	3	3	0	0	0	11	12	0	32
70 & over	1	1	0	0	0	0	0	1	2	2	7
Total	3	58	28	49	2	1	0	30	23	2	196

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	NWI Nashville, LLC
EIN/PN	84-3253902/001
Plan Name	NWI Nashville, LLC Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Christopher D. Kludy
Enrollment Number	23-06018

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	15.00%	1,000	1.000000	0.150000	8.250000
56	12.50%	850	0.850000	0.106250	5.950000
57	12.50%	744	0.743750	0.092969	5.299219
58	12.50%	651	0.650781	0.081348	4.718164
59	12.50%	569	0.569434	0.071179	4.199573
60	12.50%	498	0.498254	0.062282	3.736908
61	12.50%	436	0.435973	0.054497	3.324291
62	12.50%	381	0.381476	0.047685	2.956439
63	15.00%	334	0.333792	0.050069	3.154330
64	15.00%	284	0.283723	0.042558	2.723739
65	20.00%	241	0.241164	0.048233	3.135137
66	20.00%	193	0.192931	0.038586	2.546696
67	20.00%	154	0.154345	0.030869	2.068226
68	20.00%	123	0.123476	0.024695	1.679276
69	30.00%	99	0.098781	0.029634	2.044765
70	100.00%	69	0.069147	0.069147	4.840265
Average age at retirement					60.627027
Rounded for Schedule SB item 22					61

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Schedule SB, Part V Summary of Plan Provisions

Aero Salaried

The Plan became sponsored by NWI Nashville, LLC effective January 1, 2020 in connection with the acquisition of Triumph Aerostructures. This plan is a continuation of the legacy Triumph Aerostructures Vought Aircraft Division Pension Plan sponsored by Triumph.

Participation

Participants named in the plan document upon its initial adoption are covered under the plan. No new participants will be admitted to the plan. The Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Definitions

Vesting Service means the period or periods, in years and completed months, of full-time, continuous employment with the Company or predecessor employer taken into account under the Plan.

Credited Service means the period or periods, in years and completed months, of employment as a Covered Employee. Credited Service includes credited service under the Aerostructures Heritage Pension Plan for Hourly-Rated Employees (Hourly Plan) earned prior to becoming a Covered Employee. Effective December 31, 2007, Credited Service is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Compensation means amounts paid to an employee as wages, as defined for income tax withholding purposes, plus amounts deferred under IRC Sections 401(k), 125, and 132(f), but excluding reimbursements or other expense allowances, fringe benefits (except 132(f) benefits), moving expenses, deferred compensation (except 401(k) and 125 deferrals), welfare plan credits or payments, and special payments or bonuses payable in connection with the sale or merger of the Company.

Compensation Base means the highest average Compensation for any five consecutive calendar year period of employment. Effective December 31, 2007, Compensation Base is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Covered Compensation means 82.5% of the average Social Security taxable wage bases for the 35-year period ending with the calendar year of termination of employment. Effective December 31, 2007, Covered Compensation is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007.

Avco Frozen Benefit means the annual benefit accrued under the prior Avco Plan as of December 31, 1988.

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Avco Compensation Ratio means the ratio of the Compensation Base as of the determination date to the Compensation Base determined as of December 31, 1988.

Avco Credited Service means Credited Service as of December 31, 1988 used to determine the Avco Frozen Benefit.

Accrued Benefit means one-twelfth of (a) + (b) – (c), below:

(a) Avco Frozen Benefit x Avco Compensation Ratio

(b) The sum of (1) and (2), multiplied by (3) below:

(1) 1.0% of Compensation Base

(2) 0.5% of Compensation Base in excess of Covered Compensation

(3) Credited Service (up to 35 years) less Avco Credited Service

(c) Annual Hourly Plan benefit based on the benefit rate in effect at the time of transfer

Effective December 31, 2007, the Accrued Benefit is frozen for participants with less than 16 years of Vesting Service as of December 31, 2007. Effective April 1, 2013, the Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Normal Benefit

- Eligibility: Age 65
- Monthly Benefit: Accrued Benefit payable immediately

Early Benefit

- Eligibility:
 - A. Age 60, or
 - B. 20 years of Vesting Service, or
 - C. Age 55 and 10 years of Vesting Service

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- Monthly Benefit Accrued Benefit payable at age 62 or an amount equal to the following percentage of the Accrued Benefit (percentages at fractional ages are interpolated):

Age	%	Age	%	Age	%
62	100.0	54	59.8	46	26.1
61	95.0	53	53.4	45	24.4
60	90.0	52	49.0	44	22.7
59	85.0	51	45.0	43	21.1
58	80.0	50	40.0	42	19.5
57	75.0	49	35.0	41	17.9
56	68.8	48	30.0	40	16.3
55	63.2	47	27.9		

Deferred Vested Benefit

- Eligibility: Five years of Vesting Service
- Monthly Benefit: Accrued Benefit deferred to age 65 or an amount reduced by 5/9 of 1% for each month of the first five years and by 5/18 of 1% for each month of the next five years that commencement of benefits precedes age 65

Pre-Pension Surviving Spouse Annuity

- Eligibility: Death of a married vested participant prior to commencement of benefits
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at (a) the time of death, if age 55 or 20 years of Vesting Service at the time of death or (b) age 55, otherwise. If the participant dies while an active employee, the benefit is reduced using the Early Benefit reduction percentages.

Pre-Pension Survivor Annuity

- Eligibility: Death of an unmarried participant eligible for a Normal or Early Benefit who elects to be covered and who dies (a) while unmarried, (b) after age 55, and (c) before commencement of benefits.
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at the time of death. This benefit is provided on a "charge" basis so was not valued.

Death Benefit

- Eligibility: Death after:
 - A. Commencement of Normal or Early Benefit and prior to receiving 60 monthly payments, or

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B. Termination of employment and eligible for a Normal or Early Benefit, but payments have not commenced

- Benefit: Accrued Benefit payable for period equal to 60 months reduced by the number of months payments were made prior to death. This benefit is payable in addition to any survivor annuities that may be payable.

Normal Form of Benefit

- Single: Single life annuity
- Married: 50% joint and survivor annuity
- Optional Forms of Payment
 - Single life annuity
 - 50% joint and survivor annuity
 - 100% joint and survivor annuity
 - Lump sum
 - In addition to those listed above, there are other optional forms with low utilization that were not included for valuation purposes.

Maximum Benefits

All benefits are subject to the limits of Internal Revenue Code Section 415.

Contributions

All contributions to support the Plan are made by the Employer.

Changes in Plan Provisions Since Previous Valuation

None.

Certain participants have previously had annuities purchased for portions of their Accrued Benefits. The assets and liabilities for these annuities were excluded from the valuation. To our knowledge, no other benefits or participants were excluded from the valuation.

Plan Name: NWI Nashville, LLC Pension Plan
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Aero Hourly

The Plan became sponsored by NWI Nashville, LLC d/b/a TECT Aerospace Nashville effective January 1, 2020 in connection with the acquisition of Triumph Aerostructures. This plan is a continuation of the legacy Triumph Aerostructures Vought Aircraft Division Pension Plan sponsored by Triumph.

Participation

Participants named in the plan document upon its initial adoption are covered under the plan. No new participants will be admitted to the plan. The Accrued Benefit is frozen for participants once they attain 30 years of Credited Service.

Definitions

A year of Continuous Service is granted for each calendar year in which the employee completes 1,000 or more hours of service with the employer or any affiliated employer.

A year of Credited Service is granted for each calendar year in which the employee completes 1,600 hours of service while a member of the Bargaining Unit. Credited Service will be prorated for hours less than 1,600 (to the nearest 1/10th of a year). Effective June 30, 2009, employees who had less than 16 years of seniority as of June 30, 2009 will not earn Credited Service after June 30, 2009.

The Bargaining Unit consists of the unit of employees which are represented by Aero Lodge No. 735, International Association of Machinists and Aerospace Workers (IAM).

Normal Benefit

- Eligibility: Age 65
- Monthly Benefit: Applicable monthly rate multiplied by Years of Credited Service

The monthly rate of an AH participant who had fewer than 16 Years of Seniority as of June 30, 2009 and who retires before February 1, 2020 shall be \$43. The monthly rate of an AH participant who had fewer than 16 Years of Seniority as of June 30, 2009 and who retires on or after February 1, 2020 shall be \$50. The monthly rate of an AH participant who had 16 Years of Seniority as of June 30, 2009 shall be equal to the applicable amount below, determined as of the date of termination.

Monthly Rate of Pension Benefit	Effective Date
\$60.00	January 1, 2020 to January 31, 2020
\$70.00	On or after February 1, 2020

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For participants who have been rehired, the monthly benefit is equal to the benefit rate multiplied by Credited Service earned after rehire plus the accrued benefit earned prior to termination. For participants who transfer to another plan, the benefit is based on the benefit rate in effect at the time of transfer, unless the participant transfers back into the plan prior to termination of employment.

Effective December 31, 2016, the benefit is frozen for participants once they reach 30 years of Credited Service.

Early Benefit

- Eligibility: Age 55 and 10 years of Credited Service
- Monthly Benefit: Accrued Benefit payable at age 62 or an amount equal to the following percentage of the Accrued Benefit (percentages at fractional ages are interpolated):

Age	%	Age	%
62	100.0	58	85.6
61	97.6	57	78.4
60	95.2	56	72.6
59	92.8	55	66.6

Rule of 80 Benefit

- Eligibility: Age 55 and age plus years of Credited Service ("points") total at least 80
- Monthly Benefit:
 - A. Accrued benefit payable immediately, plus
 - B. \$500 per month paid until age 62, reduced by excess earnings, if applicable

For participants with less than 16 years of seniority as of June 30, 2009, the \$500 benefit shall be multiplied by the ratio of (i) Years of Credited Service as of June 30, 2009, to (ii) the Years of Credited Service projected to the date the participant will first become eligible for the Rule of 80 benefit.

Disability Benefit

- Eligibility
 - A. 10 years of Credited Service and termination by reason of disability,
 - B. Not attained Normal Retirement Age,
 - C. Not eligible for A&S weekly benefits under any group insurance plan to which the Company contributes.

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- Monthly Benefit: Benefit rate (in effect at time of disability) increased by \$1, multiplied by Credited Service payable until age 65 and accrued benefit at the time of disability payable thereafter. The benefit is reduced by Workers Compensation or other statutory disability payments (except Social Security disability payments).

This benefit was eliminated as of June 30, 2009 for participants with less than 16 years of seniority as of June 30, 2009.

Deferred Vested Benefit

- Eligibility: Five years of Continuous Service or Credited Service
- Monthly Benefit: Benefit rate multiplied by years of Credited Service (up to 30 years) deferred to age 65 or an amount reduced by 5/9 of 1% for each month of the first five years and by 5/18 of 1% for each month of the next five years that commencement of benefits precedes age 65.

Death Benefits During Active Service or Disability Retirement and Prior to Age 65

Preretirement Survivor Benefit

- Eligibility: Death of a vested participant prior to commencement of benefits
- Monthly Benefit: 50% of the benefit the participant would have received as a 50% joint and survivor annuity payable at the earliest date his benefits could have commenced.

Death Benefit

- Eligibility: Death after normal or early retirement and not covered by any group life insurance plan to which the Company contributed
- Benefit: Lump sum amount of \$7,000 paid to surviving beneficiary.

This benefit was eliminated as of June 30, 2009 for participants with less than 16 years of seniority as of June 30, 2009.

Survivor Income Benefit

- Eligibility
 - A. Participant was married less than one year before death.
 - B. Surviving spouse is at least 48 years old but less than age 60.
 - C. Surviving spouse is not eligible to receive Mother's Insurance Benefits
 - D. Surviving spouse is not eligible for a payment of a benefit under any Triumph retirement plan other than a single sum death benefit.
- Benefit Lump sum amount of \$10,000 paid to surviving spouse.

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Normal Form of Benefit

- Single: Single life annuity
- Married: 50% joint and survivor annuity

Optional Forms Of Payment

- Single life annuity
- 50% joint and survivor annuity
- 75% joint and survivor annuity
- Lump Sum

Maximum Benefits

All benefits are subject to the limits of Internal Revenue Code Section 415.

Contributions

The Company makes all contributions to provide the cost of the Plan.

Changes in Plan Provisions Since Previous Valuation

None.

To our knowledge, no participants or benefits were excluded from the calculations.

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Plan Name	NWI Nashville, LLC Pension Plan
Plan Sponsor EIN	84-3253902
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2024:

The estimate of plan-related expenses was increased from \$183,105 to \$225,000 to reflect anticipated plan experience.

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