

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NORTHERN NEVADA OPERATING ENGINEERS HEALTH AND WEL</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND</u></p> <p><u>BENEFIT PLAN ADMINISTRATORS</u> <u>445 APPLE STREET</u> <u>SUITE 109</u> <u>RENO, NV 89502</u></p>	<p>1c Effective date of plan <u>09/01/1970</u></p> <p>2b Employer Identification Number (EIN) <u>88-6031750</u></p> <p>2c Plan Sponsor's telephone number <u>775-826-7200</u></p> <p>2d Business code (see instructions) <u>236200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/16/2025	CRAIG MADOLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/16/2025	BRUCE NOEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">1404</td> </tr> </table>	5	1404																
5	1404																		
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">1404</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">1302</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">1302</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td></td> </tr> </table>				6a(1)	6a(2)	1404	6b	6c	1302	6d	6e	1302	6f	6g(1)		6g(2)	6h	
6a(1)	6a(2)	1404																	
6b	6c	1302																	
6d	6e	1302																	
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).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">97</td> </tr> </table>	7	97																
7	97																		

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 4L

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
---	--

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>
--	--

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 OPERATING ENGINEERS HEALTH AND WEL		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND		D Employer Identification Number (EIN) 88-6031750

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	SL10281	1304	06/01/2023	05/31/2024

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 10000	(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

THE SEGAL COMPANY (EASTERN STATES) **333 WEST 34TH STREET
NEW YORK, NY 10001**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10000			

(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
	(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	

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)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **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)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

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	1806970
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 OPERATING ENGINEERS HEALTH AND WEL		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND		D Employer Identification Number (EIN) 88-6031750	

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	G3346/C4609	1304	06/01/2023	05/01/2024

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	(b) Total amount of fees paid
0	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
	(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
	(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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	48487
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.
--	--	---

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

A Name of plan NORTHERN NEVADA OPERATING ENGINEERS HEALTH AND WEL	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND	D Employer Identification Number (EIN) 88-6031750	

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

US BANK

31-0841368

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

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

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

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

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

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

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

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

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

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

(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	NONE	902669	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)

THE SEGAL COMPANY

94-1503999

(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	91541	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)

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	51719	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"/>

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

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

BERRY & CO CPAS

(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?
		32200	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)

NEYHART, ANDERSON, FLYNN & GRSBOLL

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?
16 27 50	NONE	30988	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)

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	14000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: BERRY & CO., CPA'S LTD	b EIN: 88-0400174
c Position:	
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
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan NORTHERN NEVADA OPERATING ENGINEERS HEALTH AND WEL	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND	D Employer Identification Number (EIN) 88-6031750

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	1664344	1357219
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1605010	1995194
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1051890	921805
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	835007	1643063
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4299560	
(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	9455811	5917281
Liabilities			
g Benefit claims payable	1g	3179024	917057
h Operating payables	1h	52984	64183
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3232008	981240
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6223803	4936041

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)	19901049	
(B) Participants	2a(1)(B)	52349	
(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)		19953398
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54595	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54595
(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)	91321	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		91321
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		171112
c Other income.....	2c		48550
d Total income. Add all income amounts in column (b) and enter total.....	2d		20318976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18329104	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1975680	
(3) Other.....	2e(3)	69834	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		20374618
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)	894453	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	32200	
(5) Investment advisory and investment management fees.....	2i(5)	8945	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	76303	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	117550	
(11) Other expenses.....	2i(11)	102669	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		1232120
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21606738

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1287762
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 OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND
FINANCIAL STATEMENTS
August 31, 2024 and 2023

NORTHERN NEVADA OPERATING ENGINEERS 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
Statement 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
Schedule of Reportable Transactions.....	18

Casey Neilon, Inc.

Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Administrators of the
Northern Nevada Operating Engineers Health and Welfare Trust Fund

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of the Northern Nevada Operating Engineers 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 accompanying 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 auditing standards, we:

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

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

Other Matters

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 the Northern Nevada Operating Engineers Health and Welfare Trust Fund as of August 31, 2023, were audited by other auditors whose report dated July 11, 2024 expressed an unmodified opinion on those statements.

A handwritten signature in black ink that reads "Casey Neilson". The signature is written in a cursive, slightly slanted style.

Reno, Nevada
June 13, 2025

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

	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ -	\$ 4,299,560
Cash equivalents	1,643,063	835,007
	1,643,063	5,134,567
Receivables:		
Employer contributions	1,995,194	1,605,010
Prescription rebates and other refunds	735,226	812,834
Stop-loss reimbursements	176,754	229,874
	2,907,174	2,647,718
Other assets:		
Cash	1,357,219	1,664,344
Prepaid expenses	9,825	9,182
	1,367,044	1,673,526
Total assets	5,917,281	9,455,811
 Liabilities		
Accounts payable	64,183	52,984
Total liabilities	64,183	52,984
Net assets available for benefits	\$ 5,853,098	\$ 9,402,827

The accompanying notes are an integral part of these financial statements.

Northern Nevada Operating Engineers 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	\$ 171,112	\$ 130,630
Interest and dividend income	145,916	179,499
Total investment income	317,028	310,129
Less investment fees	(8,945)	(8,992)
Net investment income (loss)	308,083	301,137
Contributions:		
Employer contributions	17,196,552	14,704,544
Reciprocal contributions	96,041	202,452
Employee self-payments	52,349	45,976
Total contributions	17,344,942	14,952,972
Other income	254,779	392,127
Total additions	17,907,804	15,646,236
 Deductions from net assets attributed to:		
Group medical, dental, vision, disability, life insurance and stop loss premiums	1,975,680	1,743,512
Claims paid on medical, dental, disability, and prescriptions, net of refunds	20,591,071	15,839,322
Stop-loss recoveries	(2,402,227)	(981,245)
PPO, network access and case management	69,834	88,639
	20,234,358	16,690,228
Operating expenses:		
Consulting fees	117,550	61,006
Administrative fees	894,453	697,071
Bonds and insurance	15,010	14,462
Legal fees	76,303	121,557
Office and miscellaneous	31,496	28,564
Plan audit and contract compliance fees	32,200	20,000
Printing and postage	56,163	38,696
	1,223,175	981,356
Total deductions	21,457,533	17,671,584
Total increase / (decrease) in net assets available for benefits:	(3,549,729)	(2,025,348)
Net assets available for benefits:		
Beginning of year	9,402,827	11,428,175
End of year	\$ 5,853,098	\$ 9,402,827

The accompanying notes are an integral part of these financial statements.

Northern Nevada Operating Engineers 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	\$ 917,057	\$ 3,179,024
Other obligations for current benefit coverage, at present value of estimated amounts:		
Estimated future benefits based on participants' accumulated eligibility	11,523,293	9,328,400
Total benefit obligations	\$ 12,440,350	\$ 12,507,424

The accompanying notes are an integral part of these financial statements.

Northern Nevada Operating Engineers 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	\$ 3,179,024	\$ 2,495,599
Claims and insurance premiums incurred	20,304,784	18,266,258
Claims and insurance premiums paid	<u>(22,566,751)</u>	<u>(17,582,833)</u>
Balance at end of year	917,057	3,179,024
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	9,328,400	8,677,600
Net change during year	<u>2,194,893</u>	<u>650,800</u>
Balance at end of year	11,523,293	9,328,400
Total obligations other than postretirement benefit obligations	<u><u>\$ 12,440,350</u></u>	<u><u>\$ 12,507,424</u></u>

The accompanying notes are an integral part of these financial statements.

Northern Nevada Operating Engineers 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 Operating Engineers 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 1970 by agreement between the Nevada Chapter of Associated General Contractors of America, Inc., and the Operating Engineers Local No. 3 for the purpose of providing health and other benefits to eligible participants covered by the collective bargaining agreements between Operating Engineers Local No. 3 and individual employees signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and it governed by a joint board consisting of equal representation from the participating employers and the Nevada Chapter of Associated General Contractors of America, Inc., and the Operating Engineers Local No. 3.

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 third-party administrator pays all claims directly out of the Plan assets. The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits. Premiums for all insured benefits are paid directly out of the Plan assets.

Funding Policy

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 (CBA). For the years ended August 31, 2024 and 2023, the contribution rates ranged from \$5.55 to \$9.48 and \$5.30 to \$7.05, respectively. Non-working employees who have exhausted their eligibility may make contributions to continue coverage. The self-pay, COBRA and retiree contributions are determined by the Board of Trustees and are reviewed and adjusted annually as necessary.

Northern Nevada Operating Engineers 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.

Use of Estimates

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

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 non-collectable amounts based on the likelihood of collection. As of August 31, 2024 and 2023, there was estimated credit loss recorded.

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 and are recorded as contributions when collected.

Reciprocity

The Plan has various reciprocal agreements in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home local in the subsequent month. For the years ended August 31, 2024 and 2023, the Plan remitted \$162,481 and \$13,406 reciprocal payments in accordance with these agreements with the participating local unions. For the years ended August 31, 2024 and 2023, the Plan received \$96,041 and \$202,452 of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included 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 employer contributions receivable account and are not included in the statements of changes in net assets available for benefits as they do not represent an expense of the Plan.

Northern Nevada Operating Engineers 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

Benefit obligations include medical, dental and accident claims currently payable, health claims incurred but not yet reported, and premiums payable. Claims paid by the claims processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and included in claims payable and claims incurred but not reported on the statements of benefit obligations. Premiums not yet paid by the Plan related to coverage at or before year-end are included in premiums due to insurers on the statement of benefit obligations .

Claims incurred but not yet reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan Administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

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. As of August 31, 2024 and 2023, the estimated monthly per employee per month cost was \$1,304 and \$1,175, respectively.

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 3 for discussion of fair value measurements. The Plan Administrator and Board of Trustees determines the Plan's valuation policies and procedures.

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

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.

Stop Loss

Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop loss recoveries received for the years ended August 31, 2024 and 2023 claims totaling \$2,402,227 and \$981,245, respectively. As of August 31, 2024 and 2023, stop loss reimbursements receivable were \$176,754 and \$229,874, respectively.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Refunds and Rebates

Refunds from the Plan's pharmacy benefit manager (PBM) are recorded when earned. Refunds of \$725,926 and \$808,231 due as of August 31, 2024 and 2023, respectively, have been included in prescription drug rebates and other refunds in the statements of net assets available for benefits. Pharmacy rebates totaling \$1,336,158 and \$1,635,622 for the years ended August 31, 2024 and 2023, respectively, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits.

Operating Expenses

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.

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.

3. 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 value. 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 management's own assumptions in determining the fair value of investments.

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

3. FAIR VALUE MEASUREMENTS (CONTINUED):

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. 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.

The Plan's investment assets and liabilities, if any, are reported at fair value in the accompanying statements of net assets available for benefits and their inputs 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
Mutual funds	\$ -	\$ -	\$ -	\$ -
Cash equivalents	1,643,063	-	-	1,643,063
Total Investments, fair value	\$ 1,643,063	\$ -	\$ -	\$ 1,643,063
	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
Mutual funds	\$ 4,299,560	\$ -	\$ -	\$ 4,299,560
Cash equivalents	835,007	-	-	835,007
Total Investments, fair value	\$ 5,134,567	\$ -	\$ -	\$ 5,134,567

Transfers into and out of each level of the fair value hierarchy may occur from time to time based on any changes to the availability or reliability of data. There were no significant transfers between levels of the hierarchy during either Plan year.

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.

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

3. FAIR VALUE MEASUREMENTS (CONTINUED):

Level 1 Measurements

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

The fair values of the mutual funds 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 net asset value on the last business day of each period presented.

4. 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 such as this Plan. Amounts held in the transit account were \$1,637,559 and \$1,430,731 at August 31, 2024 and 2023, respectively. These amounts are included in cash in the statements of net assets available for benefits.

5. TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated September 21, 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 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.

6. PARTY IN INTEREST AND RELATED PARTY TRANSACTIONS

As described in Note 2, the Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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.

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

7. RISKS AND UNCERTAINTIES (CONTINUED):

Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At August 31, 2024 and 2023, the Plan's cash exceeded federally insured limits by \$1,107,219 and \$1,414,344, respectively.

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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

The Plan is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of management, the ultimate disposition of these matters will not have a material adverse effect on the Plan's financial status.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 5,853,098	\$ 9,402,827
Less: Claims payable, claims incurred but not reported and premiums due to insurers	(917,057)	(3,179,024)
Net assets available for benefits per the Form 5500	<u>\$ 4,936,041</u>	<u>\$ 6,223,803</u>

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, therefore, these claims and premiums are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the form 5500 as a liability.

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

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED):

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

	2024
Per the financial statements:	
Total additions	\$ 17,907,804
Investment fees deducted from additions	8,945
Stop loss recoveries deducted from premiums and claims	2,402,227
Total income per the Form 5500	\$ 20,318,976
	2024
Per the financial statements:	
Total deductions	\$ 21,457,533
Investment fees deducted from additions	8,945
Stop loss recoveries deducted from claims	2,402,227
	23,868,705
Add: claims payable, IBNR and premiums payable at end of year	917,057
Less: claims payable, IBNR and premiums payable at beginning of year	(3,179,024)
	(2,261,967)
Total expenses per the Form 5500	\$ 21,606,738

9. PRIORITIES UPON PLAN TERMINATION

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the Plan may be terminated at any time by the Board of Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the plan document. Upon termination, the assets then remaining in the Fund, after providing for any administrative expenses, shall be used for the continuance of one or more benefits of the type provided by the Trust as determined by the Board of Trustees in accordance with applicable law.

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 OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND
SUPPLEMENTAL INFORMATION**

Northern Nevada Operating Engineers Health and Welfare Trust Fund
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN: 88-6031750
Plan No: 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, & (c) Description of Investment	Shares/Par	Maturity date	Interest Rate %	(d) Cost	(e) Current Value
Cash Equivalents						
*	Federated Hermes U.S. Treasury Cash Reserves Fund #125 ERISA & DISC IRA	1,643,063		Varies	\$ 1,643,063	\$ 1,643,063
Grand Total					\$ 1,643,063	\$ 1,643,063

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

Northern Nevada Operating Engineers Health and Welfare Trust Fund
Form 5500, Schedule H, Line 4j
Schedule of Reportable Transactions
EIN: 88-6031750
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:						
Cash and Equivalents						
First Am	Govt Ob Fd Cl X	\$ 1,348,851	\$ -	\$ -	\$ 1,348,851	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,573,147	\$ -	\$ -	\$ 1,573,147	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,301,440	\$ -	\$ -	\$ 1,301,440	\$ -
First Am	Govt Ob Fd Cl Y	\$ 870,372	\$ -	\$ -	\$ 870,372	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,407,373	\$ -	\$ -	\$ 1,407,373	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,317,325	\$ -	\$ -	\$ 1,317,325	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,170,619	\$ -	\$ -	\$ 1,170,619	\$ -
First Am	Govt Ob Fd Cl Y	\$ 966,791	\$ -	\$ -	\$ 966,791	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 637,540	\$ 637,540	\$ 637,540	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,128,333	\$ -	\$ -	\$ 1,128,333	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 490,268	\$ 490,268	\$ 490,268	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,375,932	\$ -	\$ -	\$ 1,375,932	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 494,670	\$ 494,670	\$ 494,670	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,007,000	\$ -	\$ -	\$ 1,007,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 1,007,000	\$ 1,007,000	\$ 1,007,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ 496,000	\$ -	\$ -	\$ 496,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ 675,000	\$ -	\$ -	\$ 675,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 500,000	\$ 500,000	\$ 500,000	\$ -
PNC	Federated Hermes	\$ 1,250,012	\$ -	\$ -	\$ 1,250,012	\$ -
PNC	Federated Hermes	\$ 736,927	\$ -	\$ -	\$ 736,927	\$ -
PNC	Federated Hermes	\$ -	\$ 653,284	\$ 653,284	\$ 653,284	\$ -
Mutual Funds						
Vanguard	Total Bd Mkt Indx	\$ -	\$ 765,311	\$ 761,228	\$ 765,311	\$ 4,083
Vanguard	Total Stock Mkt Idx Adm	\$ -	\$ 829,797	\$ 707,316	\$ 829,797	\$ 122,481
2. Series of Transactions:						
Cash Equivalents						
First Am	Govt Ob Fd Cl X	\$ 13,799,738	\$ -	\$ -	\$ 13,799,738	\$ -
First Am	Govt Ob Fd Cl X	\$ -	\$ 14,048,069	\$ 14,048,069	\$ 14,048,069	\$ -
First Am	Govt Ob Fd Cl Y	\$ 2,543,369	\$ -	\$ -	\$ 2,543,369	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 3,089,788	\$ 3,089,788	\$ 3,089,788	\$ -
Mutual Funds						
Vanguard	Total Bond Market Index Adm	\$ -	\$ 555,036	\$ 549,861	\$ 555,036	\$ 5,175
Vanguard	Short Term Bond Index	\$ -	\$ 1,167,418	\$ 1,165,825	\$ 1,167,418	\$ 1,593
Vanguard	Total Stock Mkt Idx Adm	\$ -	\$ 387,660	\$ 374,167	\$ 387,660	\$ 13,493

Note:

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

Northern Nevada Operating Engineers Health and Welfare Trust Fund
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN: 88-6031750
Plan No: 501
August 31, 2024

(a)	(b) Identity of Issue, Borrower, & (c) Description of Investment	Shares/Par	Maturity date	Interest Rate %	(d) Cost	(e) Current Value
Cash Equivalents						
*	Federated Hermes U.S. Treasury Cash Reserves Fund #125 ERISA & DISC IRA	1,643,063		Varies	\$ 1,643,063	\$ 1,643,063
Grand Total					\$ 1,643,063	\$ 1,643,063

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

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> <hr/> This Form is Open to Public Inspection
---	---	--

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 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 OPERATING ENGINEERS HEALTH AND WEL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">09/01/1970</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">88-6031750</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>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan	09/01/1970	2b Employer Identification Number (EIN)	88-6031750	2c Plan Sponsor's telephone number	775-826-7200	2d Business code (see instructions)	236200
1b Three-digit plan number (PN) ▶	501										
1c Effective date of plan	09/01/1970										
2b Employer Identification Number (EIN)	88-6031750										
2c Plan Sponsor's telephone number	775-826-7200										
2d Business code (see instructions)	236200										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHERN NEVADA OPERATING ENGINEERS H&W TRUST FUND BENEFIT PLAN ADMINISTRATORS 445 APPLE STREET SUITE 109 RENO NV 89502											

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

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

SIGN HERE			CRAIG MADOLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			BRUCE NOEL
	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
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1,404
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)	1,404
a(2) Total number of active participants at the end of the plan year	6a(2)	1,302
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,302
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	97

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 4L

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
---	--

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

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

Northern Nevada Operating Engineers Health and Welfare Trust Fund
Form 5500, Schedule H, Line 4j
Schedule of Reportable Transactions
EIN: 88-6031750
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:						
Cash and Equivalents						
First Am	Govt Ob Fd Cl X	\$ 1,348,851	\$ -	\$ -	\$ 1,348,851	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,573,147	\$ -	\$ -	\$ 1,573,147	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,301,440	\$ -	\$ -	\$ 1,301,440	\$ -
First Am	Govt Ob Fd Cl Y	\$ 870,372	\$ -	\$ -	\$ 870,372	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,407,373	\$ -	\$ -	\$ 1,407,373	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,317,325	\$ -	\$ -	\$ 1,317,325	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,170,619	\$ -	\$ -	\$ 1,170,619	\$ -
First Am	Govt Ob Fd Cl Y	\$ 966,791	\$ -	\$ -	\$ 966,791	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 637,540	\$ 637,540	\$ 637,540	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,128,333	\$ -	\$ -	\$ 1,128,333	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 490,268	\$ 490,268	\$ 490,268	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,375,932	\$ -	\$ -	\$ 1,375,932	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 494,670	\$ 494,670	\$ 494,670	\$ -
First Am	Govt Ob Fd Cl Y	\$ 1,007,000	\$ -	\$ -	\$ 1,007,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 1,007,000	\$ 1,007,000	\$ 1,007,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ 496,000	\$ -	\$ -	\$ 496,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ 675,000	\$ -	\$ -	\$ 675,000	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 500,000	\$ 500,000	\$ 500,000	\$ -
PNC	Federated Hermes	\$ 1,250,012	\$ -	\$ -	\$ 1,250,012	\$ -
PNC	Federated Hermes	\$ 736,927	\$ -	\$ -	\$ 736,927	\$ -
PNC	Federated Hermes	\$ -	\$ 653,284	\$ 653,284	\$ 653,284	\$ -
Mutual Funds						
Vanguard	Total Bd Mkt Indx	\$ -	\$ 765,311	\$ 761,228	\$ 765,311	\$ 4,083
Vanguard	Total Stock Mkt Idx Adm	\$ -	\$ 829,797	\$ 707,316	\$ 829,797	\$ 122,481
2. Series of Transactions:						
Cash Equivalents						
First Am	Govt Ob Fd Cl X	\$ 13,799,738	\$ -	\$ -	\$ 13,799,738	\$ -
First Am	Govt Ob Fd Cl X	\$ -	\$ 14,048,069	\$ 14,048,069	\$ 14,048,069	\$ -
First Am	Govt Ob Fd Cl Y	\$ 2,543,369	\$ -	\$ -	\$ 2,543,369	\$ -
First Am	Govt Ob Fd Cl Y	\$ -	\$ 3,089,788	\$ 3,089,788	\$ 3,089,788	\$ -
Mutual Funds						
Vanguard	Total Bond Market Index Adm	\$ -	\$ 555,036	\$ 549,861	\$ 555,036	\$ 5,175
Vanguard	Short Term Bond Index	\$ -	\$ 1,167,418	\$ 1,165,825	\$ 1,167,418	\$ 1,593
Vanguard	Total Stock Mkt Idx Adm	\$ -	\$ 387,660	\$ 374,167	\$ 387,660	\$ 13,493

Note:

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