

<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>▶ 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;">2024</p> <hr/> <p style="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 - DC LONG CREDIT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>016</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 - DC LONG CREDIT	B Three-digit plan number (PN) ▶	016
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)

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13-6033041

(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	382343	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 - DC LONG CREDIT</u>	B Three-digit plan number (PN)	<u>016</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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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.	<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 - DC LONG CREDIT	B Three-digit plan number (PN) ▶ 016
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)	2236511 1958681
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	39795723 44230561
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	39396833 33179140
(B) All other	1c(3)(B)	90934638 76859987
(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)	1382112 1725574
(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	173745817	157953943
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	105271	92155
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	105271	92155
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	173640546	157861788

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)	16	
(B) U.S. Government securities.....	2b(1)(B)	655038	
(C) Corporate debt instruments.....	2b(1)(C)	6970345	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1055522	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8680921
(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)		
(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)	40596641	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	40933522	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-336881
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-9816965	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-9816965

		(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)		125882
c Other income	2c		58450
d Total income. Add all income amounts in column (b) and enter total	2d		-1288593

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)	382343	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		382343
j Total expenses. Add all expense amounts in column (b) and enter total	2j		382343

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1670936
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		14107822

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)
BHE MASTER RETIREMENT TRUST - SP CASH MGR EQ POOL	84-7120645	003
BHE MASTER RETIREMENT TRUST - PACCORP MRT CN DS AC	84-7120645	006

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 _____.



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE DC LONG CREDIT - B2HF38639602

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		
120030 INTEREST RECEIVABLE	2,236,511.78	1,958,681.53
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH	0.00	0.00
(2) U.S. GOVERNMENT SECURITIES		
FHLMC POOL #WA-3243 4.830% 01/01/2039 DD 03/01/23	1,985,599.18	1,873,707.66
FHLMC POOL #WA-4828 4.980% 07/01/2039 DD 10/01/23	1,069,421.47	1,010,540.62
FHLMC POOL #WN-1091 2.410% 03/01/2037 DD 04/01/21	807,291.83	0.00
FNMA POOL #0BL6060 2.455% 04/01/2040 DD 04/01/20	0.00	1,301,498.41
FNMA POOL #0BS5591 3.850% 09/01/2037 DD 08/01/22	0.00	1,354,328.38
U S TREASURY BD PRIN STRIP 0.000% 02/15/2052 DD 02/15/22	5,353,945.05	4,466,893.64
U S TREASURY BD PRIN STRIP 0.000% 05/15/2053 DD 05/15/23	1,525,779.52	4,337,889.62
U S TREASURY BD PRIN STRIP 0.000% 08/15/2052 DD 08/15/22	747,659.80	620,409.41
U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23	3,258,222.19	2,855,739.16
U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24	0.00	2,003,933.75
U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	3,881,718.75	1,680,807.66
U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	0.00	4,037,205.47
U S TREASURY BOND 4.625% 05/15/2044 DD 05/15/24	0.00	330,929.84
U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	0.00	474,635.63
U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	597,160.94	0.00
U S TREASURY NOTE 4.250% 11/15/2034 DD 11/15/24	0.00	1,490,554.69
TOTAL U.S. GOVERNMENT SECURITIES	19,226,798.73	27,839,073.94
(3) CORPORATE DEBT INSTRUMENTS		
(A) PREFERRED		
ABBVIE INC 4.250% 11/21/2049 DD 05/21/20	1,166,882.49	1,062,607.46
ALABAMA POWER CO 3.700% 12/01/2047 DD 11/08/17	0.00	1,176,595.80
ALABAMA POWER CO 4.300% 01/02/2046 DD 01/13/16	52,312.26	49,856.16
ALTRIA GROUP INC 3.700% 02/04/2051 DD 02/04/21	0.00	357,198.31
ANHEUSER-BUSCH COS LLC / ANHEU 4.900% 02/01/2046 DD 02/01/19	804,248.00	0.00
ANHEUSER-BUSCH INBEV WORLDWIDE 5.550% 01/23/2049 DD 01/23/19	808,618.70	0.00
BANK OF AMERICA CORP VAR RT 03/20/2051 DD 03/20/20	2,747,201.05	843,064.94
BANK OF AMERICA CORP VAR RT 10/20/2032 DD 10/20/21	0.00	992,135.31
BANK OF NEW YORK MELLON CORP/T VAR RT 11/20/2035 DD 11/20/24	0.00	571,987.09
BECTON DICKINSON & CO 4.669% 06/06/2047 DD 06/06/17	210,879.26	0.00
BNP PARIBAS SA 144A VAR RT 08/12/2035 DD 08/12/20	575,513.93	0.00
BNSF RAILWAY CO 2015-1 PA 144A 3.442% 06/16/2028 DD 06/18/15	520,606.07	488,678.33



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE DC LONG CREDIT - B2HF38639602

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
BOSTON PROPERTIES LP 6.500% 01/15/2034 DD 05/15/23	449,030.66	0.00
BURLINGTON NORTHERN SANTA FE L 3.550% 02/15/2050 DD 07/24/19	1,354,916.21	1,013,209.05
BURLINGTON NORTHERN SANTA FE L 5.500% 03/15/2055 DD 06/07/24	0.00	788,311.50
CHUBB INA HOLDINGS LLC 4.350% 11/03/2045 DD 11/03/15	683,343.44	447,760.00
CHUBB INA HOLDINGS LLC 5.000% 03/15/2034 DD 03/07/24	0.00	197,688.11
COMCAST CORP 4.049% 11/01/2052 DD 10/19/17	2,158,439.67	1,750,947.97
COMMONWEALTH EDISON CO 3.000% 03/01/2050 DD 02/25/20	1,103,693.79	1,017,226.95
COMMONWEALTH EDISON CO 3.850% 03/15/2052 DD 03/15/22	385,563.56	351,911.68
COMMONWEALTH EDISON CO 4.350% 11/15/2045 DD 11/19/15	83,358.62	79,741.63
CONOCOPHILLIPS CO 4.025% 03/15/2062 DD 09/15/22	326,363.88	289,392.64
CORP NACIONAL DEL COBRE D 144A 4.875% 11/04/2044 DD 11/04/14	476,981.38	0.00
CSX CORP 3.800% 11/01/2046 DD 10/18/16	0.00	442,790.94
CSX CORP 4.750% 11/15/2048 DD 11/15/18	0.00	528,910.07
CVS HEALTH CORP 5.050% 03/25/2048 DD 03/09/18	1,291,987.95	0.00
DOMINION ENERGY INC 4.850% 08/15/2052 DD 08/19/22	277,090.17	0.00
ERP OPERATING LP 4.500% 07/01/2044 DD 06/19/14	0.00	583,256.22
EXELON CORP 4.700% 04/15/2050 DD 04/01/20	970,061.47	0.00
FLORIDA POWER & LIGHT CO 5.600% 06/15/2054 DD 06/03/24	0.00	424,926.01
FORD MOTOR CREDIT CO LLC 6.800% 05/12/2028 DD 04/06/23	0.00	284,186.78
GEORGIA POWER CO 3.700% 01/30/2050 DD 01/10/20	0.00	628,729.88
HCA INC 5.250% 06/15/2049 DD 06/12/19	2,005,937.57	0.00
HOME DEPOT INC/THE 5.300% 06/25/2054 DD 06/25/24	0.00	383,677.51
HOME DEPOT INC/THE 5.400% 06/25/2064 DD 06/25/24	0.00	144,010.58
JPMORGAN CHASE & CO 4.950% 06/01/2045 DD 05/29/15	503,252.17	0.00
JPMORGAN CHASE & CO 5.400% 01/06/2042 DD 12/22/11	571,527.01	0.00
JPMORGAN CHASE & CO VAR RT 04/22/2051 DD 04/22/20	1,717,756.19	1,131,135.04
JPMORGAN CHASE & CO VAR RT 06/01/2034 DD 06/01/23	0.00	1,050,462.08
JPMORGAN CHASE & CO VAR RT 07/24/2038 DD 07/24/17	0.00	469,620.97
META PLATFORMS INC 5.400% 08/15/2054 DD 08/09/24	0.00	775,226.61
METLIFE INC 5.250% 01/15/2054 DD 01/06/23	0.00	234,413.40
METLIFE INC 5.300% 12/15/2034 DD 06/05/24	0.00	174,440.26
NEXTERA ENERGY CAPITAL HOLDING 3.000% 01/15/2052 DD 12/13/21	521,340.80	484,703.86
NEXTERA ENERGY CAPITAL HOLDING 5.250% 02/28/2053 DD 02/09/23	1,183,533.66	1,103,067.82
NEXTERA ENERGY CAPITAL HOLDING 5.550% 03/15/2054 DD 01/31/24	0.00	527,561.57
ORACLE CORP 3.600% 04/01/2050 DD 04/01/20	1,153,094.24	0.00
PETROBRAS GLOBAL FINANCE BV 6.900% 03/19/2049 DD 03/19/19	645,214.18	0.00
PFIZER INVESTMENT ENTERPRISES 5.300% 05/19/2053 DD 05/19/23	1,178,660.52	1,078,468.87
PHILIP MORRIS INTERNATIONAL IN 4.125% 03/04/2043 DD 03/04/13	1,229,861.25	1,179,286.06
PHILIP MORRIS INTERNATIONAL IN 4.250% 11/10/2044 DD 11/10/14	420,613.29	176,181.89
PHILIP MORRIS INTERNATIONAL IN 4.375% 11/15/2041 DD 11/15/11	66,688.16	63,876.08
S&P GLOBAL INC 3.700% 03/01/2052 DD 03/01/23	0.00	242,981.26
TRANSCANADA TRUST VAR RT 05/20/2075 DD 05/20/15	542,126.26	0.00



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE DC LONG CREDIT - B2HF38639602

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
TRAVELERS COS INC/THE 4.050% 03/07/2048 DD 03/07/18	544,856.11	500,863.01
TRAVELERS COS INC/THE 5.450% 05/25/2053 DD 05/25/23	270,689.84	243,610.35
UBS GROUP AG 144A VAR RT 02/11/2033 DD 01/11/22	698,484.52	480,152.37
UBS GROUP AG 144A VAR RT 08/12/2033 DD 08/12/22	0.00	424,344.02
UBS GROUP AG 144A VAR RT 09/22/2034 DD 09/22/23	0.00	235,388.17
UNION PACIFIC CORP 3.250% 02/05/2050 DD 01/31/20	1,693,139.03	1,504,219.33
UNION PACIFIC CORP 3.799% 10/01/2051 DD 10/04/16	180,494.99	160,631.76
UNION PACIFIC RAILROAD CO 2006 5.866% 07/02/2030 DD 07/27/06	53,995.69	38,852.72
UNITEDHEALTH GROUP INC 2.900% 05/15/2050 DD 05/18/20	1,212,511.23	1,072,546.80
UNITEDHEALTH GROUP INC 4.950% 05/15/2062 DD 05/20/22	594,205.41	258,962.77
UNITEDHEALTH GROUP INC 5.375% 04/15/2054 DD 03/21/24	0.00	422,562.89
UNITEDHEALTH GROUP INC 5.625% 07/15/2054 DD 07/25/24	0.00	875,271.64
VIRGINIA ELECTRIC AND POWER CO 4.600% 12/01/2048 DD 11/28/18	0.00	391,930.59
WALT DISNEY CO/THE 3.600% 01/13/2051 DD 05/13/20	0.00	294,664.77
WALT DISNEY CO/THE 4.700% 03/23/2050 DD 03/23/20	316,949.18	0.00
WALT DISNEY CO/THE 6.150% 02/15/2041 DD 08/15/19	168,718.95	0.00
WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14	277,432.15	0.00
WELLS FARGO & CO 5.606% 01/15/2044 DD 11/26/13	2,576,913.74	1,847,505.85
WELLS FARGO & CO VAR RT 03/02/2033 DD 03/02/22	218,984.71	219,211.34
WELLS FARGO & CO VAR RT 04/04/2051 DD 03/30/20	285,480.89	0.00
WELLS FARGO & CO VAR RT 04/24/2034 DD 04/24/23	276,680.44	618,195.10
ZOETIS INC 3.000% 05/15/2050 DD 05/12/20	1,640,364.23	0.00
TOTAL PREFERRED	39,196,598.97	33,179,140.17
(B) ALL OTHER		
ALABAMA POWER CO 3.700% 12/01/2047 DD 11/08/17	1,248,311.59	0.00
ALTRIA GROUP INC 3.700% 02/04/2051 DD 02/04/21	370,889.50	0.00
ALTRIA GROUP INC 4.450% 05/06/2050 DD 05/06/20	517,732.31	504,752.38
ALTRIA GROUP INC 5.950% 02/14/2049 DD 02/14/19	306,738.32	293,224.75
AT&T INC 3.650% 09/15/2059 DD 03/15/21	503,850.12	298,852.07
AT&T INC 3.800% 12/01/2057 DD 06/01/21	1,629,267.43	1,508,506.30
BARCLAYS PLC 4.836% 05/09/2028 DD 05/09/17	975,012.75	785,813.24
BARCLAYS PLC VAR RT 06/27/2034 DD 06/27/23	854,210.26	636,897.69
BAT CAPITAL CORP 4.540% 08/15/2047 DD 08/15/18	1,193,926.30	602,706.03
BAT CAPITAL CORP 4.758% 09/06/2049 DD 09/06/19	676,501.97	689,067.31
BAT CAPITAL CORP 5.650% 03/16/2052 DD 03/16/22	226,623.36	0.00
BAYER US FINANCE II LLC 144A 4.875% 06/25/2048 DD 06/25/18	2,327,338.97	1,989,468.59
BECTON DICKINSON & CO 3.794% 05/20/2050 DD 05/20/20	1,063,726.83	702,346.24
BNP PARIBAS SA 144A VAR RT 08/12/2035 DD 08/12/20	0.00	858,415.25
BOSTON PROPERTIES LP 6.500% 01/15/2034 DD 05/15/23	0.00	445,463.29
BOSTON SCIENTIFIC CORP 4.700% 03/01/2049 DD 02/25/19	989,218.02	637,526.49
CANADIAN PACIFIC RAILWAY CO 3.100% 12/02/2051 DD 12/02/21	1,215,650.50	1,090,824.64



5500 Assets and Liabilities Detail Report

Report ID: NA101E

Status: FINAL

BHE DC LONG CREDIT - B2HF38639602

01/01/2024 - 12/31/2024

BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
CANADIAN PACIFIC RAILWAY CO 5.750% 01/15/2042 DD 12/01/11	430,638.24	415,460.81
CAPITAL ONE FINANCIAL CORP VAR RT 02/01/2034 DD 02/01/23	722,773.05	728,585.92
CAPITAL ONE FINANCIAL CORP VAR RT 02/01/2035 DD 02/01/24	0.00	152,446.21
CAPITAL ONE FINANCIAL CORP VAR RT 06/08/2034 DD 06/08/23	0.00	259,681.30
CARRIER GLOBAL CORP 3.577% 04/05/2050 DD 10/05/20	1,291,815.15	674,602.03
CHARTER COMMUNICATIONS OPERATI 5.500% 04/01/2063 DD 03/15/22	293,105.41	139,487.09
CHARTER COMMUNICATIONS OPERATI 5.750% 04/01/2048 DD 04/17/18	667,933.40	641,721.11
CHARTER COMMUNICATIONS OPERATI 6.484% 10/23/2045 DD 10/23/16	2,908,598.37	2,789,971.35
CIGNA GROUP/THE 4.900% 12/15/2048 DD 06/15/19	894,512.71	652,795.74
CITIGROUP INC 4.750% 05/18/2046 DD 05/18/16	1,638,199.37	219,885.08
CITIGROUP INC VAR RT 05/25/2034 DD 05/25/23	25,915.67	1,172,491.14
COX COMMUNICATIONS INC 144A 3.600% 06/15/2051 DD 06/02/21	219,257.79	197,530.90
COX COMMUNICATIONS INC 144A 4.500% 06/30/2043 DD 05/01/13	975,745.31	920,843.33
COX COMMUNICATIONS INC 144A 4.800% 02/01/2035 DD 12/08/14	469,423.88	456,452.69
CRH AMERICA FINANCE INC 144A 4.500% 04/04/2048 DD 04/04/18	801,772.36	717,341.68
CSX CORP 3.800% 04/15/2050 DD 03/30/20	1,371,022.96	1,261,955.13
CSX CORP 3.800% 11/01/2046 DD 10/18/16	479,429.29	0.00
CSX CORP 4.750% 11/15/2048 DD 11/15/18	572,962.71	0.00
CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	308,707.64	281,061.80
CVS HEALTH CORP 5.050% 03/25/2048 DD 03/09/18	0.00	1,133,981.74
CVS HEALTH CORP 5.875% 06/01/2053 DD 06/02/23	0.00	137,613.21
DILLARD'S INC 7.750% 05/15/2027 DD 05/15/97	496,002.38	0.00
DOMINION ENERGY INC 4.600% 03/15/2049 DD 03/13/19	1,149,887.48	907,383.25
DOMINION ENERGY INC 4.700% 12/01/2044 DD 11/25/14	1,529,249.10	1,465,224.94
DOMINION ENERGY INC 4.850% 08/15/2052 DD 08/19/22	0.00	257,984.87
DOW CHEMICAL CO/THE 5.550% 11/30/2048 DD 05/30/19	664,432.76	445,434.84
DOW CHEMICAL CO/THE 6.900% 05/15/2053 DD 10/26/22	361,870.13	0.00
DOW CHEMICAL CO/THE 9.400% 05/15/2039 DD 05/13/09	659,373.33	627,211.03
ELEVANCE HEALTH INC 3.125% 05/15/2050 DD 05/05/20	1,827,498.39	1,617,902.66
ELEVANCE HEALTH INC 5.650% 06/15/2054 DD 05/30/24	0.00	215,933.43
ENEL FINANCE INTERNATIONA 144A 6.000% 10/07/2039 DD 10/07/09	687,567.97	675,779.75
ENEL FINANCE INTERNATIONA 144A 7.750% 10/14/2052 DD 10/14/22	1,452,842.80	973,091.58
ERP OPERATING LP 4.500% 07/01/2044 DD 06/19/14	599,809.54	0.00
EXELON CORP 4.450% 04/15/2046 DD 04/07/16	1,077,700.72	1,027,387.82
EXELON CORP 4.700% 04/15/2050 DD 04/01/20	0.00	907,967.95
FEDEX CORP 4.400% 01/15/2047 DD 01/06/17	1,965,038.38	1,539,164.26
FIBERCOP SPA 144A 7.721% 06/04/2038 DD 07/01/24	0.00	712,727.47
FLORIDA POWER & LIGHT CO 5.300% 04/01/2053 DD 03/03/23	446,027.63	405,775.36
GE HEALTHCARE TECHNOLOGIES INC 6.377% 11/22/2052 DD 05/22/23	787,273.24	726,360.00
GEORGIA POWER CO 3.700% 01/30/2050 DD 01/10/20	676,966.08	0.00
GRUPO TELEVISA SAB 6.125% 01/31/2046 DD 11/24/15	909,161.31	588,052.30
HCA INC 5.250% 06/15/2049 DD 06/12/19	0.00	1,864,385.29



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BHE MASTER RETIREMENT TRUST

	Beginning of Year 01/01/2024	End of Year 12/31/2024
HOLCIM FINANCE US LLC 144A 4.750% 09/22/2046 DD 09/22/16	1,073,030.65	1,013,270.87
HSBC HOLDINGS PLC 6.500% 05/02/2036 DD 05/03/06	1,808,093.67	1,611,136.90
HSBC HOLDINGS PLC 6.500% 09/15/2037 DD 09/12/07	1,192,165.36	1,130,475.06
HSBC HOLDINGS PLC 6.800% 06/01/2038 DD 05/27/08	276,562.98	267,659.66
JOHNSON CONTROLS INTERNATIONAL 5.125% 09/14/2045 DD 09/14/16	232,481.77	60,791.58
JOHNSON CONTROLS INTERNATIONAL STEP 07/02/2064 DD 07/02/2016	548,003.11	338,446.50
KINDER MORGAN ENERGY PARTNERS 5.400% 09/01/2044 DD 09/11/14	307,856.95	0.00
KINDER MORGAN ENERGY PARTNERS 5.500% 03/01/2044 DD 02/24/14	758,572.62	741,736.47
KINDER MORGAN ENERGY PARTNERS 6.500% 02/01/2037 DD 01/30/07	79,069.47	78,409.03
KINDER MORGAN ENERGY PARTNERS 6.500% 09/01/2039 DD 09/16/09	710,867.54	706,066.36
KINDER MORGAN INC 5.550% 06/01/2045 DD 11/26/14	1,607,297.68	1,181,959.08
KONINKLIJKE PHILIPS NV 6.875% 03/11/2038 DD 03/11/08	1,488,928.59	1,025,818.83
KRAFT HEINZ FOODS CO 5.200% 07/15/2045 DD 07/15/16	466,457.00	429,618.08
KRAFT HEINZ FOODS CO 5.500% 06/01/2050 DD 12/01/20	594,835.74	540,194.20
LAFARGE SA 7.125% 07/15/2036 DD 07/18/06	1,448,974.83	1,394,059.70
LLOYDS BANKING GROUP PLC 4.500% 11/04/2024 DD 11/04/14	370,507.63	0.00
LLOYDS BANKING GROUP PLC 5.300% 12/01/2045 DD 06/01/16	192,421.40	0.00
LLOYDS BANKING GROUP PLC VAR RT 11/15/2033 DD 11/15/22	0.00	223,303.37
LLOYDS BANKING GROUP PLC VAR RT 12/14/2046 DD 12/14/21	0.00	138,487.90
METLIFE INC 5.250% 01/15/2054 DD 01/06/23	257,856.11	0.00
MOLSON COORS BEVERAGE CO 4.200% 07/15/2046 DD 07/07/16	1,304,250.96	1,019,047.18
NORDSTROM INC 5.000% 01/15/2044 DD 12/12/13	1,230,685.43	766,302.28
NORFOLK SOUTHERN CORP 3.400% 11/01/2049 DD 11/04/19	1,671,742.34	1,522,723.51
NORFOLK SOUTHERN CORP 3.950% 10/01/2042 DD 09/07/12	278,094.60	261,297.46
OCCIDENTAL PETROLEUM CORP 6.600% 03/15/2046 DD 09/15/19	1,109,808.50	1,035,527.78
ORACLE CORP 3.600% 04/01/2040 DD 04/01/20	180,111.64	176,173.49
ORACLE CORP 3.600% 04/01/2050 DD 04/01/20	0.00	1,086,892.41
ORACLE CORP 3.850% 04/01/2060 DD 04/01/20	145,678.44	0.00
ORACLE CORP 3.950% 03/25/2051 DD 03/24/21	255,584.46	240,926.53
PETROBRAS GLOBAL FINANCE BV 6.750% 06/03/2050 DD 06/03/20	881,431.20	0.00
PETROLEOS MEXICANOS 7.690% 01/23/2050 DD 07/23/20	3,573,064.44	3,074,587.50
PROSUS NV 144A 3.832% 02/08/2051 DD 12/08/20	2,003,121.03	1,874,778.95
PROSUS NV 144A 4.027% 08/03/2050 DD 08/03/20	278,617.17	285,857.76
PROSUS NV 144A 4.987% 01/19/2052 DD 01/19/22	1,203,881.38	546,027.94
RIO OIL FINANCE TRUST SER 144A 8.200% 04/06/2028 DD 04/19/18	191,301.00	159,816.19
RIO OIL FINANCE TRUST SER 144A 9.750% 01/06/2027 DD 11/21/14	738,103.20	524,407.27
RTX CORP 4.625% 11/16/2048 DD 08/16/18	984,324.76	914,618.22
RTX CORP 6.400% 03/15/2054 DD 11/08/23	174,318.06	163,407.54
S&P GLOBAL INC 3.700% 03/01/2052 DD 03/01/23	270,524.97	0.00
SHERWIN-WILLIAMS CO/THE 4.500% 06/01/2047 DD 05/16/17	1,263,260.67	631,503.74
SOUTHERN CO/THE 4.400% 07/01/2046 DD 05/24/16	1,413,218.06	1,034,610.98
SOUTHERN CO/THE 4.850% 03/15/2035 DD 09/09/24	0.00	190,864.95



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T-MOBILE USA INC 3.400% 10/15/2052 DD 04/15/22	658,396.69	300,843.80
T-MOBILE USA INC 4.500% 04/15/2050 DD 04/15/21	1,885,239.35	1,498,462.31
TELECOM ITALIA CAPITAL SA 7.721% 06/04/2038 DD 06/04/08	1,730,146.10	129,120.00
TRANSCANADA TRUST VAR RT 03/15/2077 DD 03/02/17	2,466,170.25	2,207,409.59
TRANSCANADA TRUST VAR RT 05/20/2075 DD 05/20/15	0.00	570,385.91
TRANSCANADA TRUST VAR RT 09/15/2079 DD 09/12/19	619,712.89	696,704.78
TRANSCONTINENTAL GAS PIPE LINE 3.950% 05/15/2050 DD 11/15/20	749,739.07	684,810.86
UBS GROUP AG 144A VAR RT 08/12/2033 DD 08/12/22	426,845.65	0.00
UBS GROUP AG 144A VAR RT 09/22/2034 DD 09/22/23	238,814.15	0.00
UNICREDIT SPA 144A VAR RT 06/30/2035 DD 06/30/20	1,223,644.40	1,255,713.65
UNITED PARCEL SERVICE INC 5.500% 05/22/2054 DD 05/22/24	0.00	170,860.02
UNUM GROUP 6.750% 12/15/2028 DD 12/18/98	324,384.50	0.00
VERIZON COMMUNICATIONS INC 2.987% 10/30/2056 DD 04/30/21	144,784.52	0.00
VERIZON COMMUNICATIONS INC 3.550% 03/22/2051 DD 03/22/21	1,639,927.97	1,504,095.72
VIRGINIA ELECTRIC AND POWER CO 4.600% 12/01/2048 DD 11/28/18	419,633.92	0.00
VODAFONE GROUP PLC 4.875% 06/19/2049 DD 06/19/19	1,226,525.52	539,110.33
VODAFONE GROUP PLC VAR RT 06/04/2081 DD 06/04/21	489,763.50	493,894.12
VULCAN MATERIALS CO 4.700% 03/01/2048 DD 09/01/18	864,524.68	0.00
ZOETIS INC 3.000% 05/15/2050 DD 05/12/20	0.00	1,462,231.04
TOTAL ALL OTHER	91,134,871.35	76,859,986.73
(4) CORPORATE STOCKS		
(A) PREFERRED	0.00	0.00
(B) COMMON	0.00	0.00
(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		
WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	1,382,112.06	1,725,573.88
(14) VALUE OF FUNDS IN INSURANCE CO ACCT	0.00	0.00
(15) OTHER		
CALIFORNIA ST 7.300% 10/01/2039 DD 10/15/09	2,726,282.15	2,567,556.53
CALIFORNIA ST 7.550% 04/01/2039 DD 04/28/09	1,231,043.19	1,152,482.37
CHICAGO IL TRANSIT AUTH SALES 6.899% 12/01/2040 DD 08/06/08	759,276.33	708,207.66
CHICAGO IL TRANSIT AUTH SALES 6.899% 12/01/2040 DD 08/06/08	1,507,252.84	1,411,257.13
COLOMBIA GOVERNMENT INTERNATIO 5.000% 06/15/2045 DD 01/28/15	406,670.25	353,850.00



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COLOMBIA GOVERNMENT INTERNATIO 5.200% 05/15/2049 DD 01/28/19	292,768.85	251,437.50
COLOMBIA GOVERNMENT INTERNATIO 5.625% 02/26/2044 DD 01/28/14	965,440.95	698,250.00
COLOMBIA GOVERNMENT INTERNATIO 8.375% 11/07/2054 DD 11/07/24	0.00	363,243.75
LOS ANGELES CA UNIF SCH DIST 5.750% 07/01/2034 DD 10/15/09	2,229,350.97	0.00
NEW JERSEY ST TURNPIKE AUTH TU 7.102% 01/01/2041 DD 12/15/10	2,447,995.16	2,261,473.43
NEW YORK CITY NY MUNI WTR FIN 5.440% 06/15/2043 DD 09/23/10	317,343.72	283,790.37
NEW YORK CITY NY MUNI WTR FIN 5.724% 06/15/2042 DD 06/30/10	202,255.52	181,703.19
NEW YORK CITY NY TRANSITIONAL 5.572% 11/01/2038 DD 11/03/10	1,210,792.03	1,167,023.87
PORT AUTH OF NEW YORK & NEW JE 4.458% 10/01/2062 DD 10/10/12	1,783,868.10	1,474,185.43
SAN DIEGO CNTY CA WTR AUTH FIN 6.138% 05/01/2049 DD 02/04/10	1,167,183.26	1,074,433.15
TEXAS NATURAL GAS SECURITIZTN 5.169% 04/01/2041 DD 09/01/23	180,842.95	172,337.48
UNIV OF CALIFORNIA CA REVENUES 5.770% 05/15/2043 DD 08/27/09	335,231.77	0.00
UNIV OF CALIFORNIA CA RGTS MED 3.006% 05/15/2050 DD 03/05/20	637,105.68	588,299.40
UNIV OF CALIFORNIA CA RGTS MED 3.256% 05/15/2060 DD 03/05/20	908,620.93	519,107.87
UNIV OF CALIFORNIA CA RGTS MED 4.563% 05/15/2053 DD 05/11/22	1,259,599.68	1,162,847.61
TOTAL OTHER	20,568,924.33	16,391,486.74
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	173,745,817.22	157,953,942.99
LIABILITIES		
G. BENEFIT CLAIMS PAYABLE	0.00	0.00
H. OPERATING PAYABLES	0.00	0.00
I. ACQUISITION INDEBTEDNESS		
J. OTHER LIABILITIES	0.00	0.00
K. TOTAL LIABILITIES	0.00	0.00
L. TOTAL NET ASSETS	173,745,817.22	157,953,942.99



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

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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 :		8,687,290.86					
120	99VVCYQR6	WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	20,841,496.510	20,841,496.51	0.00	0.00	0.00
45	99VVCYQR6	WELLS FARGO GOVT SEL 3802 VAR RT 12/31/2049 DD 06/08/23	20,498,034.690	0.00	20,498,034.69	20,498,034.69	0.00