

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) M

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>BHE MASTER RETIREMENT TRUST - LSV SMID</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>010</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>BERKSHIRE HATHAWAY ENERGY COMPANY</u></p> <p><u>P.O. BOX 657</u> <u>DES MOINES, IA 50306-0657</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>84-7120645</u></p> <p>2c Plan Sponsor's telephone number <u>515-242-4300</u></p> <p>2d Business code (see instructions) <u>221100</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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/03/2025</u>	<u>TODD ANLIKER</u>
	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	5
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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:

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

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 type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan BHE MASTER RETIREMENT TRUST - LSV SMID	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE HATHAWAY ENERGY COMPANY	D Employer Identification Number (EIN) 84-7120645	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	151294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>BHE MASTER RETIREMENT TRUST - LSV SMID</u>	B Three-digit plan number (PN)	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BERKSHIRE HATHAWAY ENERGY COMPANY</u>	D Employer Identification Number (EIN) <u>84-7120645</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	MIDAMERICAN ENERGY COMPANY RETIREMENT PLAN	
b Name of plan sponsor	MIDAMERICAN ENERGY COMPANY	c EIN-PN 42-1425214-001

a Plan name	NV ENERGY RETIREMENT PLAN	
b Name of plan sponsor	NV ENERGY, INC.	c EIN-PN 88-0198358-001

a Plan name	PACIFICORP RETIREMENT PLAN II	
b Name of plan sponsor	PACIFICORP	c EIN-PN 93-0246090-002

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BHE MASTER RETIREMENT TRUST - LSV SMID	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 BERKSHIRE HATHAWAY ENERGY COMPANY	D Employer Identification Number (EIN) 84-7120645	

Part I	Asset and Liability Statement
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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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	24274 60010
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	12234973 31793535
(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)	138028 571142
(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	12397275	32424687
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	26229	55183
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26229	55183
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12371046	32369504

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(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)		1
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	617039	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2334304	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1854594	
(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)	55572	
(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)		-2544
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1149778

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	151294	
(6) Bank or trust company trustee/custodial fees	2i(6)	26	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		151320
j Total expenses. Add all expense amounts in column (b) and enter total	2j		151320

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		998458
l Transfers of assets:			
(1) To this plan	2l(1)		19000000
(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:

(2) EIN:

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



Assets and Liabilities for 5500 Schedule H

Report ID: NA100E

Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
ASSETS		
A. NON-INTEREST BEARING CASH	0.00	0.00
B. RECEIVABLES		
(1) EMPLOYER CONTRIBUTIONS	0.00	0.00
(2) PARTICIPANT CONTRIBUTIONS	0.00	0.00
(3) OTHER	24,274.23	60,010.27
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH	0.00	7,575.00
(2) U.S. GOVERNMENT SECURITIES	0.00	0.00
(3) CORPORATE DEBT INSTRUMENTS		
(A) PREFERRED	0.00	0.00
(B) ALL OTHER	0.00	0.00
(4) CORPORATE STOCKS		
(A) PREFERRED	0.00	0.00
(B) COMMON	12,139,836.92	31,550,705.03
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	0.00	0.00
(6) REAL ESTATE	0.00	0.00
(7) LOANS OTHER THAN PARTICIPANT	0.00	0.00
(8) PARTICIPANT LOANS	0.00	0.00
VALUE OF INTEREST IN:		
(9) COMMON/COLLECTIVE TRUSTS	0.00	0.00
(10) POOLED SEPARATE ACCOUNTS	0.00	0.00
(11) MASTER TRUST INVESTMENT ACCTS	0.00	0.00
(12) 103-12 INVESTMENT ENTITIES	0.00	0.00
(13) REGISTERED INVESTMENT COMPANIES	233,163.57	806,395.94
(14) VALUE OF FUNDS IN INSURANCE CO ACCT	0.00	0.00
(15) OTHER	0.00	0.00
D. EMPLOYER RELATED INVESTMENTS		
(1) EMPLOYER SECURITIES	0.00	0.00
(2) EMPLOYER REAL PROPERTY	0.00	0.00
E. BUILDINGS/OTHER PROPERTY USED BY PLAN	0.00	0.00
F. TOTAL ASSETS	12,397,274.72	32,424,686.24
LIABILITIES		
G. BENEFIT CLAIMS PAYABLE	0.00	0.00
H. OPERATING PAYABLES	0.00	0.00
I. ACQUISITION INDEBTEDNESS	0.00	0.00
J. OTHER LIABILITIES	4,363.48	0.00
K. TOTAL LIABILITIES	4,363.48	0.00
L. TOTAL NET ASSETS	12,392,911.24	32,424,686.24



5500 Assets and Liabilities Detail Report

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01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
ASSETS		
A. NON-INTEREST BEARING CASH	0.00	0.00
B. RECEIVABLES		
(1) EMPLOYER CONTRIBUTIONS	0.00	0.00
(2) PARTICIPANT CONTRIBUTIONS	0.00	0.00
(3) OTHER		
120020 DIVIDENDS RECEIVABLE	19,776.71	57,247.58
120030 INTEREST RECEIVABLE	171.33	2,248.97
120010 RECEIVABLE FOR INVESTMENTS SOLD	3,812.47	0.00
120080 MISCELLANEOUS RECEIVABLES	513.72	513.72
TOTAL OTHER	24,274.23	60,010.27
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH		
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	0.00	7,575.00
(2) U.S. GOVERNMENT SECURITIES	0.00	0.00
(3) CORPORATE DEBT INSTRUMENTS		
(A) PREFERRED	0.00	0.00
(B) ALL OTHER	0.00	0.00
(4) CORPORATE STOCKS		
(A) PREFERRED	0.00	0.00
(B) COMMON		
ABM INDUSTRIES INC	0.00	348,024.00
ACCO BRANDS CORP	63,840.00	55,125.00
ACUITY INC	61,449.00	116,852.00
ADVANSIX INC	35,952.00	185,185.00
AFFILIATED MANAGERS GROUP INC	45,426.00	203,412.00
AGCO CORP	145,692.00	336,528.00
ALASKA AIR GROUP INC	39,070.00	0.00
ALBERTSONS COS INC	110,400.00	94,272.00
ALLISON TRANSMISSION HOLDINGS	151,190.00	280,956.00
AMC NETWORKS INC	54,491.00	28,710.00
AMDOCS LTD	61,523.00	332,046.00
AMERICAN ASSETS TRUST INC	47,271.00	173,316.00
AMERICAN AXLE & MANUFACTURING	44,050.00	29,150.00
AMERICAN FINANCIAL GROUP INC/O	47,556.00	54,772.00
AMKOR TECHNOLOGY INC	143,061.00	244,055.00
ANNALY CAPITAL MANAGEMENT INC	46,488.00	215,940.00
APA CORP	43,056.00	27,708.00
APOGEE ENTERPRISES INC	48,069.00	214,230.00
ARBOR REALTY TRUST INC	44,022.00	121,880.00
ARC DOCUMENT SOLUTIONS INC	44,936.00	0.00



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01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
ARCBEST CORP	84,147.00	65,324.00
ARMADA HOFFLER PROPERTIES INC	48,243.00	141,174.00
ARROW ELECTRONICS INC	122,250.00	373,296.00
ASBURY AUTOMOTIVE GROUP INC	44,994.00	48,606.00
ASSOCIATED BANC-CORP	55,614.00	62,140.00
ATKORE INC	144,000.00	166,900.00
AUTOLIV INC	0.00	271,991.00
AUTONATION INC	0.00	186,824.00
BANC OF CALIFORNIA INC	42,344.79	0.00
BASSETT FURNITURE INDUSTRIES I	46,480.00	0.00
BAXTER INTERNATIONAL INC	0.00	201,204.00
BERRY GLOBAL GROUP INC	128,041.00	362,152.00
BLOOMIN' BRANDS INC	123,860.00	53,724.00
BLUE OWL CAPITAL CORP	0.00	205,632.00
BORGWARNER INC	39,435.00	34,969.00
BRANDYWINE REALTY TRUST	51,840.00	53,760.00
BRIXMOR PROPERTY GROUP INC	48,867.00	130,848.00
BRUNSWICK CORP/DE	48,375.00	226,380.00
BUNGE GLOBAL SA	60,570.00	139,968.00
C&F FINANCIAL CORP	0.00	64,125.00
CALIFORNIA RESOURCES CORP	114,828.00	0.00
CAPRI HOLDINGS LTD	45,216.00	18,954.00
CARRIAGE SERVICES INC	0.00	131,505.00
CATHAY GENERAL BANCORP	53,484.00	328,509.00
CHEMOURS CO/THE	41,002.00	21,970.00
CHIMERA INVESTMENT CORP	0.00	177,800.00
CHIMERA INVESTMENT CORP	38,423.00	0.00
CITIZENS FINANCIAL GROUP INC	49,710.00	65,640.00
CITY OFFICE REIT INC	53,768.00	110,400.00
CNA FINANCIAL CORP	50,772.00	58,044.00
CNH INDUSTRIAL NV	105,966.00	348,964.00
CNO FINANCIAL GROUP INC	125,550.00	167,445.00
COMERICA INC	50,229.00	55,665.00
COMMUNITY TRUST BANCORP INC	8,772.00	121,969.00
CONAGRA BRANDS INC	40,124.00	233,100.00
CONCENTRA GROUP HOLDINGS PAREN	0.00	23,933.80
CORECIVIC INC	30,513.00	0.00
CORPAY INC	0.00	203,052.00
COVENANT LOGISTICS GROUP INC	55,248.00	27,255.00
CSG SYSTEMS INTERNATIONAL INC	47,889.00	281,105.00
CUSTOMERS BANCORP INC	63,382.00	53,548.00
DAVITA INC	73,332.00	224,325.00



5500 Assets and Liabilities Detail Report

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01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
DELUXE CORP	53,625.00	56,475.00
DIODES INC	56,364.00	0.00
DROPBOX INC	0.00	315,420.00
DXP ENTERPRISES INC/TX	0.00	33,048.00
EASTMAN CHEMICAL CO	53,892.00	127,848.00
EBIX INC	1,768.00	0.00
EL POLLO LOCO HOLDINGS INC	0.00	143,096.00
ENCORE WIRE CORP	170,880.00	0.00
ENNIS INC	46,011.00	44,289.00
EPR PROPERTIES	72,675.00	194,832.00
EQUITABLE HOLDINGS INC	53,280.00	42,453.00
ESSENT GROUP LTD	47,466.00	48,996.00
EVEREST GROUP LTD	35,358.00	217,476.00
FARMERS NATIONAL BANC CORP	49,130.00	48,348.00
FIDELITY NATIONAL FINANCIAL IN	61,224.00	151,578.00
FIFTH THIRD BANCORP	55,184.00	67,648.00
FINANCIAL INSTITUTIONS INC	70,290.00	90,057.00
FIRST AMERICAN FINANCIAL CORP	51,552.00	0.00
FIRST BUSEY CORP	52,122.00	49,497.00
FIRST HORIZON CORP	0.00	346,408.00
FIRST INTERNET BANCORP	50,799.00	169,153.00
FLEETCOR TECHNOLOGIES INC	56,522.00	0.00
FNB CORP/PA	50,949.00	54,686.00
FOX CORP	94,944.00	558,670.00
FRANKLIN STREET PROPERTIES COR	48,384.00	0.00
FRESH DEL MONTE PRODUCE INC	44,625.00	56,457.00
GATES INDUSTRIAL CORP PLC	0.00	296,208.00
GEN DIGITAL INC	0.00	205,350.00
GENWORTH FINANCIAL INC	52,104.00	54,522.00
GEO GROUP INC/THE	122,379.00	316,174.00
GMS INC	49,458.00	195,109.00
GOODYEAR TIRE & RUBBER CO/THE	42,960.00	84,600.00
GRAPHIC PACKAGING HOLDING CO	49,300.00	315,056.00
GREENBRIER COS INC/THE	0.00	152,475.00
GREIF INC	39,354.00	36,672.00
GUESS? INC	99,158.00	97,014.00
HANMI FINANCIAL CORP	48,500.00	59,050.00
HARLEY-DAVIDSON INC	44,208.00	174,754.00
HARMONY BIOSCIENCES HOLDINGS I	0.00	192,696.00
HAVERTY FURNITURE COS INC	49,700.00	31,164.00
HBT FINANCIAL INC	0.00	208,050.00
HELMERICH & PAYNE INC	0.00	275,372.00



5500 Assets and Liabilities Detail Report

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01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
HERBALIFE LTD	44,254.00	96,336.00
HF SINCLAIR CORP	138,925.00	161,230.00
HIGHWOODS PROPERTIES INC	0.00	189,596.00
HOST HOTELS & RESORTS INC	50,622.00	245,280.00
HUNTINGTON INGALLS INDUSTRIES	51,928.00	170,073.00
INCYTE CORP	0.00	262,466.00
INDUSTRIAL LOGISTICS PROPERTIE	42,770.00	33,215.00
INGEVITY CORP	37,776.00	101,875.00
INGREDION INC	65,118.00	288,876.00
IRONWOOD PHARMACEUTICALS INC	72,072.00	27,909.00
JABIL INC	140,140.00	460,480.00
JACK IN THE BOX INC	40,815.00	20,820.00
JACKSON FINANCIAL INC	0.00	252,532.00
JAZZ PHARMACEUTICALS PLC	147,600.00	357,135.00
KARAT PACKAGING INC	0.00	193,664.00
KB HOME	74,952.00	335,172.00
KIMBALL ELECTRONICS INC	26,950.00	18,730.00
KOHL'S CORP	45,888.00	73,008.00
KOPPERS HOLDINGS INC	61,464.00	38,880.00
LA-Z-BOY INC	55,380.00	252,706.00
LEAR CORP	42,363.00	151,520.00
LINCOLN NATIONAL CORP	45,849.00	53,907.00
LUMEN TECHNOLOGIES INC	27,633.00	0.00
MACY'S INC	58,348.00	49,097.00
MAGNERA CORP	0.00	28,108.99
MALIBU BOATS INC	43,856.00	30,072.00
MANPOWERGROUP INC	47,682.00	230,880.00
MARATHON OIL CORP	77,312.00	0.00
MASONITE INTERNATIONAL CORP	50,796.00	0.00
MATTEL INC	0.00	253,539.00
MGIC INVESTMENT CORP	86,805.00	196,793.00
MGM RESORTS INTERNATIONAL	0.00	124,740.00
MILLERKNOLL INC	141,404.00	182,979.00
MOHAWK INDUSTRIES INC	41,400.00	47,652.00
MOLSON COORS BEVERAGE CO	104,057.00	355,384.00
MOOG INC	57,912.00	59,052.00
MOSAIC CO/THE	39,303.00	27,038.00
MUELLER INDUSTRIES INC	0.00	404,736.00
MURPHY OIL CORP	0.00	184,404.44
NATIONAL FUEL GAS CO	45,153.00	449,032.00
NAVIENT CORP	106,134.00	75,753.00
NCR ATLEOS CORP	21,861.00	30,528.00



5500 Assets and Liabilities Detail Report

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Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
NCR VOYIX CORP	30,438.00	24,912.00
NETAPP INC	52,896.00	69,648.00
NEXSTAR MEDIA GROUP INC	109,725.00	315,940.00
NRG ENERGY INC	56,870.00	496,210.00
O-I GLASS INC	52,416.00	34,688.00
ODP CORP/THE	90,080.00	106,878.00
OFFICE PROPERTIES INCOME TRUST	35,136.00	0.00
OFG BANCORP	52,472.00	59,248.00
OLD REPUBLIC INTERNATIONAL COR	49,980.00	151,998.00
OMEGA HEALTHCARE INVESTORS INC	45,990.00	189,250.00
ONEMAIN HOLDINGS INC	49,200.00	52,130.00
ORGANON & CO	0.00	152,184.00
OSHKOSH CORP	88,896.20	313,731.00
OUTFRONT MEDIA INC	0.00	179,174.00
OWENS CORNING	163,053.00	119,224.00
PBF ENERGY INC	43,960.00	0.00
PENSKE AUTOMOTIVE GROUP INC	64,204.00	60,976.00
PERDOCEO EDUCATION CORP	103,604.00	222,348.00
PHINIA INC	28,472.60	45,279.80
PIEDMONT OFFICE REALTY TRUST I	45,504.00	214,110.00
POLARIS INC	104,247.00	172,860.00
PRIMORIS SERVICES CORP	46,494.00	84,040.00
PROG HOLDINGS INC	27,819.00	236,656.00
PULTEGROUP INC	154,830.00	163,350.00
PVH CORP	85,484.00	243,225.00
RADIAN GROUP INC	85,650.00	171,288.00
RBB BANCORP	45,696.00	153,675.00
REGIONS FINANCIAL CORP	44,574.00	54,096.00
REINSURANCE GROUP OF AMERICA I	48,534.00	234,993.00
RELIANCE INC	111,872.00	0.00
RITHM CAPITAL CORP	49,128.00	49,818.00
RLJ LODGING TRUST	55,084.00	47,987.00
RYDER SYSTEM INC	92,048.00	313,720.00
SABRA HEALTH CARE REIT INC	51,372.00	147,220.00
SALLY BEAUTY HOLDINGS INC	51,792.00	40,755.00
SANDY SPRING BANCORP INC	51,756.00	0.00
SANMINA CORP	41,096.00	363,216.00
SCANSOURCE INC	63,376.00	75,920.00
SCORPIO TANKERS INC	0.00	168,946.00
SELECT MEDICAL HOLDINGS CORP	35,250.00	28,275.00
SERVICE PROPERTIES TRUST	47,824.00	14,224.00
SILGAN HOLDINGS INC	49,775.00	333,120.00



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
SIXTH STREET SPECIALTY LENDING	49,680.00	240,690.00
SKYWORKS SOLUTIONS INC	67,452.00	203,964.00
SM ENERGY CO	0.00	178,296.00
SNAP-ON INC	86,652.00	271,584.00
SPARTANNASH CO	48,195.00	38,472.00
SPROUTS FARMERS MARKET INC	81,787.00	0.00
SS&C TECHNOLOGIES HOLDINGS INC	0.00	272,808.00
STEEL DYNAMICS INC	118,100.00	114,070.00
SYNCHRONY FINANCIAL	64,923.00	110,500.00
SYNOVUS FINANCIAL CORP	52,710.00	71,722.00
TANGER INC	69,300.00	0.00
TAYLOR MORRISON HOME CORP	101,365.00	189,751.00
TD SYNnex CORP	53,805.00	351,840.00
TEGNA INC	85,680.00	102,424.00
TEXTRON INC	128,672.00	344,205.00
TOLL BROTHERS INC	133,627.00	403,040.00
TRONOX HOLDINGS PLC	6,032.16	0.00
UNITED AIRLINES HOLDINGS INC	37,134.00	87,390.00
UNITED THERAPEUTICS CORP	65,967.00	458,692.00
UNITI GROUP INC	49,130.00	46,750.00
UNIVERSAL HEALTH SERVICES INC	76,220.00	89,710.00
UNUM GROUP	104,006.00	277,514.00
UPBOUND GROUP INC	71,337.00	169,186.00
VERITEX HOLDINGS INC	83,772.00	0.00
VIATRIS INC	63,897.00	303,780.00
VISHAY INTERTECHNOLOGY INC	40,749.00	0.00
VISHAY PRECISION GROUP INC	44,291.00	0.00
VISTRA CORP	119,412.00	0.00
VITESSE ENERGY INC	16,483.17	18,825.00
WESTERN UNION CO/THE	46,488.00	164,300.00
WHIRLPOOL CORP	36,531.00	34,344.00
WORLD KINECT CORP	47,838.00	167,811.00
XEROX HOLDINGS CORP	75,153.00	34,563.00
ZIONS BANCORP NA	83,353.00	368,900.00
TOTAL COMMON	12,139,836.92	31,550,705.03
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	0.00	0.00
(6) REAL ESTATE	0.00	0.00
(7) LOANS OTHER THAN PARTICIPANT	0.00	0.00
(8) PARTICIPANT LOANS	0.00	0.00
VALUE OF INTEREST IN:		
(9) COMMON/COLLECTIVE TRUSTS	0.00	0.00



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
(10) POOLED SEPARATE ACCOUNTS	0.00	0.00
(11) MASTER TRUST INVESTMENT ACCTS	0.00	0.00
(12) 103-12 INVESTMENT ENTITIES	0.00	0.00
(13) REGISTERED INVESTMENT COMPANIES		
ARES CAPITAL CORP	48,072.00	52,536.00
NEW MOUNTAIN FINANCE CORP	47,064.00	190,294.00
WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	138,027.57	563,565.94
TOTAL REGISTERED INVESTMENT COMPANIES	233,163.57	806,395.94
(14) VALUE OF FUNDS IN INSURANCE CO ACCT	0.00	0.00
(15) OTHER	0.00	0.00
D. EMPLOYER RELATED INVESTMENTS		
(1) EMPLOYER SECURITIES	0.00	0.00
(2) EMPLOYER REAL PROPERTY	0.00	0.00
E. BUILDINGS/OTHER PROPERTY USED BY PLAN		
F. TOTAL ASSETS	12,397,274.72	32,424,686.24
LIABILITIES		
G. BENEFIT CLAIMS PAYABLE	0.00	0.00
H. OPERATING PAYABLES	0.00	0.00
I. ACQUISITION INDEBTEDNESS		
J. OTHER LIABILITIES		
220010 PAYABLE FOR INVESTMENTS PURCHASED	4,363.48	0.00
K. TOTAL LIABILITIES	4,363.48	0.00
L. TOTAL NET ASSETS	12,392,911.24	32,424,686.24



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :								
619,645.56								
99VVCYQR6	WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	B	944,851.140	0.00	944,851.14	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

BHE LSV SMID - B2HF38638702

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		619,645.56					
146	99VVCYQR6	WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	2,313,452.200	2,313,452.20	0.00	0.00	0.00
76	99VVCYQR6	WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	1,887,913.830	0.00	1,887,913.83	1,887,913.83	0.00