

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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) \_\_\_\_\_

**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><b>1a</b> Name of plan <u>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</u></p> <p><u>BOARD OF TRUSTEES</u> <u>445 APPLE ST</u> <u>RENO, NV 89502-3544</u></p> <p style="text-align: right;"><u>445 APPLE ST</u> <u>RENO, NV 89502-3544</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/1985</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>88-0138556</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>775-826-7200</u></p> <p><b>2d</b> Business code (see instructions) <u>525100</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	FRAN MCDERMOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	JACOB HAAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2029
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2029
	<b>6a(2)</b>	2140
	<b>6b</b>	0
	<b>6c</b>	877
	<b>6d</b>	3017
	<b>6e</b>	0
	<b>6f</b>	3017
	<b>6g(1)</b>	2029
<b>6g(2)</b>	2140	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	45

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2A 2F 2G 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</b>	<b>D</b> Employer Identification Number (EIN) <b>88-0138556</b>	

**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

**THE VANGUARD GROUP, INC.**

**23-1945930**

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

**MORLEY STABLE VALUE FUND**

**93-6274329**

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

**THE ROYCE FUNDS**

**13-3139046**

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

**HOTCHKIS AND WILEY**

**23-1945930**

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

DODGE & COX

94-1441976

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

AMERICAN FUNDS

95-6817943

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**(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

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

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**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)

ANDCO CONSULTING

59-3676225

(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?
17 27 50	NONE	12500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	13125	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NEYHART, ANDERSON, FLYNN & GROSBOLL

94-2576729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	32198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BERRY & CO CPA'S LTD

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BENEFIT PLAN ADMINISTRATORS, INC.

88-0277518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 10 38	NONE	75223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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
AMALGAMATED BANK	19 51 52	0
(d) Enter name and EIN (address) of source of indirect compensation DREYFUS CASH MANAGEMENT FUND      200 PARK AVENUE NEW YORK, NY 10166  13-3430985	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB ADMINISTRATION FEES WHICH ARE CALCULATED BASED ON CLIENT'S AVERAGE MONTHLY BALANCE AND PORTION OF MANAGEMENT FEE SHARED WITH AMALGAMATED BANK.	
(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.

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

<b>a</b> Name: BERRY & CO. CPAS, LTD	<b>b</b> EIN: 88-0400174
<b>c</b> Position: IQPA	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation: THE TRUSTEES ROUTINELY MONITOR THEIR SERVICE PROVIDERS AND MAKE CHANGES AS THEY DEEM NECESSARY IN THEIR FIDUCIARY CAPACITY.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</u>	<b>D</b> Employer Identification Number (EIN) <u>88-0138556</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MORLEY STABLE VALUE FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>UNION BOND &amp; TRUST CO.</u>	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>93-6274329-001</u>	<u>C</u>	<u>9681392</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA</b>	<b>D</b> Employer Identification Number (EIN) <b>88-0138556</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1007262	1218082
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1234540	1814611
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	4995	9757
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	803468	1564681
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	9681392	9035669
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	101967232	115167595
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	114698889	128810395
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	6441	8795
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	104461	504287
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	110902	513082
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	114587987	128297313

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>	12864504	
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		12864504
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	67672	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		67672
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	6253140	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		6253140
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>		
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		240373
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4646907
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		24072596

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10119461	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10119461
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	75223	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	34000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	37500	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	17104	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	36856	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	5077	
(11) Other expenses .....	<b>2i(11)</b>	38049	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		243809
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10363270

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13709326
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CASEY NEILON, INC.**

(2) EIN: **20-5570744**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN  
FOR NORTHERN NEVADA**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA  
FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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Note: Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

*Casey Neilson, Inc.*  
**Accountants and Advisors**

**INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee of  
the Electrical Workers Defined Contribution Plan for Northern Nevada

**Opinion on the 2024 Financial Statements**

We have audited the accompanying financial statements of the Electrical Workers Defined Contribution Plan for Northern Nevada (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Electrical Workers Defined Contribution Plan for Northern Nevada and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

**Auditor's Responsibilities for the Audit of the 2024 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The

risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

## **Other Matters**

### *2024 Supplemental Schedules Required by ERISA*

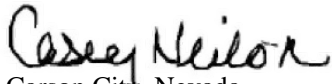
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*2023 Financial Statements*

The financial statements of the Plan as of December 31, 2023, were audited by other auditors whose report dated October 3, 2024 expressed an unmodified opinion on those statements.

Handwritten signature of Casey Neilson in black ink.

Carson City, Nevada  
October 10, 2025

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b><u>Assets</u></b>		
<b>Investments, at fair value:</b>		
Mutual funds	\$ 115,167,595	\$ 101,967,232
Money market mutual funds	1,564,681	803,468
Common/collective trusts	9,035,669	9,681,392
	125,767,945	112,452,092
<b>Receivables:</b>		
Interest receivable	6,415	-
Employer contributions	1,814,611	1,234,540
	1,821,026	1,234,540
<b>Other assets:</b>		
Cash	1,218,082	1,007,262
Prepaid expenses	3,342	4,995
	1,221,424	1,012,257
<b>Total assets</b>	128,810,395	114,698,889
<b><u>Liabilities</u></b>		
Accounts payable	8,795	6,441
Reciprocity payable	499,287	99,461
Funds held for defined benefit plan contingencies	5,000	5,000
<b>Total liabilities</b>	513,082	110,902
<b><u>Net assets</u></b>		
<b>Net assets available for benefits</b>	\$ 128,297,313	\$ 114,587,987

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions to net assets attributed to:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 4,887,280	\$ 10,356,087
Interest and dividend income	6,313,740	4,670,135
Total investment income	11,201,020	15,026,222
Less investment fees	(54,604)	(59,653)
Net investment income	11,146,416	14,966,569
Employer contributions	12,871,576	11,056,043
<b>Total additions</b>	<u>24,017,992</u>	<u>26,022,612</u>
 <b>Deductions from net assets attributed to:</b>		
Pension benefits paid to participants	<u>10,119,461</u>	<u>4,353,216</u>
 <b>Operating expenses:</b>		
Administration fees	75,223	69,123
Bond and insurance	6,630	91,794
Legal Fees	36,856	38,783
Office and Miscellaneous	34,996	21,779
Consulting Fees	1,500	-
Plan audit and contract compliance fees	34,000	34,000
	<u>189,205</u>	<u>255,479</u>
<b>Total deductions</b>	<u>10,308,666</u>	<u>4,608,695</u>
 <b>Net increase for the year</b>	 13,709,326	 21,413,917
 <b>Net assets available for benefits:</b>		
Beginning of year	<u>114,587,987</u>	<u>93,174,070</u>
End of year	<u>\$ 128,297,313</u>	<u>\$ 114,587,987</u>

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN**

The following brief description of the Electrical Workers Defined Contribution Plan for Northern Nevada (the “Plan”) provides only general information. Participants should refer to the Electrical Workers Defined Contribution Plan for Northern Nevada Summary Plan Description and Rules and Regulations (SPD) for a more complete description of the Plan’s provisions.

General

The Plan was established February 1, 1985, pursuant to collective bargaining agreements (“CBA”) between the Electrical Workers Defined Contribution Plan for Northern Nevada and the Northern Nevada Chapter of the National Electrical Contractors Association Inc. and the International Brotherhood of Electrical Workers, Local #401. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Board of Trustees of the Electrical Workers Defined Contribution Plan. The Board of Trustees determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

Funding Policy

The Plan is funded by contributions based on the hours worked by employees in covered employment according to the specified terms of the CBA. For the years ended December 31, 2024 and 2023, the contribution rates were between \$12.00 and \$11.25 per hour. The Plan receives the majority of its income from construction contractors working mainly in Northern Nevada.

Reciprocal Contributions

The Plan allows for reciprocity agreements with other collectively-bargained plans. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees’ participating local unions.

For the years ended December 31, 2024 and 2023, the Plan remitted cash payments of \$3,234,155 and \$1,185,140, respectively, and received cash payments of \$1,060,035 and \$1,085,349 respectively, in accordance with these agreements with the participating local unions. Reciprocal payments received are included in employer’s contributions in the statements of changes in net assets available for benefits. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the liability account reciprocal contributions payable and are not included in the statement of changes in net assets available for benefits as they do not represent an expense of the Plan.

Agreed-Upon Procedures for Contributions

Pursuant to the collective bargaining agreements, the Plan’s Board of Trustees has implemented a policy of performing agreed-upon procedures on the payroll records of contributing employers on a systematic rotation basis.

Vesting

Contributions that are received on behalf of an employee are credited to an individual account. The participant is 100% vested in their individual account with the plan. The participant is not eligible to receive the money until the participant meets the qualifications for the payment of benefits provided by the Plan, which include retirement, termination, disability, death or others outlined in the SPD.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN (CONTINUED)**

Participant Accounts

An individual account is established for each employee who is eligible to receive contributions under the Plan and all employer contributions made on the employee's behalf are credited to the employee's individual account. Each participant (employee) has been delegated the responsibility to direct employer contributions to any of the funds offered by the Plan. Participants may change their investment options quarterly. The available investment funds are selected from time to time by the Trustees.

Participants may also contribute to their separate accounts amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are determined quarterly, and administrative expenses are allocated as defined in the Trust Agreement.

Rollover Accounts

Subject to the provisions of the SPD, a participant may make one or more rollover contributions to the Plan, in which case a rollover account would be established for the participant. A participant's rollover account shall be fully vested at all times and shall not be subject to forfeiture for any reason. No employer contributions shall be allocated to a rollover account.

Valuation of Accounts

The investment funds will be valued at fair market value as of each valuation date. On each valuation date, the earnings and losses of each investment fund will be allocated to each individual account (and rollover account) in the ratio that such account balance within that investment fund bears to all account balances within that investment fund. The amount in each individual account and rollover account shall be determined as follows:

- The amount in the account as of the previous valuation date; plus
- Contributions received on the participant's behalf since the previous valuation date; less
- The participant's share of the administrative expenses of the Plan; plus
- The participant's share of the net investment income of the Plan.

Pension Benefits

Participants with an accumulated balance are eligible for pension benefits upon filing an application for benefits along with being subject to certain provisions:

- Early retirement upon attainment of age 55 and certification of retirement from the industry.
- Attain age 62, the Plan's normal retirement age.
- Participant individual account balance of \$5,000 or less, the participant is not working in the industry, and has not had employer contributions in the prior 12 consecutive months.
- Participant is totally and permanently disabled and entitled to a Social Security Disability Benefit.
- In receipt of a life insurance premium waiver on account of total disability.
- Death of the participant.
- Participant individual account balance of \$15,000 or less, has not had employer contributions in the prior 30 consecutive months and the participant is not working in the industry.
- Participant is not currently working in Covered Employment who has a terminal medical condition based on sufficient medical evidence.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN (CONTINUED)**

Pension Benefits (Continued)

Each participant shall determine the method of distribution from the Plan. Distribution methods included lump-sum payments, equal monthly installments over a fixed period of years, and annuities. The participant's determination must be made timely or distributions will be made as outlined in the Trust Agreement. Participants also have the option to receive a hardship distribution if hardship conditions are satisfied.

Priorities Upon Plan Termination

In the event of termination or partial termination of the Plan, the assets then remaining, after providing for the expenses of the Plan and for the payment of any accumulated shares approved, shall be distributed among the participants. Each participant shall receive the balance in their separately maintained account. No part of the assets shall be returned to any employer association of the Union. The Plan has been created and maintained pursuant to various collective bargaining agreements. The parties to these collective bargaining agreements reserve the right to terminate the Plan at any time.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The Plan's audited financial statements are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuations and Income Recognition

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Board of Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and other third parties. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year, and is reflected as the difference between cost and fair value. For Form 5500 reporting, realized and unrealized gains and losses are computed using the investments' fair values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are presented in the same manner for financial statement and Form 5500 purposes.

Employer Contributions Receivable

Contributions receivable at year end are substantially determined from employer remittance reports received subsequent to year end, but which cover hours worked during the respective years. Management believes all contributions receivable are collectible and no allowance for uncollectible accounts has been provided.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Amounts allocated to accounts of participants who have elected to withdraw from the Plan, but have not yet been paid, were \$0 and \$0 at December 31, 2024 and 2023, respectively.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of change in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**3. FEDERAL INCOME TAX STATUS**

The IRS has determined and informed the Plan sponsor by a letter dated February 29, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Management has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. Management of the Plan believes that the Plan has taken no uncertain tax positions as of December 31, 2024 and 2023 that require adjustment to or disclosure in the financial statements in order to comply with the provisions of this guidance. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

**4. TRANSIT ACCOUNT**

Employer contributions for hours worked in Nevada are physically received at Benefit Plan Administrators (BPA), the third-party administrator, located in Reno, Nevada. BPA promptly deposits these contributions into an Amalgamated Bank commercial account. Each business day, Amalgamated Bank transfers all available employer contributions from the commercial account into an Amalgamated Bank trust account known as the Transit Account. All employer contributions are disbursed out of the Amalgamated Bank trust Transit Account each month pursuant to trustee policy and into accounts held by various plan accounts such as this Plan. BPA performs a monthly reconciliation of both the Amalgamated Bank commercial account and the trust Transit account. Amounts held in transit were \$1,194,971 and \$952,705 as of December 31, 2024 and 2023, respectively. These amounts are included in cash in the statements of net assets available for benefits.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**5. INVESTMENTS - FAIR VALUE MEASUREMENTS**

In accordance with U.S. GAAP, fair value is defined as the price the Plan would receive to sell an asset or pay for a liability in an orderly transaction between market participants. A three-tier hierarchy has been established for presenting valuations, based on the transparency of inputs into valuation techniques used to measure fair valuation. The inputs may be observable or unobservable and refer broadly to the assumptions that market participants would consider significant to value an asset or liability, based on the best information available in the circumstances. Investments with readily-available active quoted prices or for which fair value can be measured from actively quoted prices in an orderly market will generally have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Investments measured and reported at fair value are classified and disclosed in one of the following categories based on inputs:

- Level 1 – Quoted prices for active markets for identical securities. An active market for the security is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. A quoted price in an active market provides the most reliable evidence of fair value.
- Level 2 – Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.), or quoted prices for identical or similar assets in markets that are not active. Inputs that are derived principally from or corroborated by observable market data. An adjustment to any observable input that is significant to the fair value may render the measurement a Level 3 measurement.
- Level 3 – Significant unobservable inputs, including the Plan’s own assumptions in determining the fair value of investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment and the state of the marketplace. Although management believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**5. INVESTMENTS - FAIR VALUE MEASUREMENTS (CONTINUED)**

<b>Assets at Fair Value as of December 31, 2024</b>				
	<b>Quoted Prices in Active Markets for Identical Assets Level 1</b>	<b>Significant Other Observable Inputs Level 2</b>	<b>Significant Unobservable Inputs Level 3</b>	<b>Total</b>
Mutual funds	\$ 115,167,595	\$ -	\$ -	\$ 115,167,595
Money market mutual funds	1,564,681	-	-	1,564,681
Common/collective trusts	-	9,035,669	-	9,035,669
Total investments in the fair value hierarchy	<u>\$ 116,732,276</u>	<u>\$ 9,035,669</u>	<u>\$ -</u>	<u>\$ 125,767,945</u>

<b>Assets at Fair Value as of December 31, 2023</b>				
	<b>Quoted Prices in Active Markets for Identical Assets Level 1</b>	<b>Significant Other Observable Inputs Level 2</b>	<b>Significant Unobservable Inputs Level 3</b>	<b>Total</b>
Mutual funds	\$ 101,967,232	\$ -	\$ -	\$ 101,967,232
Money market mutual funds	803,468	-	-	803,468
Common/collective trusts	-	9,681,392	-	9,681,392
Total investments in the fair value hierarchy	<u>\$ 102,770,700</u>	<u>\$ 9,681,392</u>	<u>\$ -</u>	<u>\$ 112,452,092</u>

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Level 1 Measurements

The fair values of the mutual funds are determined by reference to each fund's underlying assets. Shares held in these mutual funds are traded on national exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

The fair value of this common collective trust is based on the asset value per unit of the trust's underlying net assets.

**6. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**7. CONCENTRATION OF CREDIT RISK**

The Federal Deposit Insurance Corporation (FDIC) is an independent agency of the United States government that provides deposit insurance for protection against the loss of insured deposits if an FDIC insured bank or savings association fails. The Plan's cash in financial institutions accounts periodically exceeded the current FDIC insurance limits.

**8. RECONCILIATIONS OF FINANCIAL STATEMENTS TO FEDERAL FORM 5500**

The following schedules reconcile total additions and total deductions per the accompanying financial statements to total income and total expenses, respectively, per the Form 5500 for the year ended December 31, 2024:

	<b>2024</b>
Per the financial statements:	
Total additions	\$ 24,017,992
Investment fees deducted from additions	54,604
Total income per the Form 5500	\$ 24,072,596

	<b>2024</b>
Per the financial statements:	
Total deductions	\$ 10,308,666
Add: Investment fees deducted from additions	54,604
Total expenses per the Form 5500	\$ 10,363,270

**9. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

The Plan shares common governance and transacts with related organizations, including the IBEW Local 401, the Associated General Contractors of Nevada, and the Electrical Workers Health and Welfare Plan for Northern Nevada, all of which are tax-exempt.

**10. SUBSEQUENT EVENTS**

An evaluation of subsequent events through October 10, 2025, the date the financial statements were available to be issued, has determined no additional items required recognition or disclosure.

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN  
FOR NORTHERN NEVADA**

**SUPPLEMENTAL INFORMATION**

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**

**FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**EIN: 88-0138556**

**PLAN NO. 002**

**DECEMBER 31, 2024**

<b>(a)</b>	<b>Shares/Par</b>	<b>(b) Identity of Issue &amp; (c) Description of Investment</b>	<b>(d) Cost</b>	<b>(e) Current Value</b>
		<b>Mutual Funds</b>		
	210	American Funds - Growth Fund of America - RS	\$ 11,441	\$ 15,656
	1,422,130	Dodge & Cox - Income Fund - X	18,963,813	17,620,187
	52,848	Dodge & Cox Internal Stock Fund - X	2,291,441	2,637,128
	148	Dodge & Cox Intl Stocks Funds - CI I	6,908	7,408
	116,021	Growth Fund of America - CL R-6	6,754,957	8,649,362
	88,517	Hotchkis & Wiley Large Cap Value Fund	3,220,272	3,653,107
	279,076	Royce Opportunity Fund - Instl	4,194,809	4,445,674
	631	Royce Opportunity Fund	8,559	9,767
	31,854	Vanguard REIT Index - Admiral Shares	3,965,147	4,023,515
	2,185,775	Vanguard Star Fund	58,867,592	60,065,100
	88,191	Vanguard Total Stock Market Index	6,619,152	12,437,571
	24,275	Vanguard Value Index - Admiral Shares	1,245,280	1,603,120
			<u>106,149,371</u>	<u>115,167,595</u>
		<b>Common Collective Trust</b>		
	306,298	Morley Stable Value Fund	-	9,035,669
		<b>Cash Equivalents</b>		
	1,564,681	JP Morgan US Government Money Market Fund	1,564,681	1,564,681
		<b>Total Investments</b>	<u>\$ 107,714,052</u>	<u>\$ 125,767,945</u>

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**

**FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 88-0138556  
PLAN NO. 002  
DECEMBER 31, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<b>1. Individual Transactions:</b>						
None						
<b>2. Series of Transactions:</b>						
<b>Mutual Funds</b>						
Vanguard	Star Fund	\$ 11,400,007	\$ -	\$ -	\$ 11,400,007	\$ -
Vanguard	Star Fund	\$ -	\$ 5,892,103	\$ 5,595,073	\$ 5,892,103	\$ 297,030
<b>Cash Equivalents</b>						
Amalgamated Bank	Interest Bearing Account	\$ 5,589,932	\$ -	\$ -	\$ 5,589,932	\$ -
Amalgamated Bank	Interest Bearing Account	\$ -	\$ 5,589,932	\$ 5,589,932	\$ 5,589,932	\$ -
Dreyfus	Money Market Fund	\$ 13,037,210	\$ -	\$ -	\$ 13,037,210	\$ -
Dreyfus	Money Market Fund	\$ -	\$ 13,840,880	\$ 13,840,717	\$ 13,840,880	\$ 163
JP Morgan US Government	Money Market Fund	\$ 7,955,859	\$ -	\$ -	\$ 7,955,859	\$ -
JP Morgan US Government	Money Market Fund	\$ -	\$ 6,391,182	\$ 6,391,182	\$ 6,391,182	\$ -

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

**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.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 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

<b>1a</b> Name of plan ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA	<b>1b</b> Three-digit plan number (PN) ▶ 002
<b>2a</b> 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) ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR N  445 APPLE STREET SUITE 109 RENO NV 89502	<b>1c</b> Effective date of plan 02/01/1985 <b>2b</b> Employer Identification Number (EIN) 88-0138556 <b>2c</b> Plan Sponsor's telephone number 775-826-7200 <b>2d</b> Business code (see instructions) 525100

**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.

<b>SIGN HERE</b>	Date	Fran McDermott
Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Date	Jacob Haas
Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Date	
Signature of DFE		Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**

**FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**EIN: 88-0138556**

**PLAN NO. 002**

**DECEMBER 31, 2024**

<b>(a)</b>	<b>Shares/Par</b>	<b>(b) Identity of Issue &amp; (c) Description of Investment</b>	<b>(d) Cost</b>	<b>(e) Current Value</b>
		<b>Mutual Funds</b>		
	210	American Funds - Growth Fund of America - RS	\$ 11,441	\$ 15,656
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		<b>Common Collective Trust</b>		
	306,298	Morley Stable Value Fund	-	9,035,669
		<b>Cash Equivalents</b>		
	1,564,681	JP Morgan US Government Money Market Fund	1,564,681	1,564,681
		<b>Total Investments</b>	<u>\$ 107,714,052</u>	<u>\$ 125,767,945</u>

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

**ELECTRICAL WORKERS DEFINED CONTRIBUTION PLAN FOR NORTHERN NEVADA**

**FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN: 88-0138556  
PLAN NO. 002  
DECEMBER 31, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<b>1. Individual Transactions:</b>						
None						
<b>2. Series of Transactions:</b>						
<b>Mutual Funds</b>						
Vanguard	Star Fund	\$ 11,400,007	\$ -	\$ -	\$ 11,400,007	\$ -
Vanguard	Star Fund	\$ -	\$ 5,892,103	\$ 5,595,073	\$ 5,892,103	\$ 297,030
<b>Cash Equivalents</b>						
Amalgamated Bank	Interest Bearing Account	\$ 5,589,932	\$ -	\$ -	\$ 5,589,932	\$ -
Amalgamated Bank	Interest Bearing Account	\$ -	\$ 5,589,932	\$ 5,589,932	\$ 5,589,932	\$ -
Dreyfus	Money Market Fund	\$ 13,037,210	\$ -	\$ -	\$ 13,037,210	\$ -
Dreyfus	Money Market Fund	\$ -	\$ 13,840,880	\$ 13,840,717	\$ 13,840,880	\$ 163
JP Morgan US Government	Money Market Fund	\$ 7,955,859	\$ -	\$ -	\$ 7,955,859	\$ -
JP Morgan US Government	Money Market Fund	\$ -	\$ 6,391,182	\$ 6,391,182	\$ 6,391,182	\$ -

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