

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1958
2a Plan sponsor's name: BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST
2b Employer Identification Number (EIN): 88-6031748
2c Plan Sponsor's telephone number: 775-826-7200
2d Business code: 236200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for ELOY JARA (plan administrator) and CRAIG MADOLE (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

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	1126
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)	1126
	6a(2)	947
	6b	115
	6c	
	6d	1062
	6e	
	6f	
	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	151

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST		D Employer Identification Number (EIN) 88-6031748

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3237/C4503	1338	09/01/2023	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) **▶ AD&D**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	61808
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST		D Employer Identification Number (EIN) 88-6031748

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10153	1243	09/01/2023	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1304349
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST	D Employer Identification Number (EIN) 88-6031748	

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)

BENEFIT PLAN ADMINISTRATORS, INC

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 12 10 38 50	NONE	1041869	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)

BERRY & CO., CPAS 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?
10 50	NONE	36727	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)

JENKINS LAW FIRM

88-0271101

(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	32163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALLIANT

33-0785439

(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?
16 50	NONE	14400	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 & GRISBOLL

645 RYAN TERRACE
SAN RAMON, CA 94583

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?
		12395	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

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 21 50 72	NONE	7241	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)

UNITED ACTUARIAL SERVICES

11590 NORTH MERIDIAN ST. SUITE 610
CARMEL, IN 46032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	6300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a Name: BERRY & CO.,CPAS, LTD	b EIN: 88-0400174
c Position:	
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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST	D Employer Identification Number (EIN) 88-6031748

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	1884506	1613142
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1148594	1197026
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	735773	406669
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3070652	3433466
(2) U.S. Government securities	1c(2)	567566	589831
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3481484	4632646
(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)	9238716	9834437
(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	20127291	21707217
Liabilities			
g Benefit claims payable	1g	1929382	1784421
h Operating payables	1h	41055	89188
i Acquisition indebtedness	1i		
j Other liabilities	1j	31217	28110
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2001654	1901719
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18125637	19805498

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)	11379931	
(B) Participants	2a(1)(B)	467143	
(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)		11847074
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189588	
(B) U.S. Government securities	2b(1)(B)	11484	
(C) Corporate debt instruments	2b(1)(C)	140916	
(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)		341988
(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)	298404	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		298404
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	287671	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	300342	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-12671
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	192790	
(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)		1321531
c Other income	2c		591160
d Total income. Add all income amounts in column (b) and enter total	2d		14580276

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10419649	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1375941	
(3) Other.....	2e(3)	116792	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11912382
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)	744770	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	40675	
(5) Investment advisory and investment management fees	2i(5)	56426	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	6300	
(8) Legal fees	2i(8)	39205	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	100657	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		988033
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12900415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1679861
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.		X	

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 _____.

Northern Nevada Laborers Health and Welfare Trust Fund

Financial Statements

August 31, 2024 and 2023

Northern Nevada Laborers Health and Welfare Trust Fund

Financial Statements

August 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
Statements of Benefit Obligations.....	6
Statements of Changes in Benefit Obligations.....	7
Notes to Financial Statements.....	8-15
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held at End of Year.....	17-18
Schedule of Reportable Transactions.....	19

Casey Neilson, Inc.

Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Administrators of the
Northern Nevada Laborers Health and Welfare Trust Fund

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Northern Nevada Laborers Health and Welfare Trust Fund (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 and of benefit obligations as of August 31, 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations 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 and plan benefit obligations of the Plan as of August 31, 2024 and changes in net assets available for benefits and plan benefit obligations 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 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 that 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 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 accounting 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.

2024 Supplemental Schedules Required by ERISA

Our audit was 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 the purpose 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.

2023 Financial Statements

The financial statements of Northern Nevada Laborers Health and Welfare Trust Fund as of August 31, 2023, were audited by other auditors whose report dated June 12, 2024 expressed an unmodified opinion on those statements.

Handwritten signature of Casey Neilson in black ink.

Reno, Nevada
June 13, 2025

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Net Assets Available for Benefits
August 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value:		
U.S. Government securities	\$ 589,831	\$ 567,566
Corporate bonds	4,632,646	3,481,484
Mutual funds	9,834,437	9,238,716
Cash equivalents	3,433,466	3,070,652
	18,490,380	16,358,418
Receivables:		
Employer contributions	1,197,026	1,148,594
Prescription rebates	33,270	74,680
Stop-loss reimbursements	305,157	597,576
Accrued interest and dividends	60,950	52,667
	1,596,403	1,873,517
Other assets:		
Cash	1,613,142	1,884,506
Prepaid expenses	7,292	10,850
	1,620,434	1,895,356
	21,707,217	20,127,291
Liabilities		
Accounts payable	89,188	41,055
Reciprocity payable	28,110	31,217
Total liabilities	117,298	72,272
	\$ 21,589,919	\$ 20,055,019

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended August 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 1,501,651	\$ 484,130
Interest and dividends	640,392	479,723
Total investment income	2,142,043	963,853
Less investment fees	(56,426)	(48,679)
Net investment income (loss)	2,085,617	915,174
Contributions:		
Employer contributions	11,379,930	10,440,906
Self-payments	467,143	523,227
Total contributions	11,847,073	10,964,133
Other income	195,186	55,421
Total additions	14,127,876	11,934,728
 Deductions from net assets attributed to:		
Group medical, dental, vision, disability, and stop loss premiums	1,375,941	1,145,295
Claims paid on medical, dental, disability, and prescriptions, net of refunds	10,564,610	8,545,215
Stop-loss recoveries	(395,974)	(851,467)
PPO, network access and case management	116,792	103,607
	11,661,369	8,942,650
 Operating expenses:		
Actuarial fees	6,300	6,000
Administrative fees	744,770	650,206
Bond and insurance	4,609	5,823
Conference, education and travel	16,644	5,711
Legal fees	39,205	113,555
Office and miscellaneous	10,737	13,999
Plan audit and contract compliance fees	40,675	38,889
Printing and postage	64,486	55,414
Storage	4,181	5,337
	931,607	894,934
 Total deductions	12,592,976	9,837,584
 Total increase / (decrease) in net assets available for benefits:	1,534,900	2,097,144
 Net assets available for benefits:		
Beginning of year	20,055,019	17,957,875
 End of year	\$ 21,589,919	\$ 20,055,019

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Benefit Obligations
August 31, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents:		
Claims payable, claims incurred but not reported and premiums due to insurers	\$ 1,784,421	\$ 1,929,382
Other obligations for current benefit coverage, at present value of estimated amounts:		
Estimated future benefits based on participants' accumulated eligibility	4,431,991	4,469,536
Total obligations other than postretirement benefit obligations	6,216,412	6,398,918
Postretirement benefits obligations:		
Current retirees	6,469,420	6,332,501
Other participants fully eligible for benefits	2,720,944	2,525,785
Other participants not yet fully eligible for benefits	3,043,935	2,447,081
	12,234,299	11,305,367
Total benefit obligations	\$ 18,450,711	\$ 17,704,285

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations
For the Years Ended August 31, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 1,929,382	\$ 1,037,416
Claims reported and approved for payment	11,795,590	9,834,615
Claims paid	<u>(11,940,551)</u>	<u>(8,942,649)</u>
Balance at end of year	1,784,421	1,929,382
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	4,469,536	3,333,200
Net change during year	<u>(37,545)</u>	<u>1,136,336</u>
Balance at end of year	<u>4,431,991</u>	<u>4,469,536</u>
Total obligations other than postretirement benefit obligations	<u>6,216,412</u>	<u>6,398,918</u>
Postretirement benefits obligations:		
Balance at beginning of year	11,305,367	11,434,812
Increase (decrease) during the year attributed to:		
Assumption changes	606,258	(575,451)
Estimated net benefits paid	(518,758)	(489,577)
Interest	593,532	514,567
Benefits earned and other changes	<u>247,900</u>	<u>421,016</u>
Balance at end of year	<u>12,234,299</u>	<u>11,305,367</u>
Total benefit obligations at end of year	<u><u>\$ 18,450,711</u></u>	<u><u>\$ 17,704,285</u></u>

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the Northern Nevada Laborers Health and Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, a multiemployer health and welfare plan, was established in 1958 by the Nevada Chapter of the Associated General Contractors of America, Inc.; the International Union of North America – A.F.L. – C.I.O., Local #169, and the Operative Plasters and Cement Masons International Association Local Union #797, A.F.L.– C.I.O. for the purpose of providing health care benefits to eligible participants covered by the collective bargaining agreement. The Plan received the majority of its income from construction contractors working mainly in Northern Nevada.

The Plan is administered by the Board of Trustees of the Northern Nevada Laborers Health and Welfare Trust Fund and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The Plan is funded by contributions based on the hours worked by employees in covered employment according to the specified terms of the collective bargaining agreement. For the years ended August 31, 2024 and 2023, the contribution rates ranged between \$3.48 to \$5.35 and \$3.48 to \$5.25 respectively, for each hour worked in covered employment. The self-pay, COBRA and retiree contributions are determined by the Board of Trustees and adjusted as necessary.

Benefits

The Plan provides health and welfare benefits including medical, dental, vision, prescription drug, life, accidental death and dismemberment, and disability benefits for eligible participants. The Plan is self-insured for medical, prescription, dental, vision, and disability benefits up to the individual stop loss limits. The claims for self-insured benefits are processed by the Plan's third-party administrator. The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits. Premiums for all insured benefits are paid from the general assets of the Plan.

Reciprocal Contributions

The Plan has various reciprocal agreements in place with other collectively bargained plans. In accordance with these agreements, the Plan is required to remit funds received from contributing employers on behalf of temporary employees to the employees' participating local unions.

For the years ended August 31, 2024 and 2023, the Plan remitted \$352,371 and \$263,832 reciprocal payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employer's contributions in the statements of changes in net assets available for benefits. No allowance for credit losses as of August 31, 2024 and 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocity payable account and are not included in the statement of changes in net assets available for benefits as they do not represent an expense of the Plan.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America (GAAP).

Employer Contributions and Contributions Receivable

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on the likelihood of collection. As of August 31, 2024 and 2023, there was no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits, but due to the uncertainty of collections, no estimates of the contributions will be accrued.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan Administrator and Board of Trustees determines the Plan's valuation policies and procedures.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year 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 and Form 5500 purposes.

The classification of investment earnings reported in the statements of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, benefit obligations, and changes therein, incurred but not remitted (IBNR), claims payable, eligibility credits, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimated Medical and Dental Claims Incurred but not Reported

Under the direct payment plan, in contrast to an insured plan, the actual cost of health and accident benefits for a particular period of time is not known until several months after the close of that period. An estimated liability is calculated by the Plan's actuary to provide for medical and dental claims incurred but not yet reported.

Estimated Future Benefits Based on Participants' Accumulated Eligibility

The accrued liability for future benefits is based on the months of eligibility as of August 31, multiplied by the estimated monthly cost of benefits.

Stop Loss

Premiums for stop-loss insurance are included in group medical, dental, vision, disability and stop loss premiums in the accompanying statements of changes in net assets available for benefits. Stop loss recoveries received for 2024 and 2023 claims totaling \$395,974 and \$851,467, respectively, are netted against claims paid in self-funded benefits in the accompanying statements of changes in net assets available for benefits. As of August 31, 2024 and 2023 stop loss reimbursements and dividends receivable were \$305,157 and \$597,576, respectively.

Administrative Expense

Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits

Priorities Upon Termination

The Plan shall remain in full force and effect until terminated by the action of the Board of Trustees. Retiree coverage under the Plan, however, terminates each Plan year unless specifically renewed by the Board of Trustees.

If the Plan terminates, the Board of Trustees shall:

- Pay from Plan funds all expenses incurred up to the date of termination and the expenses of termination itself;
- Distribute the rest of the Plan's assets in a way that the Board of Trustees decides will carry out the purpose of the Plan, including but not limited to, purchasing other insurance benefits for eligible persons on a pro rata basis, or transferring the funds and/or group insurance policies to a new plan with the same or similar purpose as this Plan; and
- Arrange for a final audit and report regarding the Plan's funds and other assets.

Change in Presentation of Comparative Statements

Certain amounts in the prior year's financial statements have been reclassified for comparative purposes to conform to the presentation in the current year's financial statements. These reclassifications have not had any impact on previously reported total net assets available for benefits.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

3. POSTRETIREMENT BENEFIT OBLIGATION

The amount reported as postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to, or for (a) currently retired or terminated employees and their beneficiaries and dependents and (b) active participating employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contribution from the plan's participating employers, from existing plan assets, and from self-payments by the participants.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The postretirement benefit obligation is the actuarial present value of the benefits expected to be paid assuming cost of living adjustments and trend increases in future benefit amounts based on assumed discount rates and age-related probabilities of survival and recovery.

The following were significant assumptions used in the valuations as of August 31, 2024 and 2023:

	August 31, 2024	August 31, 2023
Discount Rate	5.00%	5.25%
Participation rate at retirement	15%	15%
Mortality, turnover and disability	105% males and 110% for females of the Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.	105% for males and 110% for females of the Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.

Post-retirement benefit obligations may be significantly reduced or eliminated because: (1) retirees must elect retiree health coverage within thirty days after retirement, or permanently lose eligibility, (2) retirees who timely elect coverage must continuously meet certain eligibility requirements, or permanently lose eligibility, (3) retirees who timely elect coverage must continuously make timely monthly self payments in the amount set from time to time by the Board of Trustees, or permanently lose eligibility, and (4) the Board of Trustees has reserved the right, in its sole and absolute discretion, to amend, modify, revoke, or terminate retiree coverage for all or certain classes of retirees.

The Plan and related Trust are funded as third-party beneficiaries of collective bargaining agreements, which provide for monthly contributions to the Trust for each hour worked by participants. Collective bargaining agreements may allow trustees to increase the contribution rate within defined parameters, and/or trustees may encourage collective bargaining parties to increase the contribution rate. The trustees may terminate, reduce, or amend retiree coverage or increase the retiree self-pay cost.

The foregoing assumptions are based on the presumption that the Plan will continue as a going concern. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

4. 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 Fund’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. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The 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. Although management believes the 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 Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

4. INVESTMENTS – FAIR VALUE MEASUREMENTS (CONTINUED)

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

Assets at Fair Value as of August 31, 2024				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Money market deposit accounts	\$ 3,433,466	\$ -	\$ -	\$ 3,433,466
Mutual funds	9,834,437	-	-	9,834,437
U.S. Government securities	589,831	-	-	589,831
Corporate bonds		4,632,646	-	4,632,646
Total investments	\$ 13,857,734	\$ 4,632,646	\$ -	\$ 18,490,380

Assets at Fair Value as of August 31, 2023				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Money market deposit accounts	\$ 3,070,652	\$ -	\$ -	\$ 3,070,652
Mutual funds	9,238,716	-	-	9,238,716
U.S. Government securities	567,566	-	-	567,566
Corporate bonds		3,481,484	-	3,481,484
Total investments	\$ 12,876,934	\$ 3,481,484	\$ -	\$ 16,358,418

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 August 31, 2024 and 2023.

Level 1 Measurements

The fair values of the mutual funds and U.S. Government Securities are determined by reference to each fund’s underlying assets. Shares held in these mutual funds are traded on national exchanges and are valued at the NAV on the last business day of each period presented.

The money market fund has a quoted NAV that represents the fair value of the fund.

Level 2 Measurements

The fair value of corporate bonds are based on quoted market prices and/or other market data for the same or comparable instruments.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

5. TRANSIT ACCOUNT

Employer contributions for hours worked in Nevada are physically received at Benefit Plan Administrators (BPA) office in Reno, Nevada. BPA, the third-party administrator, promptly deposits these contributions into a US Bank commercial account. Each business day, US Bank transfers all available employer contributions from the commercial account into a US Bank trust account known as the transit Account. All employer contributions are disbursed out of the US Bank trust transit account each month pursuant to trustee policy and into accounts held by various plan accounts. BPA performs a monthly reconciliation of both the US Bank commercial account and the trust transit account. Amounts held in the transit account were \$1,061,344 and \$1,071,193 as of August 31, 2024 and 2023, respectively. These amounts are included in cash on the statements of net assets available for benefits.

6. FEDERAL INCOME TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated September 18, 1998, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by US Bank, the custodian as defined by the Plan. As described in Note 2, 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 ERISA.

8. 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 global 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 amounts reported in the statements of net assets available for benefits.

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At August 31, 2024 and 2023, the Plan had approximately \$811,344 and \$1,634,506, respectively, in excess of FDIC-insured limits.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

8. RISKS AND UNCERTANTIES (CONTINUED)

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

The Plan collects and manages contributions from employers in the Northern Nevada area pursuant to the collective bargaining agreement. Therefore, the amount of contributions is dependent on the construction activity in the Northern Nevada area.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial as of August 31, 2024 and 2023 to the Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 21,589,919	\$ 20,055,019
Less: Claims payable, claims incurred but not reported and premiums due to insurers	(1,784,421)	(1,929,382)
Net assets available for benefits per the Form 5500	\$ 19,805,498	\$ 18,125,637

The following is a reconciliation of total benefits paid per the financial statement to the Form 5500 for the year ended August 31, 2024:

	2024
Per the financial statements:	
Total additions	\$ 14,127,876
Investment fees deducted from additions	56,426
Stop loss recoveries deducted from premiums and claims	395,974
Total income per the Form 5500	\$ 14,580,276
	2024
Per the financial statements:	
Total deductions	\$ 12,592,976
Investment fees deducted from additions	56,426
Stop loss recoveries deducted from claims	395,974
	13,045,376
Add: claims payable, IBNR and premiums payable at end of year	1,784,421
Less: claims payable, IBNR and premium payable at beginning of year	(1,929,382)
	(144,961)
Total expenses per the Form 5500	\$ 12,900,415

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2024 and 2023

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities the accompanying financial statements but are recorded in Form 5500 as a liability.

10. SUBSEQUENT EVENTS

An evaluation of subsequent events through June 13, 2025, the date the financial statements were available to be issued, has determined no additional items required recognition or disclosure.

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

SUPPLEMENTAL INFORMATION

August 31, 2024

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6031748
PLAN NO. 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, rate	Collateral, Maturity date	Par or shares		
	US Government Securities					
	F H L B Deb	2.00%	12/8/2028	100,000.00	\$ 101,514	\$ 92,908
	U S Treasury Bd	2.25%	8/15/2046	75,000.00	64,137	52,723
	U S Treasury Nt	1.13%	2/29/2028	75,000.00	75,021	68,531
	U S Treasury Nt	1.25%	6/30/2028	100,000.00	101,586	91,090
	U S Treasury Nt	2.00%	8/15/2025	50,000.00	49,574	48,881
	U S Treasury Nt	2.25%	11/15/2025	75,000.00	74,792	73,245
	U S Treasury Nt	1.75%	11/15/2029	100,000.00	104,828	90,664
	U S Treasury Nt	2.25%	8/15/2027	75,000.00	80,373	71,789
					\$ 651,825	\$ 589,831
	Corporate Bonds					
	Aflac Incorporated	3.60%	4/1/2030	75,000.00	\$ 86,718	\$ 71,622
	Adobe Inc	2.30%	2/1/2030	100,000.00	102,052	90,864
	Air Products	2.02%	5/15/2030	100,000.00	100,981	88,750
	Allstate Corp	3.28%	12/15/2026	100,000.00	107,899	97,524
	American Honda Mtn	2.00%	3/24/2028	100,000.00	100,832	92,201
	American Honda Mtn	4.90%	3/13/2029	100,000.00	99,341	102,096
	Apple Inc	3.35%	2/9/2027	75,000.00	74,604	73,846
	Autozone Inc	5.20%	8/1/2033	175,000.00	177,170	177,541
	Bristol Myers Squibb	3.40%	7/26/2029	100,000.00	109,395	96,094
	Chevron Corp	2.95%	5/16/2026	75,000.00	74,975	73,418
	Cisco Systems Inc	5.05%	2/26/2034	200,000.00	203,816	207,204
	Coca Cola Co The	2.13%	9/6/2029	75,000.00	78,572	68,272
	Comcast Corp	3.15%	3/1/2026	70,000.00	73,367	68,683
	John Deere Mtn	2.45%	1/9/2030	100,000.00	103,247	91,475
	Emerson Electric Co	3.15%	6/1/2025	50,000.00	50,637	49,539
	General Dynamics	3.63%	4/1/2030	100,000.00	99,476	96,880
	Hp Inc Sr Gbl Nt	3.40%	6/17/2030	350,000.00	286,650	328,451
	Home Depot Inc	4.50%	9/15/2032	100,000.00	98,330	100,630
	Intel Corp	3.75%	3/25/2027	75,000.00	86,990	72,993
	Jpmorgan Chase Co	3.20%	6/15/2026	75,000.00	77,038	73,354
	Eli Lilly Co	4.70%	2/27/2033	150,000.00	153,489	152,270
	Lowes Cos Inc	3.10%	5/3/2027	75,000.00	75,792	72,524
	Microsoft Corp	2.40%	8/8/2026	75,000.00	75,580	72,675
	Midamerican Energy	3.10%	5/1/2027	75,000.00	73,731	72,872
	Morgan Stanley	4.00%	7/23/2025	75,000.00	77,991	74,499

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6031748
PLAN NO. 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, rate	Collateral, Par or Maturity date	shares		
	Northern Trust Corp	3.95%	10/30/2025	50,000.00	\$ 52,437	\$ 49,604
	Pnc Financial	3.45%	4/23/2029	75,000.00	86,675	72,061
	Pfizer Inc	3.00%	12/15/2026	75,000.00	74,645	73,112
	Prologis LP LP	2.25%	4/15/2030	115,000.00	118,908	102,804
	Public Storage	3.09%	9/15/2027	75,000.00	84,320	72,359
	Qualcomm Inc	3.25%	5/20/2027	70,000.00	73,385	68,279
	Realty Income Corp	5.63%	10/13/2032	200,000.00	203,870	209,768
	Charles Schwab Corp	3.20%	1/25/2028	50,000.00	56,242	48,025
	Simon Pty	6.25%	1/15/2034	175,000.00	189,649	191,296
	State Street Corp	2.65%	5/19/2026	75,000.00	76,881	72,851
	Texas Instruments	2.25%	9/4/2029	75,000.00	79,763	68,645
	3M Company Mtn	3.38%	3/1/2029	100,000.00	109,271	95,881
	Toyota Motor Mtn	3.20%	1/11/2027	75,000.00	76,931	73,256
	Unitedhealth Group	2.30%	5/15/2031	100,000.00	104,104	87,287
	Verizon Comm	4.40%	11/1/2034	200,000.00	190,706	191,974
	Walmart Inc	3.70%	6/26/2028	75,000.00	88,458	74,610
	Wells Fargo Co Mtn	3.55%	9/29/2025	75,000.00	77,195	74,061
					<u>\$ 4,392,113</u>	<u>\$ 4,192,150</u>
	Foreign Issues					
	Credit Suisse Ny Mtn	3.63%	9/9/2024	50,000.00	\$ 50,223	\$ 49,985
	Toronto Dominion	4.56%	6/8/2032	325,000.00	309,296	317,821
	Westpac Banking Corp	2.70%	8/19/2026	75,000.00	71,837	72,695
					<u>\$ 431,356</u>	<u>\$ 440,501</u>
	Mutual Funds					
	Artisan High Income			95,151.00	820,216	863,965
	Fidelity 500 Index Fund			19,190.00	2,562,444	3,771,603
	Fidelity Mid Cap Index Fund			56,128.00	1,472,134	1,884,789
	Nuveen Short Term			327,478.00	3,329,242	3,314,075
					<u>\$ 8,184,036</u>	<u>\$ 9,834,432</u>
	Money Market					
*	First Am Govt Ob Fd Cl X			3,433,466.00	\$ 3,433,466	\$ 3,433,466
					<u>\$ 17,092,796</u>	<u>\$ 18,490,380</u>

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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:						
First American	First Am Gov't Ob Fd, CL X	\$ 1,063,356	\$ -	\$ -	\$ 1,063,356	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,150,001	\$ -	\$ -	\$ 1,150,001	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,136,783	\$ -	\$ -	\$ 1,136,783	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,163,657	\$ -	\$ -	\$ 1,163,657	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,071,043	\$ -	\$ -	\$ 1,071,043	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,019,224	\$ -	\$ -	\$ 1,019,224	\$ -
First American	First Am Gov't Ob Fd, CL Z	\$ 1,079,240	\$ -	\$ -	\$ 1,079,240	\$ -
2. Series of Transactions:						
Mutual Funds						
Fidelity	Mid Cap Index Fund	\$ -	\$ 625,049	\$ 513,410	\$ 625,049	\$ 111,639
Fidelity	500 Index Fund	\$ -	\$ 1,447,333	\$ 1,003,919	\$ 1,447,333	\$ 443,414
Artisan	High Income Fund	\$ -	\$ 251,551	\$ 241,723	\$ 251,551	\$ 9,828
Artisan	Nuveen Short Term Bond Fund	\$ -	\$ 1,218,503	\$ 1,240,154	\$ 1,218,503	\$ (21,651)
Cash Equivalents						
First American	First Am Gov't Ob Fd, CL X	\$ -	\$ 14,801,452	\$ 14,801,452	\$ 14,801,452	\$ -

Note: Columns (e) "Lease Rental" and (f) "Expense Incurred with Transaction" are omitted, as the answers are n/a.

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6031748
PLAN NO. 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, rate	Collateral, Maturity date	Par or shares		
	US Government Securities					
	F H L B Deb	2.00%	12/8/2028	100,000.00	\$ 101,514	\$ 92,908
	U S Treasury Bd	2.25%	8/15/2046	75,000.00	64,137	52,723
	U S Treasury Nt	1.13%	2/29/2028	75,000.00	75,021	68,531
	U S Treasury Nt	1.25%	6/30/2028	100,000.00	101,586	91,090
	U S Treasury Nt	2.00%	8/15/2025	50,000.00	49,574	48,881
	U S Treasury Nt	2.25%	11/15/2025	75,000.00	74,792	73,245
	U S Treasury Nt	1.75%	11/15/2029	100,000.00	104,828	90,664
	U S Treasury Nt	2.25%	8/15/2027	75,000.00	80,373	71,789
					\$ 651,825	\$ 589,831
	Corporate Bonds					
	Aflac Incorporated	3.60%	4/1/2030	75,000.00	\$ 86,718	\$ 71,622
	Adobe Inc	2.30%	2/1/2030	100,000.00	102,052	90,864
	Air Products	2.02%	5/15/2030	100,000.00	100,981	88,750
	Allstate Corp	3.28%	12/15/2026	100,000.00	107,899	97,524
	American Honda Mtn	2.00%	3/24/2028	100,000.00	100,832	92,201
	American Honda Mtn	4.90%	3/13/2029	100,000.00	99,341	102,096
	Apple Inc	3.35%	2/9/2027	75,000.00	74,604	73,846
	Autozone Inc	5.20%	8/1/2033	175,000.00	177,170	177,541
	Bristol Myers Squibb	3.40%	7/26/2029	100,000.00	109,395	96,094
	Chevron Corp	2.95%	5/16/2026	75,000.00	74,975	73,418
	Cisco Systems Inc	5.05%	2/26/2034	200,000.00	203,816	207,204
	Coca Cola Co The	2.13%	9/6/2029	75,000.00	78,572	68,272
	Comcast Corp	3.15%	3/1/2026	70,000.00	73,367	68,683
	John Deere Mtn	2.45%	1/9/2030	100,000.00	103,247	91,475
	Emerson Electric Co	3.15%	6/1/2025	50,000.00	50,637	49,539
	General Dynamics	3.63%	4/1/2030	100,000.00	99,476	96,880
	Hp Inc Sr Gbl Nt	3.40%	6/17/2030	350,000.00	286,650	328,451
	Home Depot Inc	4.50%	9/15/2032	100,000.00	98,330	100,630
	Intel Corp	3.75%	3/25/2027	75,000.00	86,990	72,993
	Jpmorgan Chase Co	3.20%	6/15/2026	75,000.00	77,038	73,354
	Eli Lilly Co	4.70%	2/27/2033	150,000.00	153,489	152,270
	Lowes Cos Inc	3.10%	5/3/2027	75,000.00	75,792	72,524
	Microsoft Corp	2.40%	8/8/2026	75,000.00	75,580	72,675
	Midamerican Energy	3.10%	5/1/2027	75,000.00	73,731	72,872
	Morgan Stanley	4.00%	7/23/2025	75,000.00	77,991	74,499

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 88-6031748
PLAN NO. 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, rate	Collateral, Maturity date	Par or shares		
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*	First Am Govt Ob Fd Cl X			3,433,466.00	\$ 3,433,466	\$ 3,433,466
					<u>\$ 17,092,796</u>	<u>\$ 18,490,380</u>

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 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>09/01/2023</u> and ending <u>08/31/2024</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 <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <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 LABORERS HEALTH AND WELFARE TRUST FUND	<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;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">09/01/1958</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan	09/01/1958		
1b Three-digit plan number (PN) ▶	501						
1c Effective date of plan	09/01/1958						
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) BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TR BENEFIT PLAN ADMINISTRATORS, INC 445 APPLE STREET SUITE 109 RENO NV 89502	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">88-6031748</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">775-826-7200</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">236200</td> </tr> </table>	2b Employer Identification Number (EIN)	88-6031748	2c Plan Sponsor's telephone number	775-826-7200	2d Business code (see instructions)	236200
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2c Plan Sponsor's telephone number	775-826-7200						
2d Business code (see instructions)	236200						

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			ELOY JARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			CRAIG MADOLE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023) v. 230728

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
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5 Total number of participants at the beginning of the plan year	5	1,126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1,126
a (2) Total number of active participants at the end of the plan year	6a(2)	947
b Retired or separated participants receiving benefits	6b	115
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,062
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	151

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4Q

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 31, 2024

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