

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan: BHE MASTER RETIREMENT TRUST - NT QL DIV FOC FD
1b Three-digit plan number (PN): 034
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BERKSHIRE HATHAWAY ENERGY COMPANY
2b Employer Identification Number (EIN): 84-7120645
2c Plan Sponsor's telephone number: 515-242-4300
2d Business code (see instructions): 221100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator, employer/plan sponsor, and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name BERKSHIRE HATHAWAY ENERGY COMPANY c Plan Name BHE MASTER RETIREMENT TRUST - NL QL DIVFOC FD	4b EIN 84-7120645 4d PN 034																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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 - NT QL DIV FOC FD	B Three-digit plan number (PN) ▶	034
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)

NORTHERN TRUST COMPANY

36-1711652

(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	253159	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 - NT QL DIV FOC FD</u>	B Three-digit plan number (PN)	<u>034</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		
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a Plan name		
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a Plan name		
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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 - NT QL DIV FOC FD	B Three-digit plan number (PN) ▶ 034
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)	179707
		179591
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)	136467093
(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)	1226295
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	464354
(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	137891295	121687448
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	60078	79292
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	60078	79292
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	137831217	121608156

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)		
(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)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3033055	
(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)	66106883	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	60959709	
(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)	17816674	
(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)		33195
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		26030098

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)	253159	
(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)		253159
j Total expenses. Add all expense amounts in column (b) and enter total	2j		253159

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25776939
l Transfers of assets:			
(1) To this plan	2l(1)		4000000
(2) From this plan	2l(2)		46000000

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 - MEC RET PL CASH ACCT	84-7120645	002
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

NT QL DIV FOC FD - B2HF43708502

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	196,773.55	177,727.05
120030 INTEREST RECEIVABLE	1,132.97	1,864.22
TOTAL OTHER	197,906.52	179,591.27
C. GENERAL INVESTMENTS		
(1) INTEREST BEARING CASH	0.00	0.00
(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		
3M CO	876,637.08	942,227.91
A O SMITH CORP	407,253.60	249,171.13
ABBOTT LABORATORIES	1,592,382.69	1,210,050.78
ABBVIE INC	2,349,190.23	2,034,842.70
ACCENTURE PLC	1,469,961.99	1,089,493.63
ADVANCED DRAINAGE SYSTEMS INC	322,487.52	195,942.00
AFLAC INC	822,195.00	762,352.80
AGNC INVESTMENT CORP	776,353.59	0.00
ALPHABET INC	3,220,832.33	4,759,380.60
ALTRIA GROUP INC	1,300,843.98	1,187,244.45
AMAZON.COM INC	2,458,996.96	2,877,080.46
AMGEN INC	1,597,070.90	0.00
ANNALY CAPITAL MANAGEMENT INC	0.00	692,508.60
ANTERO MIDSTREAM CORP	0.00	699,723.30
APA CORP	317,394.48	0.00
APPLE INC	10,578,560.85	9,883,326.14
APPLIED MATERIALS INC	307,446.79	314,851.68
AT&T INC	301,066.76	939,535.74
AUTOMATIC DATA PROCESSING INC	1,739,586.99	1,588,938.44
AVALONBAY COMMUNITIES INC	457,940.12	159,038.31
BANK OF NEW YORK MELLON CORP/T	1,033,348.65	898,296.36
BATH & BODY WORKS INC	367,852.68	243,398.06
BENTLEY SYSTEMS INC	813,381.84	538,357.60



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	Beginning of Year 01/01/2024	End of Year 12/31/2024
BERKSHIRE HATHAWAY INC	497,897.36	417,017.60
BEST BUY CO INC	885,738.20	662,719.20
BLACKROCK INC	595,049.40	0.00
BRISTOL-MYERS SQUIBB CO	1,632,222.41	1,515,581.76
BRIXMOR PROPERTY GROUP INC	216,155.03	191,232.96
BROADCOM INC	3,405,678.75	1,283,002.56
BROADRIDGE FINANCIAL SOLUTIONS	0.00	612,703.90
CARDINAL HEALTH INC	747,532.80	648,592.68
CARTER'S INC	834,574.16	566,014.55
CATERPILLAR INC	789,438.90	716,451.00
CENCORA INC	845,960.22	685,498.68
CF INDUSTRIES HOLDINGS INC	228,801.00	0.00
CHEVRON CORP	498,194.40	0.00
CISCO SYSTEMS INC	2,056,921.80	1,782,334.40
CITIGROUP INC	1,155,393.84	1,169,177.90
CLEARWAY ENERGY INC	867,912.63	142,428.00
CLOROX CO/THE	416,933.16	351,292.83
COCA-COLA CO/THE	1,209,538.25	944,982.28
COMCAST CORP	1,156,982.25	732,247.83
COMERICA INC	0.00	775,722.70
CONSOLIDATED EDISON INC	411,002.46	298,117.43
COREBRIDGE FINANCIAL INC	533,030.94	0.00
COSTCO WHOLESALE CORP	147,197.84	178,672.65
CUBESMART	929,688.30	625,267.20
DOMINION ENERGY INC	0.00	769,228.52
DOMINO'S PIZZA INC	474,888.96	357,635.52
DUKE ENERGY CORP	0.00	861,596.78
EBAY INC	292,777.44	307,519.80
ELECTRONIC ARTS INC	514,952.84	407,152.90
ELI LILLY & CO	0.00	154,400.00
EQUITABLE HOLDINGS INC	467,099.10	489,247.24
EQUITY RESIDENTIAL	762,359.40	661,411.92
EVERGY INC	693,633.60	0.00
EXXON MOBIL CORP	648,170.34	0.00
FASTENAL CO	998,623.86	706,084.29
FIDELITY NATIONAL INFORMATION	912,643.51	790,980.61
FIRST HAWAIIAN INC	715,380.84	600,483.00
GENERAL MILLS INC	468,030.90	338,810.01
GILEAD SCIENCES INC	1,677,636.09	1,414,554.18
H&R BLOCK INC	871,675.77	625,995.48
HEALTHPEAK PROPERTIES INC	611,424.00	0.00
HIGHWOODS PROPERTIES INC	412,017.20	405,766.02



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
HOME DEPOT INC/THE	2,762,350.05	0.00
HONEYWELL INTERNATIONAL INC	353,361.35	0.00
HOST HOTELS & RESORTS INC	361,265.85	240,391.92
HP INC	595,962.54	477,931.61
INTERNATIONAL BUSINESS MACHINE	0.00	776,879.22
INTERPUBLIC GROUP OF COS INC/T	655,737.60	554,487.78
INTUIT INC	2,369,488.73	1,674,952.50
INVESCO LTD	628,092.88	455,074.32
IRIDIUM COMMUNICATIONS INC	160,894.44	116,341.18
JANUS HENDERSON GROUP PLC	861,626.70	799,436.41
JEFFERIES FINANCIAL GROUP INC	255,997.35	0.00
JOHNSON & JOHNSON	2,637,777.46	1,799,651.28
JPMORGAN CHASE & CO	664,580.70	766,113.16
KIMBERLY-CLARK CORP	582,275.92	464,405.76
KLA CORP	1,439,880.10	1,121,613.60
LAM RESEARCH CORP	0.00	1,139,861.63
LAM RESEARCH CORP	1,671,476.84	0.00
LAMAR ADVERTISING CO	685,824.84	580,821.54
LEGGETT & PLATT INC	0.00	218,256.00
LINCOLN NATIONAL CORP	824,041.38	716,455.74
LOWE'S COS INC	305,116.05	250,255.20
LYONDELLBASELL INDUSTRIES NV	822,442.00	518,924.49
MARATHON PETROLEUM CORP	671,477.36	466,906.50
MCDONALD'S CORP	265,969.47	191,327.40
MCKESSON CORP	210,655.90	371,011.41
MERCK & CO INC	304,819.92	841,799.76
META PLATFORMS INC	605,271.60	3,545,848.56
METLIFE INC	656,274.12	600,753.56
MICROCHIP TECHNOLOGY INC	691,410.06	325,117.15
MICROSOFT CORP	10,482,115.00	8,383,635.00
MID-AMERICA APARTMENT COMMUNIT	221,993.46	188,884.54
MORGAN STANLEY	0.00	249,428.48
NEW YORK TIMES CO/THE	312,556.20	0.00
NEWMARKET CORP	719,949.77	515,141.25
NEXSTAR MEDIA GROUP INC	612,265.50	456,217.36
NVIDIA CORP	4,054,861.36	8,130,453.76
OGE ENERGY CORP	634,014.43	750,420.00
OLD DOMINION FREIGHT LINE INC	502,203.87	0.00
OMEGA HEALTHCARE INVESTORS INC	0.00	531,981.75
OMNICOM GROUP INC	739,141.44	543,600.72
ONEMAIN HOLDINGS INC	702,526.80	704,484.82
OTIS WORLDWIDE CORP	941,134.93	688,092.30



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
PAYCHEX INC	897,970.29	781,726.50
PAYCOM SOFTWARE INC	463,672.96	186,522.70
PEPSICO INC	121,435.60	108,722.90
PFIZER INC	486,090.36	0.00
PHILIP MORRIS INTERNATIONAL IN	1,122,468.48	1,882,274.00
PIONEER NATURAL RESOURCES CO	944,720.88	0.00
POOL CORP	351,263.51	221,270.06
PRINCIPAL FINANCIAL GROUP INC	762,548.31	554,797.47
PROCTER & GAMBLE CO/THE	1,617,655.06	1,368,359.30
PRUDENTIAL FINANCIAL INC	917,107.53	769,378.23
PUBLIC SERVICE ENTERPRISE GROU	852,675.60	757,283.87
PUBLIC STORAGE	997,655.00	732,430.24
QUALCOMM INC	0.00	907,126.10
ROBERT HALF INC	485,406.32	287,688.18
ROCKWELL AUTOMATION INC	872,138.32	593,585.83
ROLLINS INC	375,037.96	294,322.50
ROYALTY PHARMA PLC	0.00	553,286.39
SALESFORCE INC	0.00	1,130,035.40
SCOTTS MIRACLE-GRO CO/THE	928,582.50	102,428.96
SHERWIN-WILLIAMS CO/THE	325,623.60	262,425.96
SIMON PROPERTY GROUP INC	1,022,300.88	857,261.38
SIRIUS XM INC	536,962.55	0.00
SKYWORKS SOLUTIONS INC	915,098.80	533,764.92
SNAP-ON INC	180,525.00	156,500.28
SOUTHERN COPPER CORP	886,348.86	578,128.72
STARBUCKS CORP	1,812,764.81	1,274,032.50
STARWOOD PROPERTY TRUST INC	811,119.76	697,151.55
STATE STREET CORP	932,928.24	874,123.90
T-MOBILE US INC	0.00	786,902.45
TAPESTRY INC	672,113.79	882,020.33
TESLA INC	630,393.76	193,843.20
TEXAS PACIFIC LAND CORP	635,269.80	860,436.88
UGI CORP	770,152.20	855,340.77
UNION PACIFIC CORP	1,395,367.22	957,996.04
UNITED PARCEL SERVICE INC	1,711,448.55	1,015,105.00
UNITEDHEALTH GROUP INC	752,325.63	0.00
UWM HOLDINGS CORP	520,448.50	558,131.34
VERTIV HOLDINGS CO	0.00	638,601.81
VIRTU FINANCIAL INC	0.00	444,001.92
WEST PHARMACEUTICAL SERVICES I	781,706.40	231,584.92
WESTERN UNION CO/THE	690,859.36	655,323.80
WILLIAMS-SONOMA INC	1,005,066.18	888,308.46



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
WINGSTOP INC	0.00	133,289.80
WW GRAINGER INC	994,428.00	284,593.50
WYNDHAM HOTELS & RESORTS INC	626,635.13	580,751.98
TOTAL COMMON	136,467,092.65	121,043,502.77
(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	1,226,295.79	464,353.00
(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	137,891,294.96	121,687,447.04
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	0.00	18,118.65
K. TOTAL LIABILITIES	0.00	18,118.65
L. TOTAL NET ASSETS	137,891,294.96	121,669,328.39