

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHERN NEVADA PLUMBERS & PIPEFITTERS</u></p> <p><u>BOARD OF TRUSTEES NORTHERN NEVADA PLUMBERS & PIPEFITTERS</u></p> <p><u>445 APPLE ST</u> <u>445 APPLE ST</u> <u>RENO, NV 89502-3544</u> <u>RENO, NV 89502-3544</u></p>	<p>1c Effective date of plan <u>08/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>84-6537733</u></p> <p>2c Plan Sponsor's telephone number <u>775-359-6377</u></p> <p>2d Business code (see instructions) <u>236200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CRAIG MADOLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KALANI KANEKOVA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	728
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)	631
	6a(2)	755
	6b	32
	6c	77
	6d	864
	6e	4
	6f	868
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	44

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

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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase 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>NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT 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>NORTHERN NEVADA PLUMBERS & PIPEFITTERS</u>	D Employer Identification Number (EIN) <u>84-6537733</u>	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>12433621</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>12433621</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>10379125</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>10379125</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>11417925</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>4074708</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>117216</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>369484</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	Date
	<u>BRIAN J. HARPER</u>	<u>10/08/2025</u>
	Type or print name of actuary	Most recent enrollment number
	<u>RAEL & LETSON</u>	<u>23-06435</u>
	Firm name	Telephone number (including area code)
	<u>601 UNION STREET SUITE 2415 SEATTLE, WA 98101</u>	<u>206-456-3340</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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	12433621
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	29	708680
(2) For terminated vested participants	68	639947
(3) For active participants:		
(a) Non-vested benefits		2078137
(b) Vested benefits		7991161
(c) Total active	631	10069298
(4) Total	728	11417925
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 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
07/01/2024	4522279	0			
Totals ▶			3(b)	4522279	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 4522279

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	119.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	12.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	241822
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	10011	10011
1	-261223	-26805

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3735129

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

		Outstanding balance	
9c(1)	44110	14260	
9c(2)	0	0	
9c(3)	0	0	

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	262457
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e Total charges. Add lines 9a through 9d.....

9e	4011846
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	1806994
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g Employer contributions. Total from column (b) of line 3.....

9g	4522279
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h Amortization credits as of valuation date.....

		Outstanding balance	
9h	483059	52364	

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	288435
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	3731761		
9j(2)	1607552		
9j(3)	224056		

k (1) Waived funding deficiency

9k(1)	0
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(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	6894128
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	2882282
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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 NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA PLUMBERS & PIPEFITTERS	D Employer Identification Number (EIN) 84-6537733	

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

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

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

ANDCO CONSULTING

59-3676225

(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?
17 27 50	NONE	6346	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)

NEYHART, ANDERSON, FLYNN & GRSBOLL

94-2576729

(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	3926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 72	NONE	40170	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

BERRY & CO CPA'S LTD

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	ACCOUNTANT	25000	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)

RAEL-LETSON

94-1701048

(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 17 50	ACTUARY	58078	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENEFIT PLAN ADMINISTRATORS

88-0277518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 10 38 50	THIRD PARTY ADMINISTRATOR	82500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
(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

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

a Name: BERRY & CO CPA'S LTD	b EIN: 88-0400174
c Position: ACCOUNTANT	
d Address:	e Telephone:

Explanation: THE TRUSTEES ROUTINELY MONITOR THEIR SERVICE PROVIDERS AND MAKE CHANGES AS THEY DEEM NECESSARY IN THEIR FIDUCIARY CAPACITY.

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 NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA PLUMBERS & PIPEFITTERS	D Employer Identification Number (EIN) 84-6537733

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	347100	464045
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	309233	447161
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3434	2352
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137890	285376
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	11647336	16742516
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	12444993	17941450
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	372	3681
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11000	27560
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11372	31241
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12433621	17910209

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)	4522279	
(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)		4522279
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)	460352	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		460352
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		862736
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5845367

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	115662	
(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)		115662
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)	82500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25000	
(5) Investment advisory and investment management fees	2i(5)	8596	
(6) Bank or trust company trustee/custodial fees	2i(6)	40170	
(7) Actuarial fees	2i(7)	58078	
(8) Legal fees	2i(8)	3926	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	34847	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		253117
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		368779

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5476588
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: **CASEY NEILON, INC.**

(2) EIN: **20-5570744**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562701.

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 NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA PLUMBERS & PIPEFITTERS	D Employer Identification Number (EIN) 84-6537733	

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): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
----------	--	----------

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 APOLLO MECHANICAL

b EIN 88-1265897

c Dollar amount contributed by employer 253357

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 07 Day 31 Year 2027

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) 3.95

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

a Name of contributing employer S&S MECHANICAL

b EIN 81-5218504

c Dollar amount contributed by employer 103073

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 07 Day 31 Year 2027

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) 3.95

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

a Name of contributing employer JOHNSON PLUMBING

b EIN 88-5217985

c Dollar amount contributed by employer 237972

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 07 Day 31 Year 2027

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) 3.95

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

a Name of contributing employer JW MCCLLENHAN CO

b EIN 45-5897411

c Dollar amount contributed by employer 343658

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 07 Day 31 Year 2027

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) 3.95

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

a Name of contributing employer ACCO

b EIN 45-0056321

c Dollar amount contributed by employer 911445

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 07 Day 31 Year 2027

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) 3.95

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

a Name of contributing employer RAY HEATING PRODUCTS

b EIN 45-9526547

c Dollar amount contributed by employer 856621

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 07 Day 31 Year 2027

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) 3.95

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

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 SAVAGE AND SON INC.

b EIN 88-0043600

c Dollar amount contributed by employer

685957

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 07 Day 31 Year 2027

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) 3.95

(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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
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	0
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	0

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	0
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 _____.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Table of Contents

INDEPENDENT AUDITOR’S REPORT	1-3
FINANCIAL STATEMENTS	
Statement of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held at End of Year	14
Schedule of Reportable Transactions	15

Note: Other schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable.

Casey Neilson, Inc.
Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Northern NV Plumbers & Pipefitters Variable Defined Benefit Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, are presented for purposes of additional analysis and are 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 has been subjected to the 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 generally accepted auditing standards.


In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matters

2023 Financial Statements

The financial statements of the Plan as of December 31, 2023, were audited by other auditors whose report dated October 3, 2024 expressed an unmodified opinion on those statements.


Carson City, Nevada
October 10, 2025

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
<u>Assets</u>		
Mutual funds	\$ 16,742,516	\$ 11,647,336
Money market deposit account	285,376	137,890
	17,027,892	11,785,226
Receivables:		
Interest receivable	1,196	-
Employer contributions	447,161	309,233
	448,357	309,233
Other assets:		
Cash	464,045	347,100
Prepaid expenses	1,156	3,434
	465,201	350,534
Total assets	17,941,450	12,444,993
<u>Liabilities</u>		
Accounts payable	3,681	372
Reciprocity payable	27,560	11,000
Total liabilities	31,241	11,372
<u>Net assets</u>		
Net assets available for benefits	\$ 17,910,209	\$ 12,433,621

The accompanying notes are an integral part of these financial statements

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 862,736	\$ 966,808
Interest and dividend income	460,352	293,170
Total investment income	1,323,088	1,259,978
Less investment fees	(48,766)	(31,874)
Net investment loss	1,274,322	1,228,104
Employer contributions	4,522,279	3,532,171
Total additions	5,796,601	4,760,275
 Deductions from net assets attributed to:		
Pension benefits paid to participants	115,662	42,951
Operating expenses:		
Consulting fees	58,078	53,000
Administration fees	82,500	76,314
Bond and insurance	31,963	28,542
Legal fees	3,926	6,526
Office and miscellaneous	2,884	2,808
Plan audit and contract compliance fees	25,000	26,933
	204,351	194,123
Total deductions	320,013	237,074
 Net increase for the year	5,476,588	4,523,201
 Net assets available for benefits:		
Beginning of year	12,433,621	7,910,420
End of year	\$ 17,910,209	\$ 12,433,621

The accompanying notes are an integral part of these financial statements

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information regarding the Plan’s provisions.

General

The Plan was formed in 2019 as a multi-employer variable defined benefit plan, created and maintained pursuant to various collective bargaining agreements. It is administered by the Board of Trustees of the Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Plan’s actuary has advised that the minimum funding requirements of ERISA were met for the 2024 plan year.

Contributions

The participating employers contribute amounts that are specified in the collective bargaining agreements. Signatory contractors were required to contribute \$3.95 and \$3.95 as of December 31, 2024 and 2023, respectively, for each hour worked by participants.

Eligibility

An employee shall begin participation in the Plan beginning with the initial hour in which work is performed for which a contribution is required to the Plan and shall continue to be a participant until such time that the employee incurs a one-year break in service or all benefits due under the Plan have been paid to the employee or the employee’s beneficiaries.

Vesting and Pension Benefits

Collectively bargained participants with five or more years of vesting service (as defined in the plan document), obtain vested status and are entitled to full pension benefits at the normal retirement age of 65. The plan allows for early retirement at a reduced benefit, as defined by the Plan. A non-vested participant who incurs a permanent break in service shall forfeit all previously accrued rights to benefits under the Plan.

A participant retiring on or after his normal retirement date will be entitled to receive a monthly amount of normal retirement income equal to his variable defined benefit accrued benefit earned for plan years beginning on or after August 1, 2029 multiplied by the variable defined benefit unit value, as defined by the Plan, in effect as of the date of the calculation.

The variable defined benefit unit value changes annually based on the variable plan investment return. In years where the variable plan investment return exceeds the 5% hurdle rate, the amount of an employee’s retirement income would increase. Similarly, in years where the variable plan investment return is less than the 5% hurdle rate, the amount of an employee’s retirement income will decrease.

The annual changes to the variable defined benefit unit value will impact the amount of retirement income that is paid to a participant. This means that a participant that has retired and is receiving monthly retirement income may experience a decrease in retirement income from one year to the next based on the Plan’s investment performance.

Benefits for married participants are paid in the form of monthly 50% joint and survivor annuity. Unmarried retirees receive a single life benefit guaranteed for five years. Optional forms of benefit payments are also available, as defined by the Plan. If the standard form of retirement or vested benefit has a lump sum present value of \$5,000 or less for a participant retiring according to the terms of the Plan, the Trustees, in their sole discretion, may elect to pay the benefit out in a lump sum cash payment.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits

If an active vested participant dies, a death benefit is payable as defined by the Plan. Participants who become totally and permanently disabled receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled.

Agreed-Upon Procedures for Contributions

Pursuant to a collection policy implemented by the Plan's Board of Trustees, agreed-upon procedures are performed on the payroll records of contributing employers on a systematic, rotating basis.

Priorities Upon Termination

Although there has been no expressed intent to do so, the Board of Trustees have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by the ERISA.

Certain benefits under the Plan are covered by the insurance protection of the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. The PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Whether participants receive the full amount of benefits to which they are entitled should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets on the date of payment to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's audited financial statements are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

Employer Contributions Receivable

These amounts represent contributions due from employers for December or prior hours worked. Most of these contributions were received by the Plan during January. Management believes all contributions receivable are collectible and no allowance for uncollectible accounts has been provided.

Benefits

Pension, death and direct benefits payments are expensed when they are paid, the Board of Trustees have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Investment Valuations and Income Recognition

Investments are reported at fair value. Fair value is defined as 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. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year, and is reflected as the difference between cost and fair value. For Form 5500 reporting, realized and unrealized gains and losses are computed using the investments' fair values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are presented in the same manner for financial statement purposes and Form 5500 purposes.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) active participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 following is a schedule of the actuarial present value of accumulated plan benefits as of December 31, 2023:

Actuarial present value of accumulated plan benefits:	2023
Vested benefits:	
Participants currently receiving benefits	\$ 663,148
Other participants	7,240,074
Total vested benefits	7,903,222
Non-vested benefits	2,465,892
Actuarial present value of accumulated plan benefits at end of year	\$ 10,369,114

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following schedule represents the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023.

Changes in actuarial present value of accumulated plan benefits:	2023
Actuarial present value at beginning of Year	\$ 7,125,142
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial (gains)losses	2,789,666
Interest due to decrease in discount period	497,257
Benefits paid	(42,951)
Net increase	3,243,972
Actuarial present value of accumulated plan benefits at end of year	\$ 10,369,114

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. The plan was amended to restore retiree benefits paid during the 2024 plan year to the “high watermark” benefit amount payable as of December 31, 2023. This amendment was necessary to prevent a decline in the Variable DB Unit Value due to the Plan's investment performance during 2022. The cost of this temporary restoral was a \$10,011 increase in the accrued liability as of January 1, 2024.

Some of the significant actuarial assumptions used in the valuation as of January 1, 2024 were: (a) life expectancy of disabled and non-disabled participants (the RP-2014 Blue Collar separate annuitant and non-annuitant tables for healthy lives projected from 2006 to 2020 using scale MP-2018), (b) retirement age assumptions based on ages 55-70, (c) investment return of 7.0%, (d) each active participant is assumed to work the same amount of hours as were worked in the prior plan year.

Assumption changes since prior valuation: The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

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

4. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter on April 15, 2021, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management believes that the Plan has taken no uncertain tax positions as of December 31, 2024 and 2023 that require adjustment to or disclosure in the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

5. TRANSIT ACCOUNT

Employer contributions for hours worked in Nevada are physically received at Benefit Plan Administrators (BPA), the third-party administrator, located in Reno, Nevada. BPA promptly deposits these contributions into an Amalgamated Bank commercial account. Each business day, Amalgamated Bank transfers all available employer contributions from the commercial account into an Amalgamated Bank trust account known as the Transit Account. All employer contributions are disbursed out of the Amalgamated Bank trust Transit Account each month pursuant to trustee policy and into accounts held by various plan accounts such as this Plan. BPA performs a monthly reconciliation of both the Amalgamated Bank commercial account and the trust Transit account. Amounts held in transit were \$428,155 and \$318,188 as of December 31, 2024 and 2023, respectively. These amounts are included in cash in the statements of net assets available for benefits.

6. INVESTMENTS – FAIR VALUE MEASUREMENTS

In accordance with U.S. GAAP, fair value is defined as the price the Plan would receive to sell an asset or pay for a liability in an orderly transaction between market participants. A three-tier hierarchy has been established for presenting valuations, based on the transparency of inputs into valuation techniques used to measure fair valuation. The inputs may be observable or unobservable and refer broadly to the assumptions that market participants would consider significant to value an asset or liability, based on the best information available in the circumstances. Investments with readily-available active quoted prices or for which fair value can be measured from actively quoted prices in an orderly market will generally have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Investments measured and reported at fair value are classified and disclosed in one of the following categories based on inputs:

- Level 1 – Quoted prices for active markets for identical securities. An active market for the security is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. A quoted price in an active market provides the most reliable evidence of fair value.
- Level 2 – Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.), or quoted prices for identical or similar assets in markets that are not active. Inputs that are derived principally from or corroborated by observable market data. An adjustment to any observable input that is significant to the fair value may render the measurement a Level 3 measurement.
- Level 3 – Significant unobservable inputs, including the Plan’s own assumptions in determining the fair value of investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Management’s assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment and the state of the marketplace. Although management 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.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. INVESTMENTS – FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan’s investment assets and liabilities, if any, are reported at fair value in the accompanying statements of net assets available for benefits and their inputs at December 31, 2024 and 2023, respectively, are summarized as follows:

Assets at Fair Value as of December 31, 2024				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Mutual funds	\$ 16,742,516	\$ -	\$ -	\$ 16,742,516
Money market deposit account	285,376	-	-	285,376
Total investments	<u>\$ 17,027,892</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,027,892</u>
Assets at Fair Value as of December 31, 2023				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Mutual funds	\$ 11,647,336	\$ -	\$ -	\$ 11,647,336
Money market deposit account	137,890	-	-	137,890
Total investments	<u>\$ 11,785,226</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,785,226</u>

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

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the fund’s underlying assets. Shares held in the mutual funds are traded on national exchanges and are valued at the net asset value on the last business day of each period presented.

The fair values of the money market deposit accounts are valued at carrying value which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

7. RISKS AND UNCERTANTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants’ account balances and the amounts reported in the statement of net assets available for benefits.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

8. CONCENTRATION OF CREDIT RISK

The Federal Deposit Insurance Corporation (FDIC) is an independent agency of the United States government that provides deposit insurance for protection against the loss of insured deposits if an FDIC insured bank or savings association fails. The Plan maintains its cash balances at high credit quality financial institutions. At times, such cash balances may be in excess of the insurance limit.

9. ZONE STATUS DISCLOSURE

As of January 1, 2024, the Plan is neither in endangered status nor in critical status under the Pension Protection Act of 2006.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following schedules reconcile total additions and total deductions per the accompanying financial statements to total income and total expenses, respectively, per the Form 5500 for the year ended December 31, 2024:

	December 31, 2024
Per the financial statements:	
Total additions	\$ 5,796,601
Add: Investment fees deducted from additions	48,766
Total income per the Form 5500	\$ 5,845,367

	December 31, 2024
Per the financial statements:	
Total deductions	\$ 320,013
Add: Investment fees deducted from additions	48,766
Total expenses per the Form 5500	\$ 368,779

11. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

12. SUBSEQUENT EVENTS

An evaluation of subsequent events through October 10, 2025, the date the financial statements were available to be issued, has determined no additional items required recognition or disclosure.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

SUPPLEMENTAL INFORMATION

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

**FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6537733
PLAN NO. 001
DECEMBER 31, 2024**

(a)	Shares/Par	(b) Identity of Issue & (c) Description of Investment	(d) Cost	(e) Current Value
		Mutual Funds		
	111,499	Fidelity Emerging Markets Index Fund	\$ 1,126,526	\$ 1,166,275
	28,518	Fidelity Int'l Index Fund	1,272,364	1,355,766
	373,295	Fidelity US Bond Index Fund	3,886,171	3,815,077
	28,407	Ishares Russell Mid Cap ETF	2,360,328	2,511,179
	7,907	Ishares Russell 1000 ETF	2,274,255	2,547,319
	7,541	Ishares Russell 2000 ETF	1,554,327	1,666,259
	107,258	Spdr Portfolio High Yield Bond ETF	2,529,853	2,517,345
	13,059	Vanguard Real Estate ETF	1,107,951	1,163,296
			<u>16,111,775</u>	<u>16,742,516</u>
		Cash Equivalents		
*	285,376	US Bank Money Market	285,376	285,376
		Total Investments	<u>\$ 16,397,151</u>	<u>\$ 17,027,892</u>

* - An asterisk in column (a) indicates an entity known to be a party in interest as defined by ERISA.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

**FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6537733
PLAN NO. 001
DECEMBER 31, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
1. Individual Transactions:						
Fidelity 500 Index Fund	Equity	\$ -	\$ 2,049,214	\$ 1,569,438	\$ 2,049,214	\$ 479,776
Ishares Core SP Mid Cap ETF	Equity	\$ -	\$ 1,916,619	\$ 1,634,449	\$ 1,916,619	\$ 282,170
Ishares Core SP Small Cap ETF	Equity	\$ -	\$ 1,368,381	\$ 1,267,900	\$ 1,368,381	\$ 100,481
Ishares Core US Reit ETF	Equity	\$ -	\$ 877,685	\$ 934,421	\$ 877,685	\$ (56,736)
Ishares Russell 1000 ETF	Equity	\$ 2,043,243	\$ -	\$ -	\$ 2,043,243	\$ -
Ishares Russell 2000 ETF	Equity	\$ 1,373,931	\$ -	\$ -	\$ 1,373,931	\$ -
Ishares Russell Mid Cap ETF	Equity	\$ 2,051,404	\$ -	\$ -	\$ 2,051,404	\$ -
Vanguard Real Estate ETF	Equity	\$ 956,282	\$ -	\$ -	\$ 956,282	\$ -
Fidelity US Bond Index Fund	Fixed Income	\$ -	\$ 802,779	\$ 826,105	\$ 802,779	\$ (23,326)
Ishares Broad USD High Yield Corp Bd	Fixed Income	\$ 1,973,624	\$ -	\$ -	\$ 1,973,624	\$ -
Ishares Broad USD High Yield Corp Bd	Fixed Income	\$ -	\$ 2,132,376	\$ 2,100,979	\$ 2,132,376	\$ 31,397
Spdr Portfolio High Yield Bond ETF	Fixed Income	\$ 2,173,114	\$ -	\$ -	\$ 2,173,114	\$ -
Spdr Portfolio High Yield Bond ETF	Fixed Income	\$ -	\$ 1,352,658	\$ 1,325,456	\$ 1,352,658	\$ 27,202
First Am Govt Ob Fd Cl X	Money Market Account	\$ 2,851,993	\$ -	\$ -	\$ 2,851,993	\$ -
First Am Govt Ob Fd Cl X	Money Market Account	\$ -	\$ 2,883,142	\$ 2,883,142	\$ 2,883,142	\$ -
2. Series of Transactions:						
Mutual Funds						
Ishares Russell 1000 ETF	Equity	\$ 2,274,255	\$ -	\$ -	\$ 2,274,255	\$ -
Ishares Russell 2000 ETF	Equity	\$ 1,554,327	\$ -	\$ -	\$ 1,554,327	\$ -
Ishares Russell Mid Cap ETF	Equity	\$ 2,414,948	\$ -	\$ -	\$ 2,414,948	\$ -
Vanguard Real Estate ETF	Equity	\$ 1,191,926	\$ -	\$ -	\$ 1,191,926	\$ -
Fidelity US Bond Index Fund	Fixed Income	\$ 1,403,547	\$ -	\$ -	\$ 1,403,547	\$ -
Ishares Broad USD High Yield Corp Bd	Fixed Income	\$ 2,100,979	\$ -	\$ -	\$ 2,100,979	\$ -
Spdr Portfolio High Yield Bond ETF	Fixed Income	\$ 2,722,981	\$ -	\$ -	\$ 2,722,981	\$ -
Cash Equivalents						
First Am Govt Ob Fd Cl X	Money Market Account	\$ 7,544,586	\$ -	\$ -	\$ 7,544,586	\$ -
First Am Govt Ob Fd Cl X	Money Market Account	\$ -	\$ 7,396,430	\$ 7,396,430	\$ 7,396,430	\$ -

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

**FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6537733
PLAN NO. 001
DECEMBER 31, 2024**

(a)	Shares/Par	(b) Identity of Issue & (c) Description of Investment	(d) Cost	(e) Current Value
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			<u>16,111,775</u>	<u>16,742,516</u>
		Cash Equivalents		
*	285,376	US Bank Money Market	285,376	285,376
		Total Investments	<u>\$ 16,397,151</u>	<u>\$ 17,027,892</u>

* - An asterisk in column (a) indicates an entity known to be a party in interest as defined by ERISA.

NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEFINED BENEFIT PLAN

**FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6537733
PLAN NO. 001
DECEMBER 31, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Spdr Portfolio High Yield Bond ETF	Fixed Income	\$ 2,722,981	\$ -	\$ -	\$ 2,722,981	\$ -
Cash Equivalents						
First Am Govt Ob Fd Cl X	Money Market Account	\$ 7,544,586	\$ -	\$ -	\$ 7,544,586	\$ -
First Am Govt Ob Fd Cl X	Money Market Account	\$ -	\$ 7,396,430	\$ 7,396,430	\$ 7,396,430	\$ -

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
 Employer ID Number: 84-6537733
 Plan Number: 001

SUMMARY OF PLAN PROVISIONS

The Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan became effective August 1, 2019 as a result of collective bargaining between the contributing Employers and the Union. The principal provisions of the Plan as of January 1, 2024 are summarized below.

NORMAL RETIREMENT

Eligibility	Age 65 with 5 years of Vesting Service or attainment of age 65 while working.																		
Monthly Benefit	<p>Variable Defined Benefit is defined as the Variable DB Unit Value multiplied by the Variable DB Units earned each Plan Year based on the Variable DB Accrual Rate, Hours of Service worked, and Variable DB Unit Value for the year. The Variable DB Accrual Rate is either \$54, \$72, or \$81 depending on the participant’s status, age, and service on August 1, 2019. Effective August 1, 2029, the Variable DB Accrual Rate is \$63 for all participants. The Variable DB Accrual Rate is adjusted up or down based on the hourly contribution rate made on the participant’s behalf divided by \$3. Each January 1, the Variable DB Unit Value will be adjusted.</p> <table border="0"> <tr> <td>Hurdle Rate = 5%</td> <td>August 1, 2019</td> </tr> <tr> <td>Variable DB Unit Value</td> <td></td> </tr> <tr> <td>\$10.0000</td> <td>August 1, 2019</td> </tr> <tr> <td>\$10.2000</td> <td>January 1, 2020</td> </tr> <tr> <td>\$10.4000</td> <td>January 1, 2021</td> </tr> <tr> <td>\$11.2320</td> <td>January 1, 2022</td> </tr> <tr> <td>\$11.6513</td> <td>January 1, 2023</td> </tr> <tr> <td>\$ 9.6439</td> <td>January 1, 2024</td> </tr> <tr> <td>\$10.3649</td> <td>January 1, 2025</td> </tr> </table> <p>For plan years beginning January 1, 2026 and later, the Variable DB Unit Value will change each year based on the Plan’s investment return for the 2nd preceding plan year compared to 5.0% (the “Hurdle Rate”). For example, the 2024 calendar year return will be used to determine the January 1, 2026 Unit Value. The maximum annual increase to the Variable DB Unit Value is 8.0% (the “Cap Rate”).</p>	Hurdle Rate = 5%	August 1, 2019	Variable DB Unit Value		\$10.0000	August 1, 2019	\$10.2000	January 1, 2020	\$10.4000	January 1, 2021	\$11.2320	January 1, 2022	\$11.6513	January 1, 2023	\$ 9.6439	January 1, 2024	\$10.3649	January 1, 2025
Hurdle Rate = 5%	August 1, 2019																		
Variable DB Unit Value																			
\$10.0000	August 1, 2019																		
\$10.2000	January 1, 2020																		
\$10.4000	January 1, 2021																		
\$11.2320	January 1, 2022																		
\$11.6513	January 1, 2023																		
\$ 9.6439	January 1, 2024																		
\$10.3649	January 1, 2025																		

EARLY RETIREMENT

Eligibility	Attainment of age 55 with 5 years of Vesting Service.																												
Monthly Benefit	<p>Accrued benefit multiplied by an early retirement factor (ERF) based on the retirement age in the following table, with interpolation used for non-integer ages:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Age</th> <th>ERF</th> <th>Age</th> <th>ERF</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>50%</td> <td>61</td> <td>75%</td> </tr> <tr> <td>56</td> <td>53%</td> <td>62</td> <td>80%</td> </tr> <tr> <td>57</td> <td>56%</td> <td>63</td> <td>86%</td> </tr> <tr> <td>58</td> <td>60%</td> <td>64</td> <td>93%</td> </tr> <tr> <td>59</td> <td>65%</td> <td>65</td> <td>100%</td> </tr> <tr> <td>60</td> <td>70%</td> <td></td> <td></td> </tr> </tbody> </table>	Age	ERF	Age	ERF	55	50%	61	75%	56	53%	62	80%	57	56%	63	86%	58	60%	64	93%	59	65%	65	100%	60	70%		
Age	ERF	Age	ERF																										
55	50%	61	75%																										
56	53%	62	80%																										
57	56%	63	86%																										
58	60%	64	93%																										
59	65%	65	100%																										
60	70%																												

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
 Employer ID Number: 84-6537733
 Plan Number: 001

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

SPECIAL EARLY RETIREMENT

Eligibility	Same as Early Retirement but earned at least 750 Hours of Service in three of the four consecutive Plan Years immediately preceding the retirement date.																												
Monthly Benefit	Accrued benefit multiplied by an early retirement factor (ERF) based on the retirement age in the following table, with interpolation used for non-integer ages: <table border="1" data-bbox="583 716 1349 972"> <thead> <tr> <th>Age</th> <th>ERF</th> <th>Age</th> <th>ERF</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>67%</td> <td>61</td> <td>98.5%</td> </tr> <tr> <td>56</td> <td>73%</td> <td>62</td> <td>100%</td> </tr> <tr> <td>57</td> <td>79%</td> <td>63</td> <td>100%</td> </tr> <tr> <td>58</td> <td>85%</td> <td>64</td> <td>100%</td> </tr> <tr> <td>59</td> <td>91%</td> <td>65</td> <td>100%</td> </tr> <tr> <td>60</td> <td>97%</td> <td></td> <td></td> </tr> </tbody> </table>	Age	ERF	Age	ERF	55	67%	61	98.5%	56	73%	62	100%	57	79%	63	100%	58	85%	64	100%	59	91%	65	100%	60	97%		
Age	ERF	Age	ERF																										
55	67%	61	98.5%																										
56	73%	62	100%																										
57	79%	63	100%																										
58	85%	64	100%																										
59	91%	65	100%																										
60	97%																												

RULE OF 85 EARLY RETIREMENT

Eligibility	Same as Special Early Retirement but age plus whole years of Vesting Service equals at least 85.																												
Monthly Benefit	Accrued benefit multiplied by an early retirement factor (ERF) based on the retirement age in the following table, with interpolation used for non-integer ages: <table border="1" data-bbox="583 1207 1349 1463"> <thead> <tr> <th>Age</th> <th>ERF</th> <th>Age</th> <th>ERF</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>79%</td> <td>61</td> <td>100%</td> </tr> <tr> <td>56</td> <td>85%</td> <td>62</td> <td>100%</td> </tr> <tr> <td>57</td> <td>91%</td> <td>63</td> <td>100%</td> </tr> <tr> <td>58</td> <td>97%</td> <td>64</td> <td>100%</td> </tr> <tr> <td>59</td> <td>98.5%</td> <td>65</td> <td>100%</td> </tr> <tr> <td>60</td> <td>100%</td> <td></td> <td></td> </tr> </tbody> </table>	Age	ERF	Age	ERF	55	79%	61	100%	56	85%	62	100%	57	91%	63	100%	58	97%	64	100%	59	98.5%	65	100%	60	100%		
Age	ERF	Age	ERF																										
55	79%	61	100%																										
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57	91%	63	100%																										
58	97%	64	100%																										
59	98.5%	65	100%																										
60	100%																												

LATE RETIREMENT

Eligibility	Vested participants who work beyond their Normal Retirement.
Monthly Benefit	Normal Retirement Income, increased for any Variable DB Units earned after Normal Retirement Date, actuarially increased by 5/12 of 1% (5% per year) for each full month the Employee's retirement is postponed.

DISABILITY RETIREMENT

Eligibility	5 years of Vesting Service, 1 year of Credited Benefit Service and earned at least 750 Hours of Service in three of the four consecutive Plan Years immediately preceding the retirement date.
Monthly Benefit	Accrued benefit without reduction.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
 Employer ID Number: 84-6537733
 Plan Number: 001

SUMMARY OF PLAN PROVISIONS

(CONTINUED)

PRE-RETIREMENT DEATH BENEFIT	
Eligibility	Vested at time of death.
Monthly Benefit	<p>Married:</p> <p>100% of the benefit the employee would have received had he or she terminated employment on his or her date of death, survived to his or her earliest retirement age, and elected the 100% Joint and Survivor Pension. Benefit commences no earlier than the date the participant would have reached age 55.</p> <p>Unmarried:</p> <p>Lump sum equal to the total of employer contributions paid into the Plan on behalf of the participant on or after August 1, 2019.</p>
FORMS OF ANNUITY PAYMENTS	
Normal Form	<p>Married Participants:</p> <p>50% Joint and Survivor Pension with Reversion.</p> <p>All Others:</p> <p>Life Annuity with 60 Months Guaranteed.</p>
Optional Forms	<p>Life Annuity with 60 Months Guaranteed.</p> <p>Spousal Joint and Survivor Pension with Reversion (50%, 75% and 100% options).</p> <p>Joint and 50% Survivor Pension for non-spouse beneficiaries.</p> <p>10-Year Certain and Life.</p> <p>Lump sum if present value of monthly benefit is less than \$10,000.</p>
OTHER	
Credited Benefit Service	One year of Credited Benefit Service for any Plan Year with at least 1500 Hours of Service. Partial Years of Credited Benefit Service, in 0.05 year increments, earned for each complete increment of 75 hours, including hours worked in excess of 1500. No Credited Benefit Service credited for hours worked prior to August 1, 2019.
Year of Vesting Service	750 hours in a Plan Year. A participant becomes 100% vested if 5 or more years of Vesting Service.
Break in Service Rules	<p>One-year Break in Service:</p> <p>Participant works less than 500 hours in a plan year.</p> <p>Permanent Break in Service:</p> <p>Participant incurs 5 consecutive One-year Breaks in Service.</p>
Benefits Not Included in Valuation	None.

Attachment to: 2024 Schedule MB (Form 5500), Line 6f(1)
Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
Employer ID Number: 84-6537733
Plan Number: 001

Description of Withdrawal Liability Interest Rate

The Plan uses an interest discount assumption for calculating withdrawal liability which is the greater of (a) the PBGC immediate annuity rate in effect at the valuation date for terminating a single employer plan, less one and one-half percent or (b) 5.0%.

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
 Employer ID Number: 84-6537733
 Plan Number: 001

SCHEDULE OF ACTIVE PARTICIPANT DATA

Age Group	Years Of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	6	41	1	0	0	0	0	0	0	0	48
25 - 29	2	32	22	0	0	0	0	0	0	0	56
30 - 34	6	46	37	7	1	0	0	0	0	0	97
35 - 39	7	28	31	18	15	4	0	0	0	0	103
40 - 44	3	25	31	8	10	5	0	0	0	0	82
45 - 49	1	15	18	11	14	20	3	0	0	0	82
50 - 54	2	7	11	9	8	19	5	0	0	0	61
55 - 59	0	4	9	1	7	15	8	0	0	0	44
60 - 64	1	6	5	4	7	18	0	0	0	0	41
65 - 69	0	0	4	1	2	9	0	0	0	0	16
70 and Over	0	0	1	0	0	0	0	0	0	0	1
Total	28	204	170	59	64	90	16	0	0	0	631

Attachment to: 2024 Schedule MB (Form 5500), Line 11
Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
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JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The current liability interest rate was changed from 2.55% to 3.29% to be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
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STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

METHODOLOGY:

Asset Valuation

Market Value of Assets.

Actuarial Cost Method

Unit Credit Cost Method - Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
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STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(CONTINUED)

ASSUMPTIONS:																									
Interest Discount Rate	7.0% for funding; 3.29% for current liability.																								
Assumed Rate of Return on Investments	7.0% compounded annually, net of investment expenses.																								
Derivation of Net Investment Return and Discount Rate	The expected return assumptions are established based on a long run outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.																								
Operating Expenses	A total annual amount of \$250,000 paid in monthly installments (\$241,822 at beginning of year).																								
Investment Expenses	Assumed covered by investment earnings.																								
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.																								
Mortality	<p>Healthy Lives: RP-2014 Blue Collar separate annuitant and non-annuitant tables for healthy lives projected from 2006 to 2020 using scale MP-2018.</p> <p>Disabled Lives: RP-2014 Disabled Retiree Mortality Tables projected from 2006 to 2020 using scale MP-2018.</p> <p>Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.</p>																								
Mortality Improvement	The current mortality assumption incorporates a projection to 2020 and is assumed to be reasonable at this time.																								
Termination Rates	<p>Employees are assumed to terminate in accordance with a scale based on age. The following is a sample of the termination rates:</p> <table border="1" data-bbox="537 1619 1287 1835"> <thead> <tr> <th>Age</th> <th>Rate</th> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>9.38%</td> <td>45</td> <td>7.10%</td> </tr> <tr> <td>25</td> <td>9.38%</td> <td>50</td> <td>6.60%</td> </tr> <tr> <td>30</td> <td>8.75%</td> <td>55</td> <td>6.10%</td> </tr> <tr> <td>35</td> <td>8.13%</td> <td>60</td> <td>5.60%</td> </tr> <tr> <td>40</td> <td>7.60%</td> <td>65</td> <td>0.00%</td> </tr> </tbody> </table>	Age	Rate	Age	Rate	20	9.38%	45	7.10%	25	9.38%	50	6.60%	30	8.75%	55	6.10%	35	8.13%	60	5.60%	40	7.60%	65	0.00%
Age	Rate	Age	Rate																						
20	9.38%	45	7.10%																						
25	9.38%	50	6.60%																						
30	8.75%	55	6.10%																						
35	8.13%	60	5.60%																						
40	7.60%	65	0.00%																						

Attachment to: 2024 Schedule MB (Form 5500), Line 6
 Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
 Employer ID Number: 84-6537733
 Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(CONTINUED)

ASSUMPTIONS:																																									
Retirement Rates	<p>Active participants are assumed to retire based on the following rate table:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="background-color: #1a3d4d; color: white;">Not Eligible for Rule of 85</th> <th colspan="2" style="background-color: #1a3d4d; color: white;">Eligible for Rule of 85</th> </tr> <tr> <th style="background-color: #1a3d4d; color: white;">Age</th> <th style="background-color: #1a3d4d; color: white;">Rate</th> <th style="background-color: #1a3d4d; color: white;">Age</th> <th style="background-color: #1a3d4d; color: white;">Rate</th> </tr> </thead> <tbody> <tr><td>55-58</td><td>10%</td><td>55-58</td><td>10%</td></tr> <tr><td>59</td><td>15%</td><td>59</td><td>15%</td></tr> <tr><td>60</td><td>20%</td><td>60</td><td>40%</td></tr> <tr><td>61</td><td>25%</td><td>61</td><td>40%</td></tr> <tr><td>62</td><td>40%</td><td>62</td><td>40%</td></tr> <tr><td>63-64</td><td>25%</td><td>63-64</td><td>25%</td></tr> <tr><td>65-69</td><td>35%</td><td>65-69</td><td>35%</td></tr> <tr><td>70</td><td>100%</td><td>70</td><td>100%</td></tr> </tbody> </table> <p>Inactive vested participants are assumed to retire at age 62.</p>	Not Eligible for Rule of 85		Eligible for Rule of 85		Age	Rate	Age	Rate	55-58	10%	55-58	10%	59	15%	59	15%	60	20%	60	40%	61	25%	61	40%	62	40%	62	40%	63-64	25%	63-64	25%	65-69	35%	65-69	35%	70	100%	70	100%
Not Eligible for Rule of 85		Eligible for Rule of 85																																							
Age	Rate	Age	Rate																																						
55-58	10%	55-58	10%																																						
59	15%	59	15%																																						
60	20%	60	40%																																						
61	25%	61	40%																																						
62	40%	62	40%																																						
63-64	25%	63-64	25%																																						
65-69	35%	65-69	35%																																						
70	100%	70	100%																																						
Disability Rates	<p>Employees are assumed to become disabled in accordance with a scale based on age. The following is a sample of the disability rates:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #1a3d4d; color: white;">Age</th> <th style="background-color: #1a3d4d; color: white;">Rate</th> <th style="background-color: #1a3d4d; color: white;">Age</th> <th style="background-color: #1a3d4d; color: white;">Rate</th> </tr> </thead> <tbody> <tr><td>20</td><td>0.05%</td><td>45</td><td>0.22%</td></tr> <tr><td>25</td><td>0.05%</td><td>50</td><td>0.37%</td></tr> <tr><td>30</td><td>0.07%</td><td>55</td><td>0.61%</td></tr> <tr><td>35</td><td>0.09%</td><td>60</td><td>0.98%</td></tr> <tr><td>40</td><td>0.13%</td><td>62</td><td>0.00%</td></tr> </tbody> </table>	Age	Rate	Age	Rate	20	0.05%	45	0.22%	25	0.05%	50	0.37%	30	0.07%	55	0.61%	35	0.09%	60	0.98%	40	0.13%	62	0.00%																
Age	Rate	Age	Rate																																						
20	0.05%	45	0.22%																																						
25	0.05%	50	0.37%																																						
30	0.07%	55	0.61%																																						
35	0.09%	60	0.98%																																						
40	0.13%	62	0.00%																																						
Form of Benefit	For those not yet in pay status, all participants are assumed to elect a Life Annuity with a 60-month guarantee.																																								
Marital Status	100% of non-retired participants are assumed to be married. Females are assumed to be three years younger than their male spouses.																																								
Active Participant	Worked at least 75 hours in covered employment.																																								
Future Employment	Each active participant is assumed to work the same as the actual hours worked in the prior plan year.																																								
Excluded Participants	None.																																								
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.																																								

Attachment to: 2024 Schedule MB (Form 5500)
Plan Name: Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan
Employer ID Number: 84-6537733
Plan Number: 001

MB ACTUARY SIGNATURE

**SCHEDULE MB
(Form 5500)**

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

OMB No. 1210-0110

2024

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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).

**This Form is Open to Public
Inspection**

▶ **File as an attachment to Form 5500 or 5500-SF.**

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 Northern Nevada Plumbers & Pipefitters Variable Defined Benefit Plan	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 BOT of the Northern Nevada Plumbers & Pipefitters Variable DB Plan	D Employer Identification Number (EIN) <u>84-6537733</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets	
(1) Current value of assets.....	1b(1) 12,433,621
(2) Actuarial value of assets for funding standard account.....	1b(2) 12,433,621
c (1) Accrued liability for plan using immediate gain methods.....	1c(1) 10,379,125
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases.....	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method.....	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 10,379,125
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 11,417,925
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 4,074,708
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 117,216
(3) Expected plan disbursements for the plan year.....	1d(3) 369,484

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	<u>Brian J. Harper</u> Signature of actuary	<u>10/8/2025</u> Date
<u>Brian J. Harper</u> Type or print name of actuary		<u>23-06435</u> Most recent enrollment number
<u>Rael & Letson</u> Firm name 601 Union Street Suite 2415 Seattle WA 98101 Address of the firm		<u>(206) 456-3340</u> Telephone number (including area code)

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	12,433,621
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	29	708,680
(2) For terminated vested participants	68	639,947
(3) For active participants:		
(a) Non-vested benefits		2,078,137
(b) Vested benefits		7,991,161
(c) Total active	631	10,069,298
(4) Total	728	11,417,925
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 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
07/01/2024	4,522,279	0			
Totals ▶			3(b)	4,522,279	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	119.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	12.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	241,822
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	10,011	10,011
1	-261,223	-26,805

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3,735,129

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	44,110	14,260
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		262,457
e Total charges. Add lines 9a through 9d.....	9e		4,011,846
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		1,806,994
g Employer contributions. Total from column (b) of line 3.....	9g		4,522,279
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	483,059	52,364
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		288,435
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,731,761	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,607,552	
(3) FFL credit	9j(3)		224,056
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		6,894,128
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		2,882,282
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan the first return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information											
1a Name of plan NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">08/01/2019</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">84-6537733</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">775-359-6377</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">236200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	08/01/2019	2b Employer Identification Number (EIN)	84-6537733	2c Plan Sponsor's telephone number	775-359-6377	2d Business code (see instructions)	236200
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	08/01/2019										
2b Employer Identification Number (EIN)	84-6537733										
2c Plan Sponsor's telephone number	775-359-6377										
2d Business code (see instructions)	236200										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHERN NEVADA PLUMBERS & PIPEFITTERS VARIABLE DEF 445 APPLE STREET RENO NV 89502											

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

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

SIGN HERE		10-13-25	CRAIG MADOLE Enter name of individual signing as plan administrator
SIGN HERE		10-13-25	KALANI KANEKOA Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311