

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVI
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, NN CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN
2b Employer Identification Number (EIN): 94-2471400
2c Plan Sponsor's telephone number: 775-826-7200
2d Business code (see instructions): 236200

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, Date, and Name. Rows include CRAIG MADOLE (plan administrator), ELOY JARA (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

<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>	1572
<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>	1572
	<b>6a(2)</b>	1664
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	1664
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<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>	151

**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:  
4Q

<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)

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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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 **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVI</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, NN CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>94-2471400</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

**U.S. BANCORP ASSET MGMT, INC**

**41-2003732**

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

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

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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)

**BENEFIT PLAN ADMINISTRATORS**

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 50	TPA	42225	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)

**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	CPA	12308	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)

**NEYHART ANDERSON FLYNN & GRISBOLL**

645 RYAN TERRACE  
SAN RAMON, CA 94583

94-2576729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50		5247	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"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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. CPA'S LTD	<b>b</b> EIN: 88-0400174
<b>c</b> Position:	
<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 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>	<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 <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVI</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, NN CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>94-2471400</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	701211	420762
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	445152	633198
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	695	38735
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2612893	4686703
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1358933	
<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>		
<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>		
<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>	5118884	5779398
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	3034	1560
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3034	1560
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5118850	5777838

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	5240598	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> 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>		5240598
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	227139	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		227139
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> 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>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-19711	
<b>(C)</b> 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>		
(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>		
<b>c</b> Other income .....	<b>2c</b>		2982
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5451008

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4720096	
(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>		4720096
<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>	42255	
(3) Recordkeeping fees .....	<b>2i(3)</b>	108	
(4) IQPA audit fees .....	<b>2i(4)</b>	12200	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1250	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	1400	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	6151	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	5560	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		68924
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4789020

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		661988
<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: **SORREN CPAS, PC**

(2) EIN: **99-0658768**

**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		3000000
<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 \_\_\_\_\_.

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**

**FINANCIAL STATEMENTS**

**MAY 31, 2025 AND 2024**

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

Table of Contents

	<u>Page</u>
<b>INDEPENDENT AUDITOR'S REPORT</b>	1-3
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
<b>SUPPLEMENTAL INFORMATION</b>	
Schedule of Assets Held at End of Year	12
Schedule of Reportable Transactions	13-14

To the Administrative Committee of  
the Northern Nevada Construction Workers Vacation Savings Trust Plan

**Opinion on the 2025 Financial Statements**

We have audited the accompanying financial statements of the Northern Nevada Construction Workers Vacation Savings Trust Plan (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 May 31, 2025, 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 accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2025, 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 2025 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 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 2025 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 2025 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**

##### *2025 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.

*2024 Financial Statements*

The financial statements of the Northern Nevada Construction Workers Vacation Savings Trust Plan as of May 31, 2024, were audited by other auditors whose report dated March 7, 2025 expressed an unmodified opinion on those statements.

Sorren CPAs P.C.

Reno, Nevada  
March 13, 2026

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**MAY 31, 2025 AND 2024**

	<b>2025</b>	<b>2024</b>
<b><u>Assets</u></b>		
<b>Investments, at fair value:</b>		
Cash equivalents	\$ 887,985	\$ 714,893
Certificates of deposit	3,798,718	1,898,000
U.S. Government securities	-	1,358,933
	4,686,703	3,971,826
<b>Receivables:</b>		
Employer contributions	633,198	445,152
Accrued interest	37,912	-
	671,110	445,152.00
<b>Other assets:</b>		
Cash	420,762	701,211
Prepaid expenses	823	695
	421,585	701,906
<b>Total assets</b>	<b>5,779,398</b>	<b>5,118,884</b>
<b><u>Liabilities</u></b>		
Accounts payable	4,677	3,034
<b><u>Net assets</u></b>		
<b>Net assets available for benefits</b>	<b>\$ 5,774,721</b>	<b>\$ 5,115,850</b>

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

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**MAY 31, 2025 AND 2024**

	<b>2025</b>	<b>2024</b>
<b>Additions to net assets attributed to:</b>		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (19,711)	\$ 11,165
Interest and dividend income	227,139	188,370
Total investment income	207,428	199,535
Less investment fees	(2,650)	(2,651)
Net investment loss	204,778	196,884
Employer contributions	5,240,598	4,819,419
Other income	2,982	16,517
Total additions	5,448,358	5,032,820
 <b>Deductions from net assets attributed to:</b>		
Vacation benefits paid to participants	4,720,096	3,974,013
 <b>Operating expenses:</b>		
Administration fees	45,372	41,689
Bond and insurance	1,358	1,196
Legal fees	6,151	2,633
Bank charges	602	528
Office and Misc	3,600	2,847
Plan audit and contract compliance fees	12,308	13,933
Total deductions	4,789,487	4,036,839
<b>Net increase for the year</b>	658,871	995,981
 <b>Net assets available for benefits:</b>		
Beginning of year	5,115,850	4,119,869
End of year	\$ 5,774,721	\$ 5,115,850

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

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**1. DESCRIPTION OF THE PLAN**

The following description of the Northern Nevada Construction Workers Vacation Savings Trust Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

**General**

The Plan was formed in 1961 to administer vacation benefits provided for in the “Collective Bargaining Agreements” between the Nevada Chapter of Associated General Contractors of America, Inc. and the Hod Carriers, Construction and General Laborers Local #169. The Plan was created and is maintained pursuant to various collective bargaining agreements. Although they have not expressed any intentions to do so, the parties to these collective bargaining agreements reserve the right to terminate the Plan at any time.

The Plan is administered by the Board of Trustees of the Northern Nevada Construction Workers Vacation Savings Trust Fund and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA).

The Board of Trustees determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

**Eligibility**

An employee of a contributing employer who performs one or more hours of work covered by any of the collective bargaining agreements is eligible for participation in the Plan.

**Contributions**

The contributing employers are required to report hours worked by eligible employees on a monthly basis and make monthly contributions that are considered compensation to employees based on an hourly contribution rate that is determined through collective bargaining. The straight-time hourly contribution rate for work performed during the years ended May 31, 2025 and 2024 was \$3.01 and \$2.76, respectively. The employers also make a vacation administration contribution of \$0.03 per hour, during the years ended May 31, 2025 and 2024.

**Vacation Benefits**

Benefits are payable on December 1st of each calendar year for hours worked during the fiscal year ended May 31st of the same year. In the event of an employee’s death or entrance into military service, the balance on deposit for the use and benefit of that employee is payable at that time.

The rate payable per hour is calculated by dividing the dollars available for distribution by the total hours reported for the year. The amount available for distribution is calculated by adding the undistributed benefits from prior years, employer contributions for the current year, interest income, and estimated investment income from June 1st to date of distribution. From this sum, current operating expenses and estimated operating expenses from June 1st to the date of distribution are subtracted.

Benefits that are not claimed within six months from the date of distribution are deemed forfeited to the Plan. The forfeited benefits can be reclaimed by the participant subject to approval by the Board of Trustees.

**Plan Termination**

Although it has not been expressed any intent to do so, the Board of Trustees has the right under the Plan to modify the benefits provided to participants and contributions required at any time and to terminate the Plan subject to the provisions set forth in the ERISA.

In the event the Plan terminates, the net assets must be distributed to an exempt trust fund established for the purposes of this Plan.

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**2. SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Board of Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other third parties. See Note 3 for 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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the statements of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

**Participant Contributions and Contributions Receivable**

Participant contributions reported in the financial statements include amounts relating to hours worked by active participants through May 31st.

Participant contributions receivable represent contributions received subsequent to the fiscal year end of the Plan for hours worked in the current plan year.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution. Vacation benefits payable on December 1st for hours worked during the fiscal year ended May 31st of the same year were \$4,720,096 and \$3,974,013 for the years ending May 31, 2025 and 2024, respectively.

**Expenses**

The Plan's expenses are paid by the Plan. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**3. FAIR VALUE MEASUREMENTS**

In accordance with U.S. GAAP, fair value is defined as the price the Plan would receive to sell an asset or pay for a liability in an orderly transaction between market participants. A three-tier hierarchy has been established for presenting valuations, based on the transparency of inputs into valuation techniques used to measure fair 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. 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 or liabilities are reported at fair value in the accompanying statement of net assets available for benefits and their inputs for the years ended May 31, 2025 and 2024, respectively, are summarized as follows:

<b>Assets at Fair Value as of May 31, 2025</b>				
	<b>Quoted Prices in Active Markets for Identical Assets</b>	<b>Significant Other Observable Inputs</b>	<b>Significant Unobservable Inputs</b>	
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market funds	\$ 887,985	\$ -	\$ -	\$ 887,985
Certificates of deposit	-	3,798,718	-	3,798,718
	<u>\$ 887,985</u>	<u>\$ 3,798,718</u>	<u>\$ -</u>	<u>\$ 4,686,703</u>

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**3. FAIR VALUE MEASUREMENTS (CONTINUED)**

	<b>Assets at Fair Value as of May 31, 2024</b>			
	<b>Quoted Prices in Active Markets for Identical Assets</b>	<b>Significant Other Observable Inputs</b>	<b>Significant Unobservable Inputs</b>	<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
Money market funds	\$ 714,893	\$ -	\$ -	\$ 714,893
Certificates of deposit	-	1,898,000	-	1,898,000
U.S. Government securities	1,358,933	-	-	1,358,933
	<u>\$ 2,073,826</u>	<u>\$ 1,898,000</u>	<u>\$ -</u>	<u>\$ 3,971,826</u>

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at May 31, 2025 and 2024.

**Money market deposit accounts** - Valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

**U.S. Government securities** – Valued using pricing models maximizing the use of observable inputs for similar securities.

**Negotiable certificates of deposit** – Various certificates of deposit, each with face values ranging of \$200,000, interest rates ranging from 0.04% - 4.40%, and maturity dates within one year. Negotiable certificates of deposit may generally be sold in a highly liquid secondary market and are valued based on inputs derived by observable market data.

**4. TRANSIT ACCOUNT**

Contributions for hours worked in Nevada are physically received at Benefit Plan Administrators (BPA) office in Reno, Nevada. BPA, the Plan’s third-party administrator, promptly deposits these contributions into a US Bank commercial account. Each business day, US Bank transfers all available employer contributions from the commercial account into a US Bank trust account known as the transit account. All contributions are disbursed out of the US Bank transit account each month pursuant to Plan policy and into accounts held by various plan accounts such as this Plan. Amounts held in the transit account were \$505,705 and \$390,066 at May 31, 2025 and 2024, respectively. These amounts are included in cash equivalents in the statements of net assets available for benefits.

**5. TAX STATUS**

The trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS), dated August 27, 1998, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). However, as a result of the Plan’s funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2025 or 2024 for unrelated business taxable income.

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**5. TAX STATUS (CONTINUED)**

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The plan administrator and Board of Trustees believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**6. PLAN RESERVES**

The Plan has agreed to pay participants their vacation benefits in the event the employers fail to remit amounts due to the Plan. The Trustees have established a reserve of \$50,000 at May 31, 2025 and 2024, which is included in net assets available for benefits in the financial statements.

**7. PARTIES-IN-INTEREST TRANSACTIONS**

Certain Plan investments consist of money market deposit funds managed by US Bank, the custodian as defined by the Plan.

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.

**8. CONCENTRATIONS**

The Plan collects and manages contributions from employers in the Northern Nevada area pursuant to the collective bargaining agreement. Therefore, the amount of contributions is dependent on the construction activity in the Northern Nevada area. Any changes to the construction industry in Northern Nevada will have a significant impact on contributions.

Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. The Plan's cash in financial institution accounts periodically exceeds the current FDIC insurance limits.

**9. RISKS AND UNCERTAINTIES**

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

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following schedule is a reconciliation of investment management fees from total additions per the accompanying financial statements to total income per the Form 5500 for the year ended May 31, 2025

	<b>May 31, 2025</b>
Per the financial statements:	
Total additions	\$ 5,448,358
Investment fees deducted from additions	2,650
Total income per the Form 5500	<b>\$ 5,451,008</b>

The following schedule is a reconciliation of total deductions per the accompanying financial statements to total expenses per the Form 5500 for the year ended May 31, 2025:

	<b>May 31, 2025</b>
Per the financial statements:	
Total deductions	\$ 4,789,487
Investment fees deducted from additions	2,650
Total income per the Form 5500	<b>\$ 4,792,137</b>

**11. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through March 13, 2026, the date the financial statements were available to be issued.

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**SUPPLEMENTAL INFORMATION**

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**FORM 5500, SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 94-2471400**  
**PLAN NO. 501**  
**MAY 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment			(d) Cost	(e) Current Value
	<b>Certificates of Deposit</b>					
	Axos Bank CD	4.35%	10/27/2025	200,000	\$ 200,000	\$ 199,990
	Bank of America CD	0.04%	11/12/2025	200,000	200,000	199,848
	Bank of Ozarks CD	0.04%	11/17/2025	200,000	200,000	199,774
	Bank Tioga CD	0.04%	7/21/2025	200,000	200,000	199,928
	Bankunited CD	4.35%	6/17/2025	200,000	200,000	199,990
	Beal Bank CD	4.15%	10/22/2025	200,000	200,000	199,790
	Berkshire Bank CD	4.25%	9/17/2025	200,000	200,000	199,876
	Charles Schwab CD	4.40%	9/9/2025	200,000	200,000	199,964
	1st Security Bank CD	4.30%	6/24/2025	200,000	200,000	199,986
	Goldman Sachs CD	4.25%	6/17/2025	200,000	200,000	199,980
	Merchants Bank CD	4.15%	7/22/2025	200,000	200,000	199,924
	Merrick Bank CD	4.30%	6/18/2025	200,000	200,000	199,990
	Old National Bank CD	4.35%	9/18/2025	200,000	200,000	199,936
	PNC Bank National CD	0.04%	8/27/2025	200,000	200,000	199,908
	Preferred Bank CD	4.40%	9/22/2025	200,000	200,000	199,968
	Southpoint Bank CD	4.40%	9/26/2025	200,000	200,000	199,972
	TS Bank Treynor CD	4.25%	6/27/2025	200,000	200,000	199,992
	Union Bank CD	4.25%	8/21/2025	200,000	200,000	199,914
	Webster Bank CD	4.30%	6/20/2025	200,000	200,000	199,988
					3,800,000	3,798,718
	<b>Money Market</b>					
	First Amer Gov't Obl Fund, CL X			887,985	887,985	887,985
					\$ 4,687,985	\$ 4,686,703

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**

**FORM 5500, SCHEDULE H, LINE 4j-  
SCHEDULE OF REPORTABLE TRANSACTIONS**

**EIN: 94-2471400**

**PLAN NO. 501**

**MAY 31, 2025**

(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. Single transaction exceeds 5% of value</b>						
First American	First American Gov't Obl Fund Cl X	\$ 390,066	\$ -	\$ -	\$ 390,066	\$ -
First American	First American Gov't Obl Fund Cl X	400,909	-	-	400,909	-
First American	First American Gov't Obl Fund Cl X	256,607	-	-	256,607	-
First American	First American Gov't Obl Fund Cl X	292,072	-	-	292,072	-
First American	First American Gov't Obl Fund Cl X	440,445	-	-	440,445	-
First American	First American Gov't Obl Fund Cl X	456,738	-	-	456,738	-
First American	First American Gov't Obl Fund Cl X	441,512	-	-	441,512	-
First American	First American Gov't Obl Fund Cl X	-	436,224	436,224	436,224	-
First American	First American Gov't Obl Fund Cl X	380,114	-	-	380,114	-
First American	First American Gov't Obl Fund Cl X	-	397,100	397,100	397,100	-
First American	First American Gov't Obl Fund Cl X	533,986	-	-	533,986	-
First American	First American Gov't Obl Fund Cl X	434,310	-	-	434,310	-
First American	First American Gov't Obl Fund Cl X	445,000	-	-	445,000	-
First American	First American Gov't Obl Fund Cl X	870,000	-	-	870,000	-
First American	First American Gov't Obl Fund Cl X	-	4,678,000	4,678,000	4,678,000	-
First American	First American Gov't Obl Fund Cl X	1,450,000	-	-	1,450,000	-
First American	First American Gov't Obl Fund Cl X	340,000	-	-	340,000	-
First American	First American Gov't Obl Fund Cl X	453,092	-	-	453,092	-
First American	First American Gov't Obl Fund Cl X	-	1,199,968	1,199,968	1,199,968	-
First American	First American Gov't Obl Fund Cl X	-	1,000,000	1,000,000	1,000,000	-
First American	First American Gov't Obl Fund Cl X	442,616	-	-	442,616	-
First American	First American Gov't Obl Fund Cl X	314,629	-	-	314,629	-
First American	First American Gov't Obl Fund Cl X	259,089	-	-	259,089	-
First American	First American Gov't Obl Fund Cl X	404,266	-	-	404,266	-
First American	First American Gov't Obl Fund Cl X	-	399,325	399,325	399,325	-
First American	First American Gov't Obl Fund Cl X	331,718	-	-	331,718	-
First American	First American Gov't Obl Fund Cl X	428,451	-	-	428,451	-
US Gov't	Treasury Bill 11/29/24	-	1,087,322	1,087,322	1,087,322	-
US Gov't	Treasury Bill 11/21/24	-	438,563	438,563	438,563	-
US Gov't	Treasury Bill 12/05/24	336,359	-	-	336,359	-
US Gov't	Treasury Bill 12/05/24	-	336,359	336,359	336,359	-
US Gov't	Treasury Bill 11/26/24	397,100	-	-	397,100	-
US Gov't	Treasury Bill 11/26/24	-	862,839	862,839	862,839	-

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**

**FORM 5500, SCHEDULE H, LINE 4j-  
SCHEDULE OF REPORTABLE TRANSACTIONS**

**EIN: 94-2471400**

**PLAN NO. 501**

**MAY 31, 2025**

<b>(a) Identity of party involved</b>	<b>(b) Description of asset (include interest rate and maturity in case of a loan)</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on transaction date</b>	<b>(i) Net gain or (loss)</b>
<b>2. Series of Transactions with same broker exceeds 5% of value</b>						
BMO- Chicago	US Treasury Bills	\$ 2,245,928	\$ -	\$ -	\$ 2,245,928	\$ -
First Bankers Bank	Certificates of Deposit	2,000,000	-	-	2,000,000	-
Hilltop Securities	Certificates of Deposit	1,050,000	-	-	1,050,000	-
InspereX	Certificates of Deposit	800,000	-	-	800,000	-
Morgan Stanley & Co	US Treasury Bills	553,005	-	-	553,005	-
Tradeweb Direct LLC	Certificates of Deposit	1,324,986	-	-	1,324,986	-
<b>3. Series of transactions in same security exceeds 5% of value</b>						
Austin Cap	Certificate of Deposit 4.40%	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ -
Bank Baroda	Certificate of Deposit 4.65%	500,000	-	-	500,000	-
Citizens Cmnty	Certificate of Deposit 5.35%	400,000	-	-	400,000	-
City Nat'l Bank	Certificate of Deposit 4.35%	400,000	-	-	400,000	-
First American	First American Gov't Obl Fund Cl X	25,646,028	-	-	25,646,028	-
Midfirst Bk	Certificate of Deposit 4.35%	400,000	-	-	400,000	-
Old Dominion	Certificate of Deposit 5.40%	400,000	-	-	400,000	-
Simmons Bk Pine	Certificate of Deposit 4.30%	399,968	-	-	399,936	-
US Gov't	Treasury Bill 11/29/24	2,174,645	-	-	2,174,645	-
US Gov't	Treasury Bill 11/21/24	877,126	-	-	877,126	-
US Gov't	Treasury Bill 12/05/24	672,718	-	-	672,718	-
US Gov't	Treasury Bill 11/19/24	448,360	-	-	448,360	-
US Gov't	Treasury Bill 11/26/24	1,725,678	-	-	1,725,678	-
<b>4. Single transaction with one broker exceeds 5% of value</b>						
BMO- Chicago	US Treasury Bills	\$ 397,100	\$ -	\$ -	\$ 397,100	\$ -
Morgan Stanley & Co	US Treasury Bills	336,359	-	-	336,359	-

**Note:**

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

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**  
**FORM 5500, SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 94-2471400**  
**PLAN NO. 501**  
**MAY 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment			(d) Cost	(e) Current Value
	<b>Certificates of Deposit</b>					
	Axos Bank CD	4.35%	10/27/2025	200,000	\$ 200,000	\$ 199,990
	Bank of America CD	0.04%	11/12/2025	200,000	200,000	199,848
	Bank of Ozarks CD	0.04%	11/17/2025	200,000	200,000	199,774
	Bank Tioga CD	0.04%	7/21/2025	200,000	200,000	199,928
	Bankunited CD	4.35%	6/17/2025	200,000	200,000	199,990
	Beal Bank CD	4.15%	10/22/2025	200,000	200,000	199,790
	Berkshire Bank CD	4.25%	9/17/2025	200,000	200,000	199,876
	Charles Schwab CD	4.40%	9/9/2025	200,000	200,000	199,964
	1st Security Bank CD	4.30%	6/24/2025	200,000	200,000	199,986
	Goldman Sachs CD	4.25%	6/17/2025	200,000	200,000	199,980
	Merchants Bank CD	4.15%	7/22/2025	200,000	200,000	199,924
	Merrick Bank CD	4.30%	6/18/2025	200,000	200,000	199,990
	Old National Bank CD	4.35%	9/18/2025	200,000	200,000	199,936
	PNC Bank National CD	0.04%	8/27/2025	200,000	200,000	199,908
	Preferred Bank CD	4.40%	9/22/2025	200,000	200,000	199,968
	Southpoint Bank CD	4.40%	9/26/2025	200,000	200,000	199,972
	TS Bank Treynor CD	4.25%	6/27/2025	200,000	200,000	199,992
	Union Bank CD	4.25%	8/21/2025	200,000	200,000	199,914
	Webster Bank CD	4.30%	6/20/2025	200,000	200,000	199,988
					3,800,000	3,798,718
	<b>Money Market</b>					
	First Amer Gov't Obl Fund, CL X			887,985	887,985	887,985
					\$ 4,687,985	\$ 4,686,703

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; 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 06/01/2024 and ending 05/31/2025

**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 NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVI	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	06/01/1961
<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) BOARD OF TRUSTEES, NN CONSTRUCTION WORKERS VACATION  BENEFIT PLAN ADMINISTRATORS 445 APPLE STREET  RENO NV 89502	<b>2b</b> Employer Identification Number (EIN)	94-2471400
	<b>2c</b> Plan Sponsor's telephone number	7758267200
	<b>2d</b> Business code (see instructions)	236200

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

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

SIGN HERE		03/11/2026	CRAIG MADOLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		03/11/2026	ELOY JARA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,572
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1,572
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,664
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,664
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<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>	151

**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:

**4Q**

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

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

**FORM 5500, SCHEDULE H, LINE 4j-  
SCHEDULE OF REPORTABLE TRANSACTIONS**

**EIN: 94-2471400**

**PLAN NO. 501**

**MAY 31, 2025**

<b>(a) Identity of party involved</b>	<b>(b) Description of asset (include interest rate and maturity in case of a loan)</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on transaction date</b>	<b>(i) Net gain or (loss)</b>
<b>1. Single transaction exceeds 5% of value</b>						
First American	First American Gov't Obl Fund Cl X	\$ 390,066	\$ -	\$ -	\$ 390,066	\$ -
First American	First American Gov't Obl Fund Cl X	400,909	-	-	400,909	-
First American	First American Gov't Obl Fund Cl X	256,607	-	-	256,607	-
First American	First American Gov't Obl Fund Cl X	292,072	-	-	292,072	-
First American	First American Gov't Obl Fund Cl X	440,445	-	-	440,445	-
First American	First American Gov't Obl Fund Cl X	456,738	-	-	456,738	-
First American	First American Gov't Obl Fund Cl X	441,512	-	-	441,512	-
First American	First American Gov't Obl Fund Cl X	-	436,224	436,224	436,224	-
First American	First American Gov't Obl Fund Cl X	380,114	-	-	380,114	-
First American	First American Gov't Obl Fund Cl X	-	397,100	397,100	397,100	-
First American	First American Gov't Obl Fund Cl X	533,986	-	-	533,986	-
First American	First American Gov't Obl Fund Cl X	434,310	-	-	434,310	-
First American	First American Gov't Obl Fund Cl X	445,000	-	-	445,000	-
First American	First American Gov't Obl Fund Cl X	870,000	-	-	870,000	-
First American	First American Gov't Obl Fund Cl X	-	4,678,000	4,678,000	4,678,000	-
First American	First American Gov't Obl Fund Cl X	1,450,000	-	-	1,450,000	-
First American	First American Gov't Obl Fund Cl X	340,000	-	-	340,000	-
First American	First American Gov't Obl Fund Cl X	453,092	-	-	453,092	-
First American	First American Gov't Obl Fund Cl X	-	1,199,968	1,199,968	1,199,968	-
First American	First American Gov't Obl Fund Cl X	-	1,000,000	1,000,000	1,000,000	-
First American	First American Gov't Obl Fund Cl X	442,616	-	-	442,616	-
First American	First American Gov't Obl Fund Cl X	314,629	-	-	314,629	-
First American	First American Gov't Obl Fund Cl X	259,089	-	-	259,089	-
First American	First American Gov't Obl Fund Cl X	404,266	-	-	404,266	-
First American	First American Gov't Obl Fund Cl X	-	399,325	399,325	399,325	-
First American	First American Gov't Obl Fund Cl X	331,718	-	-	331,718	-
First American	First American Gov't Obl Fund Cl X	428,451	-	-	428,451	-
US Gov't	Treasury Bill 11/29/24	-	1,087,322	1,087,322	1,087,322	-
US Gov't	Treasury Bill 11/21/24	-	438,563	438,563	438,563	-
US Gov't	Treasury Bill 12/05/24	336,359	-	-	336,359	-
US Gov't	Treasury Bill 12/05/24	-	336,359	336,359	336,359	-
US Gov't	Treasury Bill 11/26/24	397,100	-	-	397,100	-
US Gov't	Treasury Bill 11/26/24	-	862,839	862,839	862,839	-

**NORTHERN NEVADA CONSTRUCTION WORKERS VACATION SAVINGS TRUST PLAN**

**FORM 5500, SCHEDULE H, LINE 4j-  
SCHEDULE OF REPORTABLE TRANSACTIONS**

**EIN: 94-2471400**

**PLAN NO. 501**

**MAY 31, 2025**

(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>2. Series of Transactions with same broker exceeds 5% of value</b>						
BMO- Chicago	US Treasury Bills	\$ 2,245,928	\$ -	\$ -	\$ 2,245,928	\$ -
First Bankers Bank	Certificates of Deposit	2,000,000	-	-	2,000,000	-
Hilltop Securities	Certificates of Deposit	1,050,000	-	-	1,050,000	-
InspereX	Certificates of Deposit	800,000	-	-	800,000	-
Morgan Stanley & Co	US Treasury Bills	553,005	-	-	553,005	-
Tradeweb Direct LLC	Certificates of Deposit	1,324,986	-	-	1,324,986	-
<b>3. Series of transactions in same security exceeds 5% of value</b>						
Austin Cap	Certificate of Deposit 4.40%	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ -
Bank Baroda	Certificate of Deposit 4.65%	500,000	-	-	500,000	-
Citizens Cmnty	Certificate of Deposit 5.35%	400,000	-	-	400,000	-
City Nat'l Bank	Certificate of Deposit 4.35%	400,000	-	-	400,000	-
First American	First American Gov't Obl Fund Cl X	25,646,028	-	-	25,646,028	-
Midfirst Bk	Certificate of Deposit 4.35%	400,000	-	-	400,000	-
Old Dominion	Certificate of Deposit 5.40%	400,000	-	-	400,000	-
Simmons Bk Pine	Certificate of Deposit 4.30%	399,968	-	-	399,936	-
US Gov't	Treasury Bill 11/29/24	2,174,645	-	-	2,174,645	-
US Gov't	Treasury Bill 11/21/24	877,126	-	-	877,126	-
US Gov't	Treasury Bill 12/05/24	672,718	-	-	672,718	-
US Gov't	Treasury Bill 11/19/24	448,360	-	-	448,360	-
US Gov't	Treasury Bill 11/26/24	1,725,678	-	-	1,725,678	-
<b>4. Single transaction with one broker exceeds 5% of value</b>						
BMO- Chicago	US Treasury Bills	\$ 397,100	\$ -	\$ -	\$ 397,100	\$ -
Morgan Stanley & Co	US Treasury Bills	336,359	-	-	336,359	-

**Note:**

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