

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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.) ☐ 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	
1a	Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 09/01/1958
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST BENEFIT PLAN ADMINISTRATORS, INC 445 APPLE STREET SUITE 109 RENO, NV 89502 445 APPLE STREET SUITE 109 RENO, NV 89502	2b Employer Identification Number (EIN) 88-6031748 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.

SIGN HERE	Filed with authorized/valid electronic signature.	06/05/2026	ELOY JARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/05/2026	CRAIG MADOLE
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 947 6a(2) 6b 116 6c 1189 6d 1305 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A 4B 4D 4E 4F 4Q

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST	D Employer Identification Number (EIN) 88-6031748	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3237/C4503	1647	09/01/2024	08/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2086	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DOUGLAS A WOHLMAN
11320 NE 103TH STREET
KIRKLAND, WA 98033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2086		FULFILLMENT OF COMMISSION AGREEMENT.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **AD&D**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	69532
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST	D Employer Identification Number (EIN) 88-6031748

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10153	1610	09/01/2024	08/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☒ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1437223
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST	D Employer Identification Number (EIN) 88-6031748	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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 50	NONE	910774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASEY NEILON, INC.

503 N DIVISION ST
CARSON CITY, NV 89703

20-5570744

(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		41515	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

US BANK

31-0841368

(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 21 50 72 19 21 50	NONE	38062	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

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		25483	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ALLIANT

33-0785439

(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?
16 50 16 50	NONE	13100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

11590 NORTH MERIDIAN ST. SUITE 610
CARMEL, IN 46032

(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?
11 50	NONE	6500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	CASEY NEILON, INC.	b EIN:	20-5570744
c Position:			
d Address:		e Telephone:	

Explanation: CASEY NEILON, INC. MERGED INTO SORREN IN 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TRUST		D Employer Identification Number (EIN) 88-6031748

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	551798	192146
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1197026	1653941
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	406669	488401
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4494810	5295968
(2) U.S. Government securities	1c(2)	589831	1053725
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4632646	7514987
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9834437	7542448
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21707217	23741616
Liabilities			
g Benefit claims payable.....	1g	1784421	1247028
h Operating payables.....	1h	89188	40806
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28110	55281
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1901719	1343115
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19805498	22398501

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13068277	
(B) Participants.....	2a(1)(B)	483008	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		13551285
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	166545	
(B) U.S. Government securities.....	2b(1)(B)	21185	
(C) Corporate debt instruments.....	2b(1)(C)	226333	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		414063
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	252085	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		252085
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	228424	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	231848	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	96731	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		739386
c Other income	2c		499574
d Total income. Add all income amounts in column (b) and enter total	2d		15549700

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10203891	
(2) To insurance carriers for the provision of benefits	2e(2)	1561134	
(3) Other	2e(3)	149943	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11914968
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	773931	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	43751	
(5) Investment advisory and investment management fees	2i(5)	53937	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	6500	
(8) Legal fees	2i(8)	26866	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	136744	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1041729
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12956697

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2593003
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SORREN CPAS, P.C.**

(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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

Northern Nevada Laborers Health and Welfare Trust Fund

Financial Statements

August 31, 2025 and 2024

Northern Nevada Laborers Health and Welfare Trust Fund

Financial Statements

August 31, 2025 and 2024

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To the Administrators of the
Northern Nevada Laborers Health and Welfare Trust Fund

Opinion

We have audited the accompanying financial statements of the Northern Nevada Laborers Health and Welfare Trust Fund (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years 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 and plan benefit obligations of the Plan as of August 31, 2025 and 2024 and changes in net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 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 audits. 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 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 that 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 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 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 accounting 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.

Supplemental Schedules Required by ERISA

Our audits were 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 the purpose 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 audits 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.

Sorren CPAs P.C.

Reno, Nevada

June 2, 2026

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value:		
U.S. Government securities	\$ 1,053,725	\$ 589,831
Corporate bonds	7,514,987	4,632,646
Mutual funds	7,542,448	9,834,437
Cash equivalents	3,920,389	3,433,466
	<u>20,031,549</u>	<u>18,490,380</u>
Receivables:		
Employer contributions	1,653,941	1,197,026
Prescription rebates	38,841	33,270
Stop-loss reimbursements	330,827	305,157
Accrued interest and dividends	110,614	60,950
	<u>2,134,223</u>	<u>1,596,403</u>
Other assets:		
Cash	1,567,725	1,613,142
Prepaid expenses	8,119	7,292
	<u>1,575,844</u>	<u>1,620,434</u>
Total assets	<u>23,741,616</u>	<u>21,707,217</u>
Liabilities		
Accounts payable	40,806	89,188
Reciprocity payable	55,281	28,110
Total liabilities	<u>96,087</u>	<u>117,298</u>
Net assets available for benefits	<u><u>\$ 23,645,529</u></u>	<u><u>\$ 21,589,919</u></u>

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
For the Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 832,693	\$ 1,501,651
Interest and dividends	666,148	640,392
Total investment income	<u>1,498,841</u>	<u>2,142,043</u>
Less investment fees	<u>(53,937)</u>	<u>(56,426)</u>
Net investment income	1,444,904	2,085,617
Contributions:		
Employer contributions	13,068,277	11,379,930
Self-payments	<u>483,008</u>	<u>467,143</u>
Total contributions	13,551,285	11,847,073
Other income	<u>184,355</u>	<u>195,186</u>
Total additions	<u>15,180,544</u>	<u>14,127,876</u>
Deductions from net assets attributed to:		
Group medical, dental, vision, disability, and stop loss premiums	1,561,134	1,375,941
Claims paid on medical, dental, disability, and prescriptions, net of refunds	10,741,284	10,564,610
Stop-loss recoveries	<u>(315,219)</u>	<u>(395,974)</u>
PPO, network access and case management	<u>149,943</u>	<u>116,792</u>
	12,137,142	11,661,369
Operating expenses:		
Actuarial fees	6,500	6,300
Administrative fees	773,931	744,770
Bond and insurance	8,139	4,609
Conference, education and travel	24,238	16,644
Legal fees	26,866	39,205
Office and miscellaneous	10,722	10,737
Plan audit and contract compliance fees	43,751	40,675
Printing and postage	85,961	64,486
Storage	<u>7,684</u>	<u>4,181</u>
	<u>987,792</u>	<u>931,607</u>
Total deductions	<u>13,124,934</u>	<u>12,592,976</u>
Total increase in net assets available for benefits:	2,055,610	1,534,900
Net assets available for benefits:		
Beginning of year	21,589,919	20,055,019
End of year	<u><u>\$ 23,645,529</u></u>	<u><u>\$ 21,589,919</u></u>

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Benefit Obligations
August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries and dependents:		
Claims payable, claims incurred but not reported and premiums due to insurers	\$ 1,247,028	\$ 1,784,421
Other obligations for current benefit coverage, at present value of estimated amounts:		
Estimated future benefits based on participants' accumulated eligibility	3,858,901	4,431,991
Total obligations other than postretirement benefit obligations	<u>5,105,929</u>	<u>6,216,412</u>
Postretirement benefits obligations:		
Current retirees	7,969,502	6,469,420
Other participants fully eligible for benefits	4,709,356	2,720,944
Other participants not yet fully eligible for benefits	6,563,121	3,043,935
	<u>19,241,979</u>	<u>12,234,299</u>
Total benefit obligations	<u><u>\$ 24,347,908</u></u>	<u><u>\$ 18,450,711</u></u>

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations
For the Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 1,784,421	\$ 1,929,382
Claims reported and approved for payment	11,765,025	11,795,590
Claims paid	<u>(12,302,418)</u>	<u>(11,940,551)</u>
Balance at end of year	1,247,028	1,784,421
Other obligations for current benefit coverage at present value of estimated amounts:		
Balance at beginning of year	4,431,991	4,469,536
Net change during year	<u>(573,090)</u>	<u>(37,545)</u>
Balance at end of year	<u>3,858,901</u>	<u>4,431,991</u>
Total obligations other than postretirement benefit obligations	<u>5,105,929</u>	<u>6,216,412</u>
Postretirement benefits obligations:		
Balance at beginning of year	12,234,299	11,305,367
Increase (decrease) during the year attributed to:		
Plan amendments	558,555	-
Assumption changes	4,260,781	606,258
Estimated net benefits paid	(556,099)	(518,758)
Interest	611,715	593,532
Benefits earned and other changes	<u>2,132,728</u>	<u>247,900</u>
Balance at end of year	<u>19,241,979</u>	<u>12,234,299</u>
Total benefit obligations at end of year	<u><u>\$ 24,347,908</u></u>	<u><u>\$ 18,450,711</u></u>

The accompanying notes are an integral part of these financial statements

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

1. DESCRIPTION OF THE PLAN

The following brief description of the Northern Nevada Laborers Health and Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan, a multiemployer health and welfare plan, was established in 1958 by the Nevada Chapter of the Associated General Contractors of America, Inc.; the International Union of North America – A.F.L. – C.I.O., Local #169, and the Operative Plasters and Cement Masons International Association Local Union #797, A.F.L.– C.I.O. for the purpose of providing health care benefits to eligible participants covered by the collective bargaining agreement. The Plan received the majority of its income from construction contractors working mainly in Northern Nevada.

The Plan is administered by the Board of Trustees of the Northern Nevada Laborers Health and Welfare Trust Fund and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The Plan is funded by contributions based on the hours worked by employees in covered employment according to the specified terms of the collective bargaining agreement (CBA). For the years ended August 31, 2025 and 2024, the contribution rates ranged between \$3.48 to \$5.60 and \$3.48 to \$5.35 respectively, for each hour worked in covered employment. The self-pay, COBRA and retiree contributions are determined by the Board of Trustees and adjusted as necessary.

Benefits

The Plan provides health and welfare benefits including medical, dental, vision, prescription drug, life, accidental death and dismemberment, and disability benefits for eligible participants. The Plan is self-insured for medical, prescription, dental, vision, and disability benefits up to the individual stop loss limits. The claims for self-insured benefits are processed by the Plan's third-party administrator. The Plan fully insures the life insurance benefits and accidental death and dismemberment benefits. Premiums for all insured benefits are paid from the general assets of the Plan.

Reciprocal Contributions

The Plan has various reciprocal agreements in place with other collectively bargained plans. In accordance with these agreements, the Plan is required to remit funds received from contributing employers on behalf of temporary employees to the employees' participating local unions.

For the years ended August 31, 2025 and 2024, the Plan remitted \$340,048 and \$352,371 reciprocal payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employer's contributions in the statements of changes in net assets available for benefits. No allowance for credit losses as of August 31, 2025 and 2024, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocity payable account 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.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in conformity with accounting principles generally accepted in the United States of America (GAAP).

Employer Contributions and Contributions Receivable

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on the likelihood of collection. As of August 31, 2025 and 2024, there was no allowance taken.

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, but due to the uncertainty of collections, no estimates of the contributions will be accrued.

Investment Valuation and Income Recognition

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. See Note 4 for discussion of fair value measurements. The Plan Administrator and Board of Trustees determines the Plan's valuation policies and procedures.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation 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.

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.

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 and liabilities, benefit obligations, and changes therein, incurred but not remitted (IBNR), claims payable, eligibility credits, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimated Medical and Dental Claims Incurred but not Reported

Under the direct payment plan, in contrast to an insured plan, the actual cost of health and accident benefits for a particular period of time is not known until several months after the close of that period. An estimated liability is calculated by the Plan's actuary to provide for medical and dental claims incurred but not yet reported.

Estimated Future Benefits Based on Participants' Accumulated Eligibility

The accrued liability for future benefits is based on the months of eligibility as of August 31, multiplied by the estimated monthly cost of benefits. As of August 31, 2025 and 2024, the estimated monthly per employee cost was \$485 and \$695, respectively. The months of eligibility are not vested and Plan trustees may eliminate or reduce the estimated future benefits in accordance with the CBA.

Stop Loss

Premiums for stop-loss insurance are included in group medical, dental, vision, disability and stop loss premiums in the accompanying statements of changes in net assets available for benefits. Stop loss recoveries received for 2025 and 2024 claims totaling \$315,219 and \$395,974, respectively. As of August 31, 2025 and 2024 stop loss reimbursements were \$330,827 and \$305,157, respectively.

Administrative Expense

Expenses incurred in connection with the general administration of the Plan that are paid by 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

Priorities Upon Termination

The Plan shall remain in full force and effect until terminated by the action of the Board of Trustees. Retiree coverage under the Plan, however, terminates each Plan year unless specifically renewed by the Board of Trustees.

If the Plan terminates, the Board of Trustees shall:

- Pay from Plan funds all expenses incurred up to the date of termination and the expenses of termination itself;
- Distribute the rest of the Plan's assets in a way that the Board of Trustees decides will carry out the purpose of the Plan, including but not limited to, purchasing other insurance benefits for eligible persons on a pro rata basis, or transferring the funds and/or group insurance policies to a new plan with the same or similar purpose as this Plan; and
- Arrange for a final audit and report regarding the Plan's funds and other assets.

Change in Presentation of Comparative Statements

Certain amounts in the prior year's financial statements have been reclassified for comparative purposes to conform to the presentation in the current year's financial statements. These reclassifications have not had any impact on previously reported total net assets available for benefits.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

3. POSTRETIREMENT BENEFIT OBLIGATION

The amount reported as postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to, or for (a) currently retired or terminated employees and their beneficiaries and dependents and (b) active participating employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contribution from the plan's participating employers, from existing plan assets, and from self-payments by the participants.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The postretirement benefit obligation is the actuarial present value of the benefits expected to be paid assuming cost of living adjustments and trend increases in future benefit amounts based on assumed discount rates and age-related probabilities of survival and recovery.

The following were significant assumptions used in the valuations as of August 31, 2025 and 2024:

	<u>August 31, 2025</u>	<u>August 31, 2024</u>
Discount Rate	5.50%	5.00%
Participation rate at retirement	20%	15%
Mortality, turnover and disability	105% males and 110% for females of the Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.	105% males and 110% for females of the Pri-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.

Postretirement benefits sensitivity analysis:

	<u>Current Trend Rate</u>	<u>Trend Rate +1%</u>
Postretirement benefit obligation balance at beginning of year		
<i>Effect on benefit obligation as a percentage</i>	\$ 19,241,979	\$ 22,522,443 17.0%
Annual service cost		
<i>Effect on service cost as a percentage</i>	1,006,606	1,301,649 29.3%

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

3. POSTRETIREMENT BENEFIT OBLIGATION (CONTINUED)

Post-retirement benefit obligations may be significantly reduced or eliminated because: (1) retirees must elect retiree health coverage within thirty days after retirement, or permanently lose eligibility, (2) retirees who timely elect coverage must continuously meet certain eligibility requirements, or permanently lose eligibility, (3) retirees who timely elect coverage must continuously make timely monthly self payments in the amount set from time to time by the Board of Trustees, or permanently lose eligibility, and (4) the Board of Trustees has reserved the right, in its sole and absolute discretion, to amend, modify, revoke, or terminate retiree coverage for all or certain classes of retirees.

The Plan and related Trust are funded as third-party beneficiaries of collective bargaining agreements, which provide for monthly contributions to the Trust for each hour worked by participants. Collective bargaining agreements may allow trustees to increase the contribution rate within defined parameters, and/or trustees may encourage collective bargaining parties to increase the contribution rate. The trustees may terminate, reduce, or amend retiree coverage or increase the retiree self-pay cost.

The foregoing assumptions are based on the presumption that the Plan will continue as a going concern. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

4. 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 Fund's own assumptions in determining the fair value of investments.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

4. INVESTMENTS – FAIR VALUE MEASUREMENTS (CONTINUED)

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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. 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 statement of net assets available for benefits and their inputs for the years ended August 31, 2025 and 2024, respectively, are summarized as follows:

Assets at Fair Value as of August 31, 2025				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Cash equivalents	\$ 3,920,389	\$ -	\$ -	\$ 3,920,389
Mutual funds	-	7,542,448	-	7,542,448
U.S. Government securities	958,891	94,834	-	1,053,725
Corporate bonds	-	7,514,987	-	7,514,987
Total investments	<u>\$ 4,879,280</u>	<u>\$ 15,152,269</u>	<u>\$ -</u>	<u>\$ 20,031,549</u>

Assets at Fair Value as of August 31, 2024				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Cash equivalents	\$ 3,433,466	\$ -	\$ -	\$ 3,433,466
Mutual funds	-	9,834,437	-	9,834,437
U.S. Government securities	589,831	-	-	589,831
Corporate bonds	-	4,632,646	-	4,632,646
Total investments	<u>\$ 4,023,297</u>	<u>\$ 14,467,083</u>	<u>\$ -</u>	<u>\$ 18,490,380</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 for the years ended August 31, 2025 and 2024.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

4. INVESTMENTS – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

The fair values of U.S. Government securities are valued at the NAV on the last business day of each period presented.

Cash equivalents have a quoted NAV that represent their fair value.

Level 2 Measurements

The fair value of corporate bonds, U.S. Government securities, and mutual funds are based on quoted market prices and/or other market data for the same or comparable instruments.

Transfers between levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

5. TRANSIT ACCOUNT

Employer contributions for hours worked in Nevada are physically received at Benefit Plan Administrators (BPA) office in Reno, Nevada. BPA, the 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 employer contributions are disbursed out of the US Bank trust transit account each month pursuant to trustee policy and into accounts held by various plan accounts. BPA performs a monthly reconciliation of both the US Bank commercial account and the trust transit account. Amounts held in the transit account were \$1,375,579 and \$1,061,344 as of August 31, 2025 and 2024, respectively. These amounts are included in cash on the statements of net assets available for benefits.

6. FEDERAL INCOME TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated September 18, 1998, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). 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 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. No federal or state income taxes have been recorded in 2025 for unrelated business taxable income.

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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by US Bank, the custodian as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

8. RISKS AND UNCERTANTIES

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 amounts reported in the statements of net assets available for benefits.

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At August 31, 2025 and 2024, the Plan had approximately \$271,202 and \$811,344, respectively, in excess of FDIC-insured limits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

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.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial as of August 31, 2025 and 2024 to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 23,645,529	\$ 21,589,919
Less: Claims payable, claims incurred but not reported and premiums due to insurers	<u>(1,247,028)</u>	<u>(1,784,421)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 22,398,501</u></u>	<u><u>\$ 19,805,498</u></u>

Northern Nevada Laborers Health and Welfare Trust Fund
Notes to Financial Statements
August 31, 2025 and 2024

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of total benefits paid per the financial statement to the Form 5500 for the year ended August 31, 2025:

	<u>2025</u>
Per the financial statements:	
Total additions	\$ 15,180,544
Investment fees deducted from additions	53,937
Stop loss recoveries deducted from premiums and claims	<u>315,219</u>
Total income per the Form 5500	\$ 15,549,700
	<u>2025</u>
Per the financial statements:	
Total deductions	\$ 13,124,934
Investment fees deducted from additions	53,937
Stop loss recoveries deducted from claims	<u>315,219</u>
	13,494,090
Add: claims payable, IBNR and premiums payable at end of year	1,247,028
Less: claims payable, IBNR and premiums payable at beginning of year	<u>(1,784,421)</u>
	<u>(537,393)</u>
Total expenses per the Form 5500	<u>\$ 12,956,697</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities the accompanying financial statements but are recorded in Form 5500 as a liability.

10. PLAN AMENDMENT

Effective during the plan year, the Plan's vision and dental insurance policies were amended, resulting in increased vision and dental claims. This amendment also affected the postretirement benefit obligation.

11. SUBSEQUENT EVENTS

An evaluation of subsequent events through June 2, 2026, the date the financial statements were available to be issued, has determined no additional items required recognition or disclosure.

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

SUPPLEMENTAL INFORMATION

August 31, 2025

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6031748

PLAN NO. 501

August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, Collateral, Par or rate	Maturity date	shares		
	US Government Securities					
	F H L B Deb	2.00%	12/8/2028	100,000.00	\$ 101,514	\$ 94,834
	U S Treasury Bd	2.25%	8/15/2046	75,000.00	64,137	48,592
	U S Treasury Nt	1.13%	2/29/2028	75,000.00	75,021	70,626
	U S Treasury Nt	1.25%	6/30/2028	100,000.00	101,586	93,770
	U S Treasury Nt	4.25%	11/15/2034	250,000.00	249,141	251,640
	U S Treasury Nt	4.13%	11/30/2031	250,000.00	248,779	253,710
	U S Treasury Nt	2.25%	11/15/2025	75,000.00	74,792	74,696
	U S Treasury Nt	1.75%	11/15/2029	100,000.00	104,828	92,809
	U S Treasury Nt	2.25%	8/15/2027	75,000.00	80,373	73,049
					<u>\$ 1,100,170</u>	<u>\$ 1,053,725</u>
	Corporate Bonds					
	Aflac Incorporated	3.60%	4/1/2030	75,000.00	\$ 86,718	\$ 73,361
	Adobe Inc	2.30%	2/01/2030	100,000.00	102,052	93,032
	Air Products	2.05%	5/15/2030	100,000.00	100,981	91,227
	Air Products And	4.80%	3/3/2033	300,000.00	300,960	302,283
	Allstate Corp	3.28%	12/15/2026	100,000.00	107,899	98,905
	American Honda Mtn	2.00%	3/24/2028	100,000.00	100,832	94,818
	American Honda Mtn	4.90%	3/13/2029	100,000.00	99,341	102,288
	Apple Inc	3.35%	2/9/2027	75,000.00	74,604	74,478
	Aztrazeneca Llc	5.00%	2/26/2034	300,000.00	302,925	306,471
	Autozone Inc	5.20%	8/1/2033	200,000.00	202,540	203,814
	Bristol Myers Squibb	3.40%	7/26/2029	100,000.00	109,395	97,511
	Chevron Corp	2.95%	5/16/2026	75,000.00	74,975	74,391
	Cisco Sys Inc	5.05%	2/26/2034	200,000.00	203,816	205,582
	Coca Cola Co The	2.13%	9/6/2029	75,000.00	78,572	70,049
	Comcast Corp	3.15%	3/1/2026	70,000.00	73,367	69,608
	John Deere Mtn	2.45%	1/9/2030	100,000.00	103,247	93,502
	John Deere Mtn	5.15%	9/8/2033	300,000.00	307,593	311,082
	General Dynamics	3.63%	4/1/2030	100,000.00	99,476	98,241
	Hp Inc Sr Glbl Nt	3.40%	6/17/2030	350,000.00	286,650	332,990
	Home Depot Inc	4.50%	9/15/2032	200,000.00	199,165	201,976
	Honeywell Intl Inc	5.00%	3/1/2035	400,000.00	402,892	402,704
	Intel Corp	3.75%	3/25/2027	75,000.00	86,990	74,292
	Jpmorgan Chase Co	3.20%	6/15/2026	75,000.00	77,038	74,442
	Eli Lilly Co	4.70%	2/27/2033	200,000.00	204,177	202,712

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6031748

PLAN NO. 501

August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
	Date, Rate of Interest, Collateral, Par or rate	Maturity date	shares			
	Corporate Bonds (Continued)					
	Lowes Cos Inc	3.10%	5/3/2027	75,000.00	\$ 75,792	\$ 73,778
	Microsoft Corp	2.40%	8/8/2026	75,000.00	75,580	73,904
	Midamerican Energy	3.10%	5/1/2027	75,000.00	73,731	74,031
	Northern Trust Corp	3.95%	10/30/2025	50,000.00	52,437	49,935
	Northern Tr Corp	6.13%	11/2/1932	300,000.00	325,242	326,685
	Pnc Financial	3.45%	4/23/2029	75,000.00	86,675	73,397
	Pfizer Inc	3.00%	12/15/26	75,000.00	74,645	74,167
	Prologis Lp L P	2.25%	4/15/1930	115,000.00	118,908	105,749
	Public Storage	3.09%	9/15/2027	75,000.00	84,320	73,670
	Qualcomm Inc	3.25%	5/20/27	70,000.00	73,385	69,297
	Realty Income Corp	5.63%	10/13/1932	200,000.00	203,870	210,426
	Charles Schwab Corp	3.20%	1/25/28	50,000.00	56,242	49,077
	Simon Ppty Group L P	6.25%	1/15/1934	175,000.00	189,649	191,461
	State Street Corp	2.65%	5/19/2026	75,000.00	76,881	74,228
	Texas Instruments	2.25%	9/4/2029	75,000.00	79,763	70,212
	3M Company Mtn	3.38%	3/1/2029	100,000.00	109,271	97,583
	Toyota Finl C D	3.55%	8/16/2027	50,000.00	49,723	49,699
	Toyota Motor Mtn	3.20%	1/11/2027	75,000.00	76,931	74,238
	Toyota Mtr Cr Mtn	5.10%	3/21/1931	300,000.00	305,829	311,091
	United Parcel Svc	6.20%	1/15/1938	350,000.00	380,898	381,108
	Unitedhealth Group	2.30%	5/15/1931	125,000.00	126,006	111,618
	Verizon Comm Inc	4.40%	11/1/1934	200,000.00	190,706	191,010
	Walmart Inc	3.70%	6/26/2028	75,000.00	88,458	74,905
	Wells Fargo Co Mtn	3.55%	9/29/2025	75,000.00	77,195	74,943
					\$ 6,838,339	\$ 6,705,969
	Foreign Bonds					
	Royal Bk Mtn	5.15%	2/1/2034	400,000.00	\$ 405,152	\$ 413,304
	Toronto Dominion	4.46%	6/8/2032	325,000.00	309,296	321,672
	Westpac Banking Corp	2.70%	8/19/2026	75,000.00	71,837	74,042
					\$ 786,285	\$ 809,018
	Mutual Funds					
	Artisan High Income			107,864.54	\$ 964,683	\$ 998,826
	Fidelity 500 Index Fund			17,653.38	2,561,108	3,967,773
	Fidelity Mid Cap Index Fund			53,800.59	1,484,637	1,983,090
	Nuveen Short Term R6			58,056.89	\$ 588,450	592,760
					\$ 5,598,878	\$ 7,542,448
	Money Market					
*	First Am Govt Ob Fd Cl X			3920388.71	\$ 3,920,389	\$ 3,920,389
					\$ 18,244,061	\$ 20,031,549

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
1. Individual Transactions:						
First American	First Am Govt Ob Fd Cl X	1,096,644	-	1,096,644	1,096,644	-
First American	First Am Govt Ob Fd Cl X	1,100,453	-	1,100,453	1,100,453	-
First American	First Am Govt Ob Fd Cl X	2,453,659	-	2,453,659	2,453,659	-
First American	First Am Govt Ob Fd Cl X	-	2,881,036	2,881,036	2,881,036	-
First American	First Am Govt Ob Fd Cl X	1,417,925	-	1,417,925	1,417,925	-
First American	First Am Govt Ob Fd Cl X	1,393,332	-	1,393,332	1,393,332	-
3. Series of Transactions with Same Security:						
First American	First Am Govt Ob Fd Cl X	3,212	-	3,212	3,212	-
First American	First Am Govt Ob Fd Cl X	15,695	-	15,695	15,695	-
First American	First Am Govt Ob Fd Cl X	214,976	-	214,976	214,976	-
First American	First Am Govt Ob Fd Cl X	797	-	797	797	-
First American	First Am Govt Ob Fd Cl X	50,000	-	50,000	50,000	-
First American	First Am Govt Ob Fd Cl X	50,000	-	50,000	50,000	-
First American	First Am Govt Ob Fd Cl X	1,058,169	-	1,058,169	1,058,169	-
First American	First Am Govt Ob Fd Cl X	3,410	-	3,410	3,410	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	1,406	-	1,406	1,406	-
First American	First Am Govt Ob Fd Cl X	1,331	-	1,331	1,331	-
First American	First Am Govt Ob Fd Cl X	3,163	-	3,163	3,163	-
First American	First Am Govt Ob Fd Cl X	14,988	-	14,988	14,988	-
First American	First Am Govt Ob Fd Cl X	512,192	-	512,192	512,192	-
First American	First Am Govt Ob Fd Cl X	1,096,644	-	1,096,644	1,096,644	-
First American	First Am Govt Ob Fd Cl X	6,919	-	6,919	6,919	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	66	-	66	66	-
First American	First Am Govt Ob Fd Cl X	5,563	-	5,563	5,563	-
First American	First Am Govt Ob Fd Cl X	15,677	-	15,677	15,677	-
First American	First Am Govt Ob Fd Cl X	387,874	-	387,874	387,874	-
First American	First Am Govt Ob Fd Cl X	172,791	-	172,791	172,791	-
First American	First Am Govt Ob Fd Cl X	1,100,453	-	1,100,453	1,100,453	-
First American	First Am Govt Ob Fd Cl X	4,181	-	4,181	4,181	-
First American	First Am Govt Ob Fd Cl X	1,108	-	1,108	1,108	-
First American	First Am Govt Ob Fd Cl X	994	-	994	994	-
First American	First Am Govt Ob Fd Cl X	1,138	-	1,138	1,138	-
First American	First Am Govt Ob Fd Cl X	66	-	66	66	-
First American	First Am Govt Ob Fd Cl X	788	-	788	788	-
First American	First Am Govt Ob Fd Cl X	15,061	-	15,061	15,061	-
First American	First Am Govt Ob Fd Cl X	972,451	-	972,451	972,451	-
First American	First Am Govt Ob Fd Cl X	124,813	-	124,813	124,813	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ 2,453,659	\$ -	\$ 2,453,659	\$ 2,453,659	-
First American	First Am Govt Ob Fd Cl X	3,965	-	3,965	3,965	-
First American	First Am Govt Ob Fd Cl X	5,950	-	5,950	5,950	-
First American	First Am Govt Ob Fd Cl X	1,388.00	-	1,388	1,388	-
First American	First Am Govt Ob Fd Cl X	625	-	625	625	-
First American	First Am Govt Ob Fd Cl X	15,034	-	15,034	15,034	-
First American	First Am Govt Ob Fd Cl X	356,683	-	356,683	356,683	-
First American	First Am Govt Ob Fd Cl X	253,349	-	253,349	253,349	-
First American	First Am Govt Ob Fd Cl X	1,035,212	-	1,035,212	1,035,212	-
First American	First Am Govt Ob Fd Cl X	1,200	-	1,200	1,200	-
First American	First Am Govt Ob Fd Cl X	5,469	-	5,469	5,469	-
First American	First Am Govt Ob Fd Cl X	1,500	-	1,500	1,500	-
First American	First Am Govt Ob Fd Cl X	2,500	-	2,500	2,500	-
First American	First Am Govt Ob Fd Cl X	6,350	-	6,350	6,350	-
First American	First Am Govt Ob Fd Cl X	14,481	-	14,481	14,481	-
First American	First Am Govt Ob Fd Cl X	743,785	-	743,785	743,785	-
First American	First Am Govt Ob Fd Cl X	2,156	-	2,156	2,156	-
First American	First Am Govt Ob Fd Cl X	3,082	-	3,082	3,082	-
First American	First Am Govt Ob Fd Cl X	1,013	-	1,013	1,013	-
First American	First Am Govt Ob Fd Cl X	12,550	-	12,550	12,550	-
First American	First Am Govt Ob Fd Cl X	4,700	-	4,700	4,700	-
First American	First Am Govt Ob Fd Cl X	422	-	422	422	-
First American	First Am Govt Ob Fd Cl X	19,990	-	19,990	19,990	-
First American	First Am Govt Ob Fd Cl X	12,987	-	12,987	12,987	-
First American	First Am Govt Ob Fd Cl X	641,077	-	641,077	641,077	-
First American	First Am Govt Ob Fd Cl X	7,725	-	7,725	7,725	-
First American	First Am Govt Ob Fd Cl X	2,450	-	2,450	2,450	-
First American	First Am Govt Ob Fd Cl X	5,660	-	5,660	5,660	-
First American	First Am Govt Ob Fd Cl X	7,650	-	7,650	7,650	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	1,406	-	1,406	1,406	-
First American	First Am Govt Ob Fd Cl X	1,331	-	1,331	1,331	-
First American	First Am Govt Ob Fd Cl X	12,430	-	12,430	12,430	-
First American	First Am Govt Ob Fd Cl X	621,628	-	621,628	621,628	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	80,209	-	80,209	80,209	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ 5,563	\$ -	\$ 5,563	\$ 5,563	\$ -
First American	First Am Govt Ob Fd Cl X	22,501	-	22,501	22,501	-
First American	First Am Govt Ob Fd Cl X	1,163	-	1,163	1,163	-
First American	First Am Govt Ob Fd Cl X	520,438	-	520,438	520,438	-
First American	First Am Govt Ob Fd Cl X	918,401	-	918,401	918,401	-
First American	First Am Govt Ob Fd Cl X	9,494	-	9,494	9,494	-
First American	First Am Govt Ob Fd Cl X	1,108	-	1,108	1,108	-
First American	First Am Govt Ob Fd Cl X	994	-	994	994	-
First American	First Am Govt Ob Fd Cl X	1,138	-	1,138	1,138	-
First American	First Am Govt Ob Fd Cl X	55,944	-	55,944	55,944	-
First American	First Am Govt Ob Fd Cl X	13,548	-	13,548	13,548	-
First American	First Am Govt Ob Fd Cl X	1,071,892	-	1,071,892	1,071,892	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	3,965	-	3,965	3,965	-
First American	First Am Govt Ob Fd Cl X	5,950	-	5,950	5,950	-
First American	First Am Govt Ob Fd Cl X	174,085	-	174,085	174,085	-
First American	First Am Govt Ob Fd Cl X	1,388	-	1,388	1,388	-
First American	First Am Govt Ob Fd Cl X	625	-	625	625	-
First American	First Am Govt Ob Fd Cl X	151,760	-	151,760	151,760	-
First American	First Am Govt Ob Fd Cl X	1,417,925	-	1,417,925	1,417,925	-
First American	First Am Govt Ob Fd Cl X	1,200	-	1,200	1,200	-
First American	First Am Govt Ob Fd Cl X	5,469	-	5,469	5,469	-
First American	First Am Govt Ob Fd Cl X	76,500	-	76,500	76,500	-
First American	First Am Govt Ob Fd Cl X	800	-	800	800	-
First American	First Am Govt Ob Fd Cl X	1,700	-	1,700	1,700	-
First American	First Am Govt Ob Fd Cl X	94,682	-	94,682	94,682	-
First American	First Am Govt Ob Fd Cl X	6,350	-	6,350	6,350	-
First American	First Am Govt Ob Fd Cl X	395,241	-	395,241	395,241	-
First American	First Am Govt Ob Fd Cl X	1,393,332	-	1,393,332	1,393,332	-
First American	First Am Govt Ob Fd Cl X	900	-	900	900	-
First American	First Am Govt Ob Fd Cl X	1,256	-	1,256	1,256	-
First American	First Am Govt Ob Fd Cl X	53,068	-	53,068	53,068	-
First American	First Am Govt Ob Fd Cl X	12,550	-	12,550	12,550	-
First American	First Am Govt Ob Fd Cl X	4,700	-	4,700	4,700	-
First American	First Am Govt Ob Fd Cl X	-	172,310	172,310	172,310	-
First American	First Am Govt Ob Fd Cl X	-	21,361	21,361	21,361	-
First American	First Am Govt Ob Fd Cl X	-	28,666	28,666	28,666	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 17,895	\$ 17,895	\$ 17,895	\$ -
First American	First Am Govt Ob Fd Cl X	-	25,113	25,113	25,113	-
First American	First Am Govt Ob Fd Cl X	-	49,849	49,849	49,849	-
First American	First Am Govt Ob Fd Cl X	-	32,174	32,174	32,174	-
First American	First Am Govt Ob Fd Cl X	-	26,029	26,029	26,029	-
First American	First Am Govt Ob Fd Cl X	-	498,664	498,664	498,664	-
First American	First Am Govt Ob Fd Cl X	-	24,623	24,623	24,623	-
First American	First Am Govt Ob Fd Cl X	-	34,064	34,064	34,064	-
First American	First Am Govt Ob Fd Cl X	-	30,526	30,526	30,526	-
First American	First Am Govt Ob Fd Cl X	-	25,919	25,919	25,919	-
First American	First Am Govt Ob Fd Cl X	-	12,699	12,699	12,699	-
First American	First Am Govt Ob Fd Cl X	-	28,769	28,769	28,769	-
First American	First Am Govt Ob Fd Cl X	-	57,574	57,574	57,574	-
First American	First Am Govt Ob Fd Cl X	-	74,053	74,053	74,053	-
First American	First Am Govt Ob Fd Cl X	-	62,038	62,038	62,038	-
First American	First Am Govt Ob Fd Cl X	-	188,530	188,530	188,530	-
First American	First Am Govt Ob Fd Cl X	-	48,656	48,656	48,656	-
First American	First Am Govt Ob Fd Cl X	-	136,680	136,680	136,680	-
First American	First Am Govt Ob Fd Cl X	-	61,142	61,142	61,142	-
First American	First Am Govt Ob Fd Cl X	-	151,721	151,721	151,721	-
First American	First Am Govt Ob Fd Cl X	-	737,666	737,666	737,666	-
First American	First Am Govt Ob Fd Cl X	-	148,155	148,155	148,155	-
First American	First Am Govt Ob Fd Cl X	-	6,913	6,913	6,913	-
First American	First Am Govt Ob Fd Cl X	-	16,605	16,605	16,605	-
First American	First Am Govt Ob Fd Cl X	-	8,182	8,182	8,182	-
First American	First Am Govt Ob Fd Cl X	-	1,746	1,746	1,746	-
First American	First Am Govt Ob Fd Cl X	-	43,208	43,208	43,208	-
First American	First Am Govt Ob Fd Cl X	-	31,068	31,068	31,068	-
First American	First Am Govt Ob Fd Cl X	-	74,867	74,867	74,867	-
First American	First Am Govt Ob Fd Cl X	-	65,554	65,554	65,554	-
First American	First Am Govt Ob Fd Cl X	-	4,136	4,136	4,136	-
First American	First Am Govt Ob Fd Cl X	-	5,326	5,326	5,326	-
First American	First Am Govt Ob Fd Cl X	-	115,998	115,998	115,998	-
First American	First Am Govt Ob Fd Cl X	-	28,431	28,431	28,431	-
First American	First Am Govt Ob Fd Cl X	-	84,388	84,388	84,388	-
First American	First Am Govt Ob Fd Cl X	-	21,750	21,750	21,750	-
First American	First Am Govt Ob Fd Cl X	-	21,104	21,104	21,104	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 40,886	\$ 40,886	\$ 40,886	\$ -
First American	First Am Govt Ob Fd Cl X	-	37,700	37,700	37,700	-
First American	First Am Govt Ob Fd Cl X	-	438,220	438,220	438,220	-
First American	First Am Govt Ob Fd Cl X	-	75,955	75,955	75,955	-
First American	First Am Govt Ob Fd Cl X	-	116,250	116,250	116,250	-
First American	First Am Govt Ob Fd Cl X	-	29,112	29,112	29,112	-
First American	First Am Govt Ob Fd Cl X	-	51,913	51,913	51,913	-
First American	First Am Govt Ob Fd Cl X	-	133,271	133,271	133,271	-
First American	First Am Govt Ob Fd Cl X	-	17,783	17,783	17,783	-
First American	First Am Govt Ob Fd Cl X	-	47,716	47,716	47,716	-
First American	First Am Govt Ob Fd Cl X	-	32,110	32,110	32,110	-
First American	First Am Govt Ob Fd Cl X	-	109,560	109,560	109,560	-
First American	First Am Govt Ob Fd Cl X	-	26,138	26,138	26,138	-
First American	First Am Govt Ob Fd Cl X	-	32,592	32,592	32,592	-
First American	First Am Govt Ob Fd Cl X	-	117,612	117,612	117,612	-
First American	First Am Govt Ob Fd Cl X	-	38,921	38,921	38,921	-
First American	First Am Govt Ob Fd Cl X	-	8,069	8,069	8,069	-
First American	First Am Govt Ob Fd Cl X	-	20,717	20,717	20,717	-
First American	First Am Govt Ob Fd Cl X	-	62	62	62	-
First American	First Am Govt Ob Fd Cl X	-	17,924	17,924	17,924	-
First American	First Am Govt Ob Fd Cl X	-	19,432	19,432	19,432	-
First American	First Am Govt Ob Fd Cl X	-	225,216	225,216	225,216	-
First American	First Am Govt Ob Fd Cl X	-	2,881,036	2,881,036	2,881,036	-
First American	First Am Govt Ob Fd Cl X	-	89,192	89,192	89,192	-
First American	First Am Govt Ob Fd Cl X	-	60,527	60,527	60,527	-
First American	First Am Govt Ob Fd Cl X	-	13,520	13,520	13,520	-
First American	First Am Govt Ob Fd Cl X	-	5,349	5,349	5,349	-
First American	First Am Govt Ob Fd Cl X	-	17	-	-	17
First American	First Am Govt Ob Fd Cl X	-	34,103	34,103	34,103	-
First American	First Am Govt Ob Fd Cl X	-	24,126	24,126	24,126	-
First American	First Am Govt Ob Fd Cl X	-	65,756	65,756	65,756	-
First American	First Am Govt Ob Fd Cl X	-	23,378	23,378	23,378	-
First American	First Am Govt Ob Fd Cl X	-	84	84	84	-
First American	First Am Govt Ob Fd Cl X	-	30,944	30,944	30,944	-
First American	First Am Govt Ob Fd Cl X	-	29,175	29,175	29,175	-
First American	First Am Govt Ob Fd Cl X	-	414,297	414,297	414,297	-
First American	First Am Govt Ob Fd Cl X	-	64,155	64,155	64,155	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 29,348	\$ 29,348	\$ 29,348	\$ -
First American	First Am Govt Ob Fd Cl X	-	56,740	56,740	56,740	-
First American	First Am Govt Ob Fd Cl X	-	75,238	75,238	75,238	-
First American	First Am Govt Ob Fd Cl X	-	212,698	212,698	212,698	-
First American	First Am Govt Ob Fd Cl X	-	15,054	15,054	15,054	-
First American	First Am Govt Ob Fd Cl X	-	26,836	26,836	26,836	-
First American	First Am Govt Ob Fd Cl X	-	26,619	26,619	26,619	-
First American	First Am Govt Ob Fd Cl X	-	24,706	24,706	24,706	-
First American	First Am Govt Ob Fd Cl X	-	60,809	60,809	60,809	-
First American	First Am Govt Ob Fd Cl X	-	23,634	23,634	23,634	-
First American	First Am Govt Ob Fd Cl X	-	38,620	38,620	38,620	-
First American	First Am Govt Ob Fd Cl X	-	55,352	55,352	55,352	-
First American	First Am Govt Ob Fd Cl X	-	5,242	5,242	5,242	-
First American	First Am Govt Ob Fd Cl X	-	33,248	33,248	33,248	-
First American	First Am Govt Ob Fd Cl X	-	198,181	198,181	198,181	-
First American	First Am Govt Ob Fd Cl X	-	72,417	72,417	72,417	-
First American	First Am Govt Ob Fd Cl X	-	4,356	4,356	4,356	-
First American	First Am Govt Ob Fd Cl X	-	48,430	48,430	48,430	-
First American	First Am Govt Ob Fd Cl X	-	81,437	81,437	81,437	-
First American	First Am Govt Ob Fd Cl X	-	35,619	35,619	35,619	-
First American	First Am Govt Ob Fd Cl X	-	2,277	2,277	2,277	-
First American	First Am Govt Ob Fd Cl X	-	34,901	34,901	34,901	-
First American	First Am Govt Ob Fd Cl X	-	349,313	349,313	349,313	-
First American	First Am Govt Ob Fd Cl X	-	34,505	34,505	34,505	-
First American	First Am Govt Ob Fd Cl X	-	64,988	64,988	64,988	-
First American	First Am Govt Ob Fd Cl X	-	43,957	43,957	43,957	-
First American	First Am Govt Ob Fd Cl X	-	33,662	33,662	33,662	-
First American	First Am Govt Ob Fd Cl X	-	160,659	160,659	160,659	-
First American	First Am Govt Ob Fd Cl X	-	4,085	4,085	4,085	-
First American	First Am Govt Ob Fd Cl X	-	15,835	15,835	15,835	-
First American	First Am Govt Ob Fd Cl X	-	67,262	67,262	67,262	-
First American	First Am Govt Ob Fd Cl X	-	32,504	32,504	32,504	-
First American	First Am Govt Ob Fd Cl X	-	1,757	1,757	1,757	-
First American	First Am Govt Ob Fd Cl X	-	31,566	31,566	31,566	-
First American	First Am Govt Ob Fd Cl X	-	91,387	91,387	91,387	-
First American	First Am Govt Ob Fd Cl X	-	19,763	19,763	19,763	-
First American	First Am Govt Ob Fd Cl X	-	130,388	130,388	130,388	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 53,223	\$ 53,223	\$ 53,223	\$ -
First American	First Am Govt Ob Fd Cl X	-	2,325	2,325	2,325	-
First American	First Am Govt Ob Fd Cl X	-	64,696	64,696	64,696	-
First American	First Am Govt Ob Fd Cl X	-	129,678	129,678	129,678	-
First American	First Am Govt Ob Fd Cl X	-	12,274	12,274	12,274	-
First American	First Am Govt Ob Fd Cl X	-	8,812	8,812	8,812	-
First American	First Am Govt Ob Fd Cl X	-	84,919	84,919	84,919	-
First American	First Am Govt Ob Fd Cl X	-	18,258	18,258	18,258	-
First American	First Am Govt Ob Fd Cl X	-	29,373	29,373	29,373	-
First American	First Am Govt Ob Fd Cl X	-	38,551	38,551	38,551	-
First American	First Am Govt Ob Fd Cl X	-	49,057	49,057	49,057	-
First American	First Am Govt Ob Fd Cl X	-	68,435	68,435	68,435	-
First American	First Am Govt Ob Fd Cl X	-	44,767	44,767	44,767	-
First American	First Am Govt Ob Fd Cl X	-	148,266	148,266	148,266	-
First American	First Am Govt Ob Fd Cl X	-	26,217	26,217	26,217	-
First American	First Am Govt Ob Fd Cl X	-	24,210	24,210	24,210	-
First American	First Am Govt Ob Fd Cl X	-	24,860	24,860	24,860	-
First American	First Am Govt Ob Fd Cl X	-	24,150	24,150	24,150	-
First American	First Am Govt Ob Fd Cl X	-	15,794	15,794	15,794	-
First American	First Am Govt Ob Fd Cl X	-	31,648	31,648	31,648	-
First American	First Am Govt Ob Fd Cl X	-	46,067	46,067	46,067	-
First American	First Am Govt Ob Fd Cl X	-	79,240	79,240	79,240	-
First American	First Am Govt Ob Fd Cl X	-	79,274	79,274	79,274	-
First American	First Am Govt Ob Fd Cl X	-	10,701	10,701	10,701	-
First American	First Am Govt Ob Fd Cl X	-	86,280	86,280	86,280	-
First American	First Am Govt Ob Fd Cl X	-	73,465	73,465	73,465	-
First American	First Am Govt Ob Fd Cl X	-	27,313	27,313	27,313	-
First American	First Am Govt Ob Fd Cl X	-	36,407	36,407	36,407	-
First American	First Am Govt Ob Fd Cl X	-	84,175	84,175	84,175	-
First American	First Am Govt Ob Fd Cl X	-	134,828	134,828	134,828	-
First American	First Am Govt Ob Fd Cl X	-	10,929	10,929	10,929	-
First American	First Am Govt Ob Fd Cl X	-	40,985	40,985	40,985	-
First American	First Am Govt Ob Fd Cl X	-	193,763	193,763	193,763	-
First American	First Am Govt Ob Fd Cl X	-	31,442	31,442	31,442	-
First American	First Am Govt Ob Fd Cl X	-	51,397	51,397	51,397	-
First American	First Am Govt Ob Fd Cl X	-	34,836	34,836	34,836	-
First American	First Am Govt Ob Fd Cl X	-	34,296	34,296	34,296	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 35,779	\$ 35,779	\$ 35,779	\$ -
First American	First Am Govt Ob Fd Cl X	-	170,220	170,220	170,220	-
First American	First Am Govt Ob Fd Cl X	-	77,105	77,105	77,105	-
First American	First Am Govt Ob Fd Cl X	-	36,757	36,757	36,757	-
First American	First Am Govt Ob Fd Cl X	-	56,991	56,991	56,991	-
First American	First Am Govt Ob Fd Cl X	-	19,066	19,066	19,066	-
First American	First Am Govt Ob Fd Cl X	-	13,051	13,051	13,051	-
First American	First Am Govt Ob Fd Cl X	-	79,745	79,745	79,745	-
First American	First Am Govt Ob Fd Cl X	-	292,836	292,836	292,836	-
First American	First Am Govt Ob Fd Cl X	-	1,178	1,178	1,178	-
First American	First Am Govt Ob Fd Cl X	-	24,900	24,900	24,900	-
First American	First Am Govt Ob Fd Cl X	-	34,155	34,155	34,155	-
First American	First Am Govt Ob Fd Cl X	-	69,819	69,819	69,819	-
First American	First Am Govt Ob Fd Cl X	-	37,987	37,987	37,987	-
First American	First Am Govt Ob Fd Cl X	-	16,699	16,699	16,699	-
First American	First Am Govt Ob Fd Cl X	-	93,970	93,970	93,970	-
First American	First Am Govt Ob Fd Cl X	-	9,050	9,050	9,050	-
First American	First Am Govt Ob Fd Cl X	-	22,710	22,710	22,710	-
First American	First Am Govt Ob Fd Cl X	-	156,204	156,204	156,204	-
First American	First Am Govt Ob Fd Cl X	-	40,477	40,477	40,477	-
First American	First Am Govt Ob Fd Cl X	-	72,630	72,630	72,630	-
First American	First Am Govt Ob Fd Cl X	-	10,868	10,868	10,868	-
First American	First Am Govt Ob Fd Cl X	-	13,598	13,598	13,598	-
First American	First Am Govt Ob Fd Cl X	-	33,446	33,446	33,446	-
First American	First Am Govt Ob Fd Cl X	-	11,105	11,105	11,105	-
First American	First Am Govt Ob Fd Cl X	-	28,019	28,019	28,019	-
First American	First Am Govt Ob Fd Cl X	-	347,647	347,647	347,647	-
First American	First Am Govt Ob Fd Cl X	-	105,147	105,147	105,147	-
First American	First Am Govt Ob Fd Cl X	-	22	22	22	-
First American	First Am Govt Ob Fd Cl X	-	206,404	206,404	206,404	-
First American	First Am Govt Ob Fd Cl X	-	62,749	62,749	62,749	-
First American	First Am Govt Ob Fd Cl X	-	149,106	149,106	149,106	-
First American	First Am Govt Ob Fd Cl X	-	4,633	4,633	4,633	-
First American	First Am Govt Ob Fd Cl X	-	51,188	51,188	51,188	-
First American	First Am Govt Ob Fd Cl X	-	214,908	214,908	214,908	-
First American	First Am Govt Ob Fd Cl X	-	52,557	52,557	52,557	-
First American	First Am Govt Ob Fd Cl X	-	84,520	84,520	84,520	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	-	44,027	44,027	44,027	-
First American	First Am Govt Ob Fd Cl X	-	40,060	40,060	40,060	-
First American	First Am Govt Ob Fd Cl X	-	68,888	68,888	68,888	-
First American	First Am Govt Ob Fd Cl X	-	39,194	39,194	39,194	-
First American	First Am Govt Ob Fd Cl X	-	61,857	61,857	61,857	-
First American	First Am Govt Ob Fd Cl X	-	20,790	20,790	20,790	-
First American	First Am Govt Ob Fd Cl X	-	483,713	483,713	483,713	-
First American	First Am Govt Ob Fd Cl X	-	462	462	462	-
First American	First Am Govt Ob Fd Cl X	-	34,877	34,877	34,877	-
First American	First Am Govt Ob Fd Cl X	-	37,741	37,741	37,741	-
First American	First Am Govt Ob Fd Cl X	-	78,268	78,268	78,268	-
First American	First Am Govt Ob Fd Cl X	-	46,037	46,037	46,037	-
First American	First Am Govt Ob Fd Cl X	-	53,751	53,751	53,751	-
First American	First Am Govt Ob Fd Cl X	-	129,850	129,850	129,850	-
First American	First Am Govt Ob Fd Cl X	-	38,617	38,617	38,617	-
First American	First Am Govt Ob Fd Cl X	-	7,076	7,076	7,076	-
First American	First Am Govt Ob Fd Cl X	-	120,589	120,589	120,589	-
First American	First Am Govt Ob Fd Cl X	-	52,250	52,250	52,250	-
First American	First Am Govt Ob Fd Cl X	-	173,907	173,907	173,907	-
First American	First Am Govt Ob Fd Cl X	-	21,895	21,895	21,895	-
First American	First Am Govt Ob Fd Cl X	-	27,230	27,230	27,230	-
First American	First Am Govt Ob Fd Cl X	-	79,723	79,723	79,723	-
First American	First Am Govt Ob Fd Cl X	-	26,164	26,164	26,164	-
First American	First Am Govt Ob Fd Cl X	-	1,857	1,857	1,857	-
First American	First Am Govt Ob Fd Cl X	-	53,633	53,633	53,633	-
First American	First Am Govt Ob Fd Cl X	-	36,392	36,392	36,392	-
First American	First Am Govt Ob Fd Cl X	-	68,971	68,971	68,971	-
First American	First Am Govt Ob Fd Cl X	-	80,923	80,923	80,923	-
First American	First Am Govt Ob Fd Cl X	-	385	385	385	-
First American	First Am Govt Ob Fd Cl X	-	42,463	42,463	42,463	-
First American	First Am Govt Ob Fd Cl X	-	7,392	7,392	7,392	-
First American	First Am Govt Ob Fd Cl X	-	67,560	67,560	67,560	-
First American	First Am Govt Ob Fd Cl X	-	381,935	381,935	381,935	-
First American	First Am Govt Ob Fd Cl X	-	51,937	51,937	51,937	-
First American	First Am Govt Ob Fd Cl X	-	7,591	7,591	7,591	-
First American	First Am Govt Ob Fd Cl X	-	88,626	88,626	88,626	-
First American	First Am Govt Ob Fd Cl X	-	104,812	104,812	104,812	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 3,552	\$ 3,552	\$ 3,552	\$ -
First American	First Am Govt Ob Fd Cl X	-	62,617	62,617	62,617	-
First American	First Am Govt Ob Fd Cl X	-	190,463	190,463	190,463	-
First American	First Am Govt Ob Fd Cl X	-	78,686	78,686	78,686	-
First American	First Am Govt Ob Fd Cl X	-	62,476	62,476	62,476	-
Nuveen	Nuveen ST Bond Fund R6	162,384	-	162,384	162,384	-
Nuveen	Nuveen ST Bond Fund R6	202,815	-	202,815	202,815	-
Nuveen	Nuveen ST Bond Fund R6	252,746	-	252,746	252,746	-
Nuveen	Nuveen ST Bond Fund R6	227,182	-	227,182	227,182	-
Nuveen	Nuveen ST Bond Fund R6	292,836	-	292,836	292,836	-
Nuveen	Nuveen ST Bond Fund R6	115,432	-	115,432	115,432	-
Nuveen	Nuveen ST Bond Fund R6	166,681	-	166,681	166,681	-
Nuveen	Nuveen ST Bond Fund R6	11,636	-	11,636	11,636	-
Nuveen	Nuveen ST Bond Fund R6	12,417	-	12,417	12,417	-
Nuveen	Nuveen ST Bond Fund R6	12,506	-	12,506	12,506	-
Nuveen	Nuveen ST Bond Fund R6	7,083	-	7,083	7,083	-
Nuveen	Nuveen ST Bond Fund R6	2,796	-	2,796	2,796	-
Nuveen	Nuveen ST Bond Fund R6	3,004	-	3,004	3,004	-
Nuveen	Nuveen ST Bond Fund R6	3,348	-	3,348	3,348	-
Nuveen	Nuveen ST Bond Fund R6	1,385	-	1,385	1,385	-
Nuveen	Nuveen ST Bond Fund R6	2,060	-	2,060	2,060	-
Nuveen	Nuveen ST Bond Fund R6	2,772	-	2,772	2,772	-
Nuveen	Nuveen ST Bond Fund R6	3,313	-	3,313	3,313	-
Nuveen	Nuveen ST Bond Fund R6	2,306	-	2,306	2,306	-
Nuveen	Nuveen ST Bond Fund R6	-	117,860	117,670	117,860	(189)
Nuveen	Nuveen ST Bond Fund R6	-	113,931	113,521	113,931	(409)
Nuveen	Nuveen ST Bond Fund R6	-	134,503	133,530	134,503	(973)
Nuveen	Nuveen ST Bond Fund R6	-	116,995	116,572	116,995	(423)
Nuveen	Nuveen ST Bond Fund R6	-	417,474	415,555	417,474	(1,920)
Nuveen	Nuveen ST Bond Fund R6	-	303,481	302,086	303,481	(1,395)
Nuveen	Nuveen ST Bond Fund R6	-	370,932	369,226	370,932	(1,706)
Nuveen	Nuveen ST Bond Fund R6	-	618,312	615,469	618,312	(2,843)
Nuveen	Nuveen ST Bond Fund R6	-	445,953	443,903	445,953	(2,050)
Nuveen	Nuveen ST Bond Fund R6	-	308,840	307,420	308,840	(1,420)
Nuveen	Nuveen ST Bond Fund R6	-	359,736	356,683	359,736	(3,052)
Nuveen	Nuveen ST Bond Fund R6	-	537,555	537,453	537,555	(102)
Nuveen	Nuveen ST Bond Fund R6	-	379,924	381,968	379,924	2,045

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6031748

PLAN NO. 501

August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
		Date, Rate of Interest, Collateral, Par or rate	Maturity date	shares		
	US Government Securities					
	F H L B Deb	2.00%	12/8/2028	100,000.00	\$ 101,514	\$ 94,834
	U S Treasury Bd	2.25%	8/15/2046	75,000.00	64,137	48,592
	U S Treasury Nt	1.13%	2/29/2028	75,000.00	75,021	70,626
	U S Treasury Nt	1.25%	6/30/2028	100,000.00	101,586	93,770
	U S Treasury Nt	4.25%	11/15/2034	250,000.00	249,141	251,640
	U S Treasury Nt	4.13%	11/30/2031	250,000.00	248,779	253,710
	U S Treasury Nt	2.25%	11/15/2025	75,000.00	74,792	74,696
	U S Treasury Nt	1.75%	11/15/2029	100,000.00	104,828	92,809
	U S Treasury Nt	2.25%	8/15/2027	75,000.00	80,373	73,049
					<u>\$ 1,100,170</u>	<u>\$ 1,053,725</u>
	Corporate Bonds					
	Aflac Incorporated	3.60%	4/1/2030	75,000.00	\$ 86,718	\$ 73,361
	Adobe Inc	2.30%	2/01/2030	100,000.00	102,052	93,032
	Air Products	2.05%	5/15/2030	100,000.00	100,981	91,227
	Air Products And	4.80%	3/3/2033	300,000.00	300,960	302,283
	Allstate Corp	3.28%	12/15/2026	100,000.00	107,899	98,905
	American Honda Mtn	2.00%	3/24/2028	100,000.00	100,832	94,818
	American Honda Mtn	4.90%	3/13/2029	100,000.00	99,341	102,288
	Apple Inc	3.35%	2/9/2027	75,000.00	74,604	74,478
	Aztrazeneca Llc	5.00%	2/26/2034	300,000.00	302,925	306,471
	Autozone Inc	5.20%	8/1/2033	200,000.00	202,540	203,814
	Bristol Myers Squibb	3.40%	7/26/2029	100,000.00	109,395	97,511
	Chevron Corp	2.95%	5/16/2026	75,000.00	74,975	74,391
	Cisco Sys Inc	5.05%	2/26/2034	200,000.00	203,816	205,582
	Coca Cola Co The	2.13%	9/6/2029	75,000.00	78,572	70,049
	Comcast Corp	3.15%	3/1/2026	70,000.00	73,367	69,608
	John Deere Mtn	2.45%	1/9/2030	100,000.00	103,247	93,502
	John Deere Mtn	5.15%	9/8/2033	300,000.00	307,593	311,082
	General Dynamics	3.63%	4/1/2030	100,000.00	99,476	98,241
	Hp Inc Sr Glbl Nt	3.40%	6/17/2030	350,000.00	286,650	332,990
	Home Depot Inc	4.50%	9/15/2032	200,000.00	199,165	201,976
	Honeywell Intl Inc	5.00%	3/1/2035	400,000.00	402,892	402,704
	Intel Corp	3.75%	3/25/2027	75,000.00	86,990	74,292
	Jpmorgan Chase Co	3.20%	6/15/2026	75,000.00	77,038	74,442
	Eli Lilly Co	4.70%	2/27/2033	200,000.00	204,177	202,712

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND

FORM 5500, SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 88-6031748

PLAN NO. 501

August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity			(d) Cost	(e) Current Value
	Date, Rate of Interest, Collateral, Par or rate	Maturity date	shares			
Corporate Bonds (Continued)						
	Lowes Cos Inc	3.10%	5/3/2027	75,000.00	\$ 75,792	\$ 73,778
	Microsoft Corp	2.40%	8/8/2026	75,000.00	75,580	73,904
	Midamerican Energy	3.10%	5/1/2027	75,000.00	73,731	74,031
	Northern Trust Corp	3.95%	10/30/2025	50,000.00	52,437	49,935
	Northern Tr Corp	6.13%	11/2/1932	300,000.00	325,242	326,685
	Pnc Financial	3.45%	4/23/2029	75,000.00	86,675	73,397
	Pfizer Inc	3.00%	12/15/26	75,000.00	74,645	74,167
	Prologis Lp L P	2.25%	4/15/1930	115,000.00	118,908	105,749
	Public Storage	3.09%	9/15/2027	75,000.00	84,320	73,670
	Qualcomm Inc	3.25%	5/20/27	70,000.00	73,385	69,297
	Realty Income Corp	5.63%	10/13/1932	200,000.00	203,870	210,426
	Charles Schwab Corp	3.20%	1/25/28	50,000.00	56,242	49,077
	Simon Ppty Group L P	6.25%	1/15/1934	175,000.00	189,649	191,461
	State Street Corp	2.65%	5/19/2026	75,000.00	76,881	74,228
	Texas Instruments	2.25%	9/4/2029	75,000.00	79,763	70,212
	3M Company Mtn	3.38%	3/1/2029	100,000.00	109,271	97,583
	Toyota Finl C D	3.55%	8/16/2027	50,000.00	49,723	49,699
	Toyota Motor Mtn	3.20%	1/11/2027	75,000.00	76,931	74,238
	Toyota Mtr Cr Mtn	5.10%	3/21/1931	300,000.00	305,829	311,091
	United Parcel Svc	6.20%	1/15/1938	350,000.00	380,898	381,108
	Unitedhealth Group	2.30%	5/15/1931	125,000.00	126,006	111,618
	Verizon Comm Inc	4.40%	11/1/1934	200,000.00	190,706	191,010
	Walmart Inc	3.70%	6/26/2028	75,000.00	88,458	74,905
	Wells Fargo Co Mtn	3.55%	9/29/2025	75,000.00	77,195	74,943
					\$ 6,838,339	\$ 6,705,969
Foreign Bonds						
	Royal Bk Mtn	5.15%	2/1/2034	400,000.00	\$ 405,152	\$ 413,304
	Toronto Dominion	4.46%	6/8/2032	325,000.00	309,296	321,672
	Westpac Banking Corp	2.70%	8/19/2026	75,000.00	71,837	74,042
					\$ 786,285	\$ 809,018
Mutual Funds						
	Artisan High Income			107,864.54	\$ 964,683	\$ 998,826
	Fidelity 500 Index Fund			17,653.38	2,561,108	3,967,773
	Fidelity Mid Cap Index Fund			53,800.59	1,484,637	1,983,090
	Nuveen Short Term R6			58,056.89	\$ 588,450	592,760
					\$ 5,598,878	\$ 7,542,448
Money Market						
*	First Am Govt Ob Fd Cl X			3920388.71	\$ 3,920,389	\$ 3,920,389
					\$ 18,244,061	\$ 20,031,549

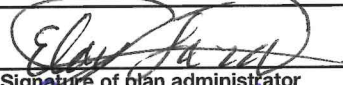
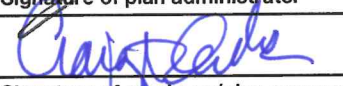
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>09/01/2024</u> and ending <u>08/31/2025</u>	
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
1a Name of plan NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>09/01/1958</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - NORTHERN NEVADA LABORERS H&W TR BENEFIT PLAN ADMINISTRATORS, INC 445 APPLE STREET SUITE 109 RENO NV 89502	2b Employer Identification Number (EIN) <u>88-6031748</u> 2c Plan Sponsor's telephone number <u>775-826-7200</u> 2d Business code (see instructions) <u>236200</u>

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		<u>6-5-26</u>	ELOY JARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>6-5-26</u>	CRAIG MADOLE
	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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
1. Individual Transactions:						
First American	First Am Govt Ob Fd Cl X	1,096,644	-	1,096,644	1,096,644	-
First American	First Am Govt Ob Fd Cl X	1,100,453	-	1,100,453	1,100,453	-
First American	First Am Govt Ob Fd Cl X	2,453,659	-	2,453,659	2,453,659	-
First American	First Am Govt Ob Fd Cl X	-	2,881,036	2,881,036	2,881,036	-
First American	First Am Govt Ob Fd Cl X	1,417,925	-	1,417,925	1,417,925	-
First American	First Am Govt Ob Fd Cl X	1,393,332	-	1,393,332	1,393,332	-
3. Series of Transactions with Same Security:						
First American	First Am Govt Ob Fd Cl X	3,212	-	3,212	3,212	-
First American	First Am Govt Ob Fd Cl X	15,695	-	15,695	15,695	-
First American	First Am Govt Ob Fd Cl X	214,976	-	214,976	214,976	-
First American	First Am Govt Ob Fd Cl X	797	-	797	797	-
First American	First Am Govt Ob Fd Cl X	50,000	-	50,000	50,000	-
First American	First Am Govt Ob Fd Cl X	50,000	-	50,000	50,000	-
First American	First Am Govt Ob Fd Cl X	1,058,169	-	1,058,169	1,058,169	-
First American	First Am Govt Ob Fd Cl X	3,410	-	3,410	3,410	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	1,406	-	1,406	1,406	-
First American	First Am Govt Ob Fd Cl X	1,331	-	1,331	1,331	-
First American	First Am Govt Ob Fd Cl X	3,163	-	3,163	3,163	-
First American	First Am Govt Ob Fd Cl X	14,988	-	14,988	14,988	-
First American	First Am Govt Ob Fd Cl X	512,192	-	512,192	512,192	-
First American	First Am Govt Ob Fd Cl X	1,096,644	-	1,096,644	1,096,644	-
First American	First Am Govt Ob Fd Cl X	6,919	-	6,919	6,919	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	66	-	66	66	-
First American	First Am Govt Ob Fd Cl X	5,563	-	5,563	5,563	-
First American	First Am Govt Ob Fd Cl X	15,677	-	15,677	15,677	-
First American	First Am Govt Ob Fd Cl X	387,874	-	387,874	387,874	-
First American	First Am Govt Ob Fd Cl X	172,791	-	172,791	172,791	-
First American	First Am Govt Ob Fd Cl X	1,100,453	-	1,100,453	1,100,453	-
First American	First Am Govt Ob Fd Cl X	4,181	-	4,181	4,181	-
First American	First Am Govt Ob Fd Cl X	1,108	-	1,108	1,108	-
First American	First Am Govt Ob Fd Cl X	994	-	994	994	-
First American	First Am Govt Ob Fd Cl X	1,138	-	1,138	1,138	-
First American	First Am Govt Ob Fd Cl X	66	-	66	66	-
First American	First Am Govt Ob Fd Cl X	788	-	788	788	-
First American	First Am Govt Ob Fd Cl X	15,061	-	15,061	15,061	-
First American	First Am Govt Ob Fd Cl X	972,451	-	972,451	972,451	-
First American	First Am Govt Ob Fd Cl X	124,813	-	124,813	124,813	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ 2,453,659	\$ -	\$ 2,453,659	\$ 2,453,659	-
First American	First Am Govt Ob Fd Cl X	3,965	-	3,965	3,965	-
First American	First Am Govt Ob Fd Cl X	5,950	-	5,950	5,950	-
First American	First Am Govt Ob Fd Cl X	1,388.00	-	1,388	1,388	-
First American	First Am Govt Ob Fd Cl X	625	-	625	625	-
First American	First Am Govt Ob Fd Cl X	15,034	-	15,034	15,034	-
First American	First Am Govt Ob Fd Cl X	356,683	-	356,683	356,683	-
First American	First Am Govt Ob Fd Cl X	253,349	-	253,349	253,349	-
First American	First Am Govt Ob Fd Cl X	1,035,212	-	1,035,212	1,035,212	-
First American	First Am Govt Ob Fd Cl X	1,200	-	1,200	1,200	-
First American	First Am Govt Ob Fd Cl X	5,469	-	5,469	5,469	-
First American	First Am Govt Ob Fd Cl X	1,500	-	1,500	1,500	-
First American	First Am Govt Ob Fd Cl X	2,500	-	2,500	2,500	-
First American	First Am Govt Ob Fd Cl X	6,350	-	6,350	6,350	-
First American	First Am Govt Ob Fd Cl X	14,481	-	14,481	14,481	-
First American	First Am Govt Ob Fd Cl X	743,785	-	743,785	743,785	-
First American	First Am Govt Ob Fd Cl X	2,156	-	2,156	2,156	-
First American	First Am Govt Ob Fd Cl X	3,082	-	3,082	3,082	-
First American	First Am Govt Ob Fd Cl X	1,013	-	1,013	1,013	-
First American	First Am Govt Ob Fd Cl X	12,550	-	12,550	12,550	-
First American	First Am Govt Ob Fd Cl X	4,700	-	4,700	4,700	-
First American	First Am Govt Ob Fd Cl X	422	-	422	422	-
First American	First Am Govt Ob Fd Cl X	19,990	-	19,990	19,990	-
First American	First Am Govt Ob Fd Cl X	12,987	-	12,987	12,987	-
First American	First Am Govt Ob Fd Cl X	641,077	-	641,077	641,077	-
First American	First Am Govt Ob Fd Cl X	7,725	-	7,725	7,725	-
First American	First Am Govt Ob Fd Cl X	2,450	-	2,450	2,450	-
First American	First Am Govt Ob Fd Cl X	5,660	-	5,660	5,660	-
First American	First Am Govt Ob Fd Cl X	7,650	-	7,650	7,650	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	1,406	-	1,406	1,406	-
First American	First Am Govt Ob Fd Cl X	1,331	-	1,331	1,331	-
First American	First Am Govt Ob Fd Cl X	12,430	-	12,430	12,430	-
First American	First Am Govt Ob Fd Cl X	621,628	-	621,628	621,628	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	1,294	-	1,294	1,294	-
First American	First Am Govt Ob Fd Cl X	80,209	-	80,209	80,209	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ 5,563	\$ -	\$ 5,563	\$ 5,563	\$ -
First American	First Am Govt Ob Fd Cl X	22,501	-	22,501	22,501	-
First American	First Am Govt Ob Fd Cl X	1,163	-	1,163	1,163	-
First American	First Am Govt Ob Fd Cl X	520,438	-	520,438	520,438	-
First American	First Am Govt Ob Fd Cl X	918,401	-	918,401	918,401	-
First American	First Am Govt Ob Fd Cl X	9,494	-	9,494	9,494	-
First American	First Am Govt Ob Fd Cl X	1,108	-	1,108	1,108	-
First American	First Am Govt Ob Fd Cl X	994	-	994	994	-
First American	First Am Govt Ob Fd Cl X	1,138	-	1,138	1,138	-
First American	First Am Govt Ob Fd Cl X	55,944	-	55,944	55,944	-
First American	First Am Govt Ob Fd Cl X	13,548	-	13,548	13,548	-
First American	First Am Govt Ob Fd Cl X	1,071,892	-	1,071,892	1,071,892	-
First American	First Am Govt Ob Fd Cl X	1,000	-	1,000	1,000	-
First American	First Am Govt Ob Fd Cl X	3,965	-	3,965	3,965	-
First American	First Am Govt Ob Fd Cl X	5,950	-	5,950	5,950	-
First American	First Am Govt Ob Fd Cl X	174,085	-	174,085	174,085	-
First American	First Am Govt Ob Fd Cl X	1,388	-	1,388	1,388	-
First American	First Am Govt Ob Fd Cl X	625	-	625	625	-
First American	First Am Govt Ob Fd Cl X	151,760	-	151,760	151,760	-
First American	First Am Govt Ob Fd Cl X	1,417,925	-	1,417,925	1,417,925	-
First American	First Am Govt Ob Fd Cl X	1,200	-	1,200	1,200	-
First American	First Am Govt Ob Fd Cl X	5,469	-	5,469	5,469	-
First American	First Am Govt Ob Fd Cl X	76,500	-	76,500	76,500	-
First American	First Am Govt Ob Fd Cl X	800	-	800	800	-
First American	First Am Govt Ob Fd Cl X	1,700	-	1,700	1,700	-
First American	First Am Govt Ob Fd Cl X	94,682	-	94,682	94,682	-
First American	First Am Govt Ob Fd Cl X	6,350	-	6,350	6,350	-
First American	First Am Govt Ob Fd Cl X	395,241	-	395,241	395,241	-
First American	First Am Govt Ob Fd Cl X	1,393,332	-	1,393,332	1,393,332	-
First American	First Am Govt Ob Fd Cl X	900	-	900	900	-
First American	First Am Govt Ob Fd Cl X	1,256	-	1,256	1,256	-
First American	First Am Govt Ob Fd Cl X	53,068	-	53,068	53,068	-
First American	First Am Govt Ob Fd Cl X	12,550	-	12,550	12,550	-
First American	First Am Govt Ob Fd Cl X	4,700	-	4,700	4,700	-
First American	First Am Govt Ob Fd Cl X	-	172,310	172,310	172,310	-
First American	First Am Govt Ob Fd Cl X	-	21,361	21,361	21,361	-
First American	First Am Govt Ob Fd Cl X	-	28,666	28,666	28,666	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 17,895	\$ 17,895	\$ 17,895	\$ -
First American	First Am Govt Ob Fd Cl X	-	25,113	25,113	25,113	-
First American	First Am Govt Ob Fd Cl X	-	49,849	49,849	49,849	-
First American	First Am Govt Ob Fd Cl X	-	32,174	32,174	32,174	-
First American	First Am Govt Ob Fd Cl X	-	26,029	26,029	26,029	-
First American	First Am Govt Ob Fd Cl X	-	498,664	498,664	498,664	-
First American	First Am Govt Ob Fd Cl X	-	24,623	24,623	24,623	-
First American	First Am Govt Ob Fd Cl X	-	34,064	34,064	34,064	-
First American	First Am Govt Ob Fd Cl X	-	30,526	30,526	30,526	-
First American	First Am Govt Ob Fd Cl X	-	25,919	25,919	25,919	-
First American	First Am Govt Ob Fd Cl X	-	12,699	12,699	12,699	-
First American	First Am Govt Ob Fd Cl X	-	28,769	28,769	28,769	-
First American	First Am Govt Ob Fd Cl X	-	57,574	57,574	57,574	-
First American	First Am Govt Ob Fd Cl X	-	74,053	74,053	74,053	-
First American	First Am Govt Ob Fd Cl X	-	62,038	62,038	62,038	-
First American	First Am Govt Ob Fd Cl X	-	188,530	188,530	188,530	-
First American	First Am Govt Ob Fd Cl X	-	48,656	48,656	48,656	-
First American	First Am Govt Ob Fd Cl X	-	136,680	136,680	136,680	-
First American	First Am Govt Ob Fd Cl X	-	61,142	61,142	61,142	-
First American	First Am Govt Ob Fd Cl X	-	151,721	151,721	151,721	-
First American	First Am Govt Ob Fd Cl X	-	737,666	737,666	737,666	-
First American	First Am Govt Ob Fd Cl X	-	148,155	148,155	148,155	-
First American	First Am Govt Ob Fd Cl X	-	6,913	6,913	6,913	-
First American	First Am Govt Ob Fd Cl X	-	16,605	16,605	16,605	-
First American	First Am Govt Ob Fd Cl X	-	8,182	8,182	8,182	-
First American	First Am Govt Ob Fd Cl X	-	1,746	1,746	1,746	-
First American	First Am Govt Ob Fd Cl X	-	43,208	43,208	43,208	-
First American	First Am Govt Ob Fd Cl X	-	31,068	31,068	31,068	-
First American	First Am Govt Ob Fd Cl X	-	74,867	74,867	74,867	-
First American	First Am Govt Ob Fd Cl X	-	65,554	65,554	65,554	-
First American	First Am Govt Ob Fd Cl X	-	4,136	4,136	4,136	-
First American	First Am Govt Ob Fd Cl X	-	5,326	5,326	5,326	-
First American	First Am Govt Ob Fd Cl X	-	115,998	115,998	115,998	-
First American	First Am Govt Ob Fd Cl X	-	28,431	28,431	28,431	-
First American	First Am Govt Ob Fd Cl X	-	84,388	84,388	84,388	-
First American	First Am Govt Ob Fd Cl X	-	21,750	21,750	21,750	-
First American	First Am Govt Ob Fd Cl X	-	21,104	21,104	21,104	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 40,886	\$ 40,886	\$ 40,886	\$ -
First American	First Am Govt Ob Fd Cl X	-	37,700	37,700	37,700	-
First American	First Am Govt Ob Fd Cl X	-	438,220	438,220	438,220	-
First American	First Am Govt Ob Fd Cl X	-	75,955	75,955	75,955	-
First American	First Am Govt Ob Fd Cl X	-	116,250	116,250	116,250	-
First American	First Am Govt Ob Fd Cl X	-	29,112	29,112	29,112	-
First American	First Am Govt Ob Fd Cl X	-	51,913	51,913	51,913	-
First American	First Am Govt Ob Fd Cl X	-	133,271	133,271	133,271	-
First American	First Am Govt Ob Fd Cl X	-	17,783	17,783	17,783	-
First American	First Am Govt Ob Fd Cl X	-	47,716	47,716	47,716	-
First American	First Am Govt Ob Fd Cl X	-	32,110	32,110	32,110	-
First American	First Am Govt Ob Fd Cl X	-	109,560	109,560	109,560	-
First American	First Am Govt Ob Fd Cl X	-	26,138	26,138	26,138	-
First American	First Am Govt Ob Fd Cl X	-	32,592	32,592	32,592	-
First American	First Am Govt Ob Fd Cl X	-	117,612	117,612	117,612	-
First American	First Am Govt Ob Fd Cl X	-	38,921	38,921	38,921	-
First American	First Am Govt Ob Fd Cl X	-	8,069	8,069	8,069	-
First American	First Am Govt Ob Fd Cl X	-	20,717	20,717	20,717	-
First American	First Am Govt Ob Fd Cl X	-	62	62	62	-
First American	First Am Govt Ob Fd Cl X	-	17,924	17,924	17,924	-
First American	First Am Govt Ob Fd Cl X	-	19,432	19,432	19,432	-
First American	First Am Govt Ob Fd Cl X	-	225,216	225,216	225,216	-
First American	First Am Govt Ob Fd Cl X	-	2,881,036	2,881,036	2,881,036	-
First American	First Am Govt Ob Fd Cl X	-	89,192	89,192	89,192	-
First American	First Am Govt Ob Fd Cl X	-	60,527	60,527	60,527	-
First American	First Am Govt Ob Fd Cl X	-	13,520	13,520	13,520	-
First American	First Am Govt Ob Fd Cl X	-	5,349	5,349	5,349	-
First American	First Am Govt Ob Fd Cl X	-	17	-	-	17
First American	First Am Govt Ob Fd Cl X	-	34,103	34,103	34,103	-
First American	First Am Govt Ob Fd Cl X	-	24,126	24,126	24,126	-
First American	First Am Govt Ob Fd Cl X	-	65,756	65,756	65,756	-
First American	First Am Govt Ob Fd Cl X	-	23,378	23,378	23,378	-
First American	First Am Govt Ob Fd Cl X	-	84	84	84	-
First American	First Am Govt Ob Fd Cl X	-	30,944	30,944	30,944	-
First American	First Am Govt Ob Fd Cl X	-	29,175	29,175	29,175	-
First American	First Am Govt Ob Fd Cl X	-	414,297	414,297	414,297	-
First American	First Am Govt Ob Fd Cl X	-	64,155	64,155	64,155	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 29,348	\$ 29,348	\$ 29,348	\$ -
First American	First Am Govt Ob Fd Cl X	-	56,740	56,740	56,740	-
First American	First Am Govt Ob Fd Cl X	-	75,238	75,238	75,238	-
First American	First Am Govt Ob Fd Cl X	-	212,698	212,698	212,698	-
First American	First Am Govt Ob Fd Cl X	-	15,054	15,054	15,054	-
First American	First Am Govt Ob Fd Cl X	-	26,836	26,836	26,836	-
First American	First Am Govt Ob Fd Cl X	-	26,619	26,619	26,619	-
First American	First Am Govt Ob Fd Cl X	-	24,706	24,706	24,706	-
First American	First Am Govt Ob Fd Cl X	-	60,809	60,809	60,809	-
First American	First Am Govt Ob Fd Cl X	-	23,634	23,634	23,634	-
First American	First Am Govt Ob Fd Cl X	-	38,620	38,620	38,620	-
First American	First Am Govt Ob Fd Cl X	-	55,352	55,352	55,352	-
First American	First Am Govt Ob Fd Cl X	-	5,242	5,242	5,242	-
First American	First Am Govt Ob Fd Cl X	-	33,248	33,248	33,248	-
First American	First Am Govt Ob Fd Cl X	-	198,181	198,181	198,181	-
First American	First Am Govt Ob Fd Cl X	-	72,417	72,417	72,417	-
First American	First Am Govt Ob Fd Cl X	-	4,356	4,356	4,356	-
First American	First Am Govt Ob Fd Cl X	-	48,430	48,430	48,430	-
First American	First Am Govt Ob Fd Cl X	-	81,437	81,437	81,437	-
First American	First Am Govt Ob Fd Cl X	-	35,619	35,619	35,619	-
First American	First Am Govt Ob Fd Cl X	-	2,277	2,277	2,277	-
First American	First Am Govt Ob Fd Cl X	-	34,901	34,901	34,901	-
First American	First Am Govt Ob Fd Cl X	-	349,313	349,313	349,313	-
First American	First Am Govt Ob Fd Cl X	-	34,505	34,505	34,505	-
First American	First Am Govt Ob Fd Cl X	-	64,988	64,988	64,988	-
First American	First Am Govt Ob Fd Cl X	-	43,957	43,957	43,957	-
First American	First Am Govt Ob Fd Cl X	-	33,662	33,662	33,662	-
First American	First Am Govt Ob Fd Cl X	-	160,659	160,659	160,659	-
First American	First Am Govt Ob Fd Cl X	-	4,085	4,085	4,085	-
First American	First Am Govt Ob Fd Cl X	-	15,835	15,835	15,835	-
First American	First Am Govt Ob Fd Cl X	-	67,262	67,262	67,262	-
First American	First Am Govt Ob Fd Cl X	-	32,504	32,504	32,504	-
First American	First Am Govt Ob Fd Cl X	-	1,757	1,757	1,757	-
First American	First Am Govt Ob Fd Cl X	-	31,566	31,566	31,566	-
First American	First Am Govt Ob Fd Cl X	-	91,387	91,387	91,387	-
First American	First Am Govt Ob Fd Cl X	-	19,763	19,763	19,763	-
First American	First Am Govt Ob Fd Cl X	-	130,388	130,388	130,388	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 53,223	\$ 53,223	\$ 53,223	\$ -
First American	First Am Govt Ob Fd Cl X	-	2,325	2,325	2,325	-
First American	First Am Govt Ob Fd Cl X	-	64,696	64,696	64,696	-
First American	First Am Govt Ob Fd Cl X	-	129,678	129,678	129,678	-
First American	First Am Govt Ob Fd Cl X	-	12,274	12,274	12,274	-
First American	First Am Govt Ob Fd Cl X	-	8,812	8,812	8,812	-
First American	First Am Govt Ob Fd Cl X	-	84,919	84,919	84,919	-
First American	First Am Govt Ob Fd Cl X	-	18,258	18,258	18,258	-
First American	First Am Govt Ob Fd Cl X	-	29,373	29,373	29,373	-
First American	First Am Govt Ob Fd Cl X	-	38,551	38,551	38,551	-
First American	First Am Govt Ob Fd Cl X	-	49,057	49,057	49,057	-
First American	First Am Govt Ob Fd Cl X	-	68,435	68,435	68,435	-
First American	First Am Govt Ob Fd Cl X	-	44,767	44,767	44,767	-
First American	First Am Govt Ob Fd Cl X	-	148,266	148,266	148,266	-
First American	First Am Govt Ob Fd Cl X	-	26,217	26,217	26,217	-
First American	First Am Govt Ob Fd Cl X	-	24,210	24,210	24,210	-
First American	First Am Govt Ob Fd Cl X	-	24,860	24,860	24,860	-
First American	First Am Govt Ob Fd Cl X	-	24,150	24,150	24,150	-
First American	First Am Govt Ob Fd Cl X	-	15,794	15,794	15,794	-
First American	First Am Govt Ob Fd Cl X	-	31,648	31,648	31,648	-
First American	First Am Govt Ob Fd Cl X	-	46,067	46,067	46,067	-
First American	First Am Govt Ob Fd Cl X	-	79,240	79,240	79,240	-
First American	First Am Govt Ob Fd Cl X	-	79,274	79,274	79,274	-
First American	First Am Govt Ob Fd Cl X	-	10,701	10,701	10,701	-
First American	First Am Govt Ob Fd Cl X	-	86,280	86,280	86,280	-
First American	First Am Govt Ob Fd Cl X	-	73,465	73,465	73,465	-
First American	First Am Govt Ob Fd Cl X	-	27,313	27,313	27,313	-
First American	First Am Govt Ob Fd Cl X	-	36,407	36,407	36,407	-
First American	First Am Govt Ob Fd Cl X	-	84,175	84,175	84,175	-
First American	First Am Govt Ob Fd Cl X	-	134,828	134,828	134,828	-
First American	First Am Govt Ob Fd Cl X	-	10,929	10,929	10,929	-
First American	First Am Govt Ob Fd Cl X	-	40,985	40,985	40,985	-
First American	First Am Govt Ob Fd Cl X	-	193,763	193,763	193,763	-
First American	First Am Govt Ob Fd Cl X	-	31,442	31,442	31,442	-
First American	First Am Govt Ob Fd Cl X	-	51,397	51,397	51,397	-
First American	First Am Govt Ob Fd Cl X	-	34,836	34,836	34,836	-
First American	First Am Govt Ob Fd Cl X	-	34,296	34,296	34,296	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 35,779	\$ 35,779	\$ 35,779	\$ -
First American	First Am Govt Ob Fd Cl X	-	170,220	170,220	170,220	-
First American	First Am Govt Ob Fd Cl X	-	77,105	77,105	77,105	-
First American	First Am Govt Ob Fd Cl X	-	36,757	36,757	36,757	-
First American	First Am Govt Ob Fd Cl X	-	56,991	56,991	56,991	-
First American	First Am Govt Ob Fd Cl X	-	19,066	19,066	19,066	-
First American	First Am Govt Ob Fd Cl X	-	13,051	13,051	13,051	-
First American	First Am Govt Ob Fd Cl X	-	79,745	79,745	79,745	-
First American	First Am Govt Ob Fd Cl X	-	292,836	292,836	292,836	-
First American	First Am Govt Ob Fd Cl X	-	1,178	1,178	1,178	-
First American	First Am Govt Ob Fd Cl X	-	24,900	24,900	24,900	-
First American	First Am Govt Ob Fd Cl X	-	34,155	34,155	34,155	-
First American	First Am Govt Ob Fd Cl X	-	69,819	69,819	69,819	-
First American	First Am Govt Ob Fd Cl X	-	37,987	37,987	37,987	-
First American	First Am Govt Ob Fd Cl X	-	16,699	16,699	16,699	-
First American	First Am Govt Ob Fd Cl X	-	93,970	93,970	93,970	-
First American	First Am Govt Ob Fd Cl X	-	9,050	9,050	9,050	-
First American	First Am Govt Ob Fd Cl X	-	22,710	22,710	22,710	-
First American	First Am Govt Ob Fd Cl X	-	156,204	156,204	156,204	-
First American	First Am Govt Ob Fd Cl X	-	40,477	40,477	40,477	-
First American	First Am Govt Ob Fd Cl X	-	72,630	72,630	72,630	-
First American	First Am Govt Ob Fd Cl X	-	10,868	10,868	10,868	-
First American	First Am Govt Ob Fd Cl X	-	13,598	13,598	13,598	-
First American	First Am Govt Ob Fd Cl X	-	33,446	33,446	33,446	-
First American	First Am Govt Ob Fd Cl X	-	11,105	11,105	11,105	-
First American	First Am Govt Ob Fd Cl X	-	28,019	28,019	28,019	-
First American	First Am Govt Ob Fd Cl X	-	347,647	347,647	347,647	-
First American	First Am Govt Ob Fd Cl X	-	105,147	105,147	105,147	-
First American	First Am Govt Ob Fd Cl X	-	22	22	22	-
First American	First Am Govt Ob Fd Cl X	-	206,404	206,404	206,404	-
First American	First Am Govt Ob Fd Cl X	-	62,749	62,749	62,749	-
First American	First Am Govt Ob Fd Cl X	-	149,106	149,106	149,106	-
First American	First Am Govt Ob Fd Cl X	-	4,633	4,633	4,633	-
First American	First Am Govt Ob Fd Cl X	-	51,188	51,188	51,188	-
First American	First Am Govt Ob Fd Cl X	-	214,908	214,908	214,908	-
First American	First Am Govt Ob Fd Cl X	-	52,557	52,557	52,557	-
First American	First Am Govt Ob Fd Cl X	-	84,520	84,520	84,520	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	-	44,027	44,027	44,027	-
First American	First Am Govt Ob Fd Cl X	-	40,060	40,060	40,060	-
First American	First Am Govt Ob Fd Cl X	-	68,888	68,888	68,888	-
First American	First Am Govt Ob Fd Cl X	-	39,194	39,194	39,194	-
First American	First Am Govt Ob Fd Cl X	-	61,857	61,857	61,857	-
First American	First Am Govt Ob Fd Cl X	-	20,790	20,790	20,790	-
First American	First Am Govt Ob Fd Cl X	-	483,713	483,713	483,713	-
First American	First Am Govt Ob Fd Cl X	-	462	462	462	-
First American	First Am Govt Ob Fd Cl X	-	34,877	34,877	34,877	-
First American	First Am Govt Ob Fd Cl X	-	37,741	37,741	37,741	-
First American	First Am Govt Ob Fd Cl X	-	78,268	78,268	78,268	-
First American	First Am Govt Ob Fd Cl X	-	46,037	46,037	46,037	-
First American	First Am Govt Ob Fd Cl X	-	53,751	53,751	53,751	-
First American	First Am Govt Ob Fd Cl X	-	129,850	129,850	129,850	-
First American	First Am Govt Ob Fd Cl X	-	38,617	38,617	38,617	-
First American	First Am Govt Ob Fd Cl X	-	7,076	7,076	7,076	-
First American	First Am Govt Ob Fd Cl X	-	120,589	120,589	120,589	-
First American	First Am Govt Ob Fd Cl X	-	52,250	52,250	52,250	-
First American	First Am Govt Ob Fd Cl X	-	173,907	173,907	173,907	-
First American	First Am Govt Ob Fd Cl X	-	21,895	21,895	21,895	-
First American	First Am Govt Ob Fd Cl X	-	27,230	27,230	27,230	-
First American	First Am Govt Ob Fd Cl X	-	79,723	79,723	79,723	-
First American	First Am Govt Ob Fd Cl X	-	26,164	26,164	26,164	-
First American	First Am Govt Ob Fd Cl X	-	1,857	1,857	1,857	-
First American	First Am Govt Ob Fd Cl X	-	53,633	53,633	53,633	-
First American	First Am Govt Ob Fd Cl X	-	36,392	36,392	36,392	-
First American	First Am Govt Ob Fd Cl X	-	68,971	68,971	68,971	-
First American	First Am Govt Ob Fd Cl X	-	80,923	80,923	80,923	-
First American	First Am Govt Ob Fd Cl X	-	385	385	385	-
First American	First Am Govt Ob Fd Cl X	-	42,463	42,463	42,463	-
First American	First Am Govt Ob Fd Cl X	-	7,392	7,392	7,392	-
First American	First Am Govt Ob Fd Cl X	-	67,560	67,560	67,560	-
First American	First Am Govt Ob Fd Cl X	-	381,935	381,935	381,935	-
First American	First Am Govt Ob Fd Cl X	-	51,937	51,937	51,937	-
First American	First Am Govt Ob Fd Cl X	-	7,591	7,591	7,591	-
First American	First Am Govt Ob Fd Cl X	-	88,626	88,626	88,626	-
First American	First Am Govt Ob Fd Cl X	-	104,812	104,812	104,812	-

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

NORTHERN NEVADA LABORERS HEALTH AND WELFARE TRUST FUND
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 88-6031748
PLAN NO. 501
August 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	(f) Cost of asset	(g) Current value of asset on transaction date	(h) Net gain or (loss)
3. Series of Transactions with in Same Security (Continued):						
First American	First Am Govt Ob Fd Cl X	\$ -	\$ 3,552	\$ 3,552	\$ 3,552	\$ -
First American	First Am Govt Ob Fd Cl X	-	62,617	62,617	62,617	-
First American	First Am Govt Ob Fd Cl X	-	190,463	190,463	190,463	-
First American	First Am Govt Ob Fd Cl X	-	78,686	78,686	78,686	-
First American	First Am Govt Ob Fd Cl X	-	62,476	62,476	62,476	-
Nuveen	Nuveen ST Bond Fund R6	162,384	-	162,384	162,384	-
Nuveen	Nuveen ST Bond Fund R6	202,815	-	202,815	202,815	-
Nuveen	Nuveen ST Bond Fund R6	252,746	-	252,746	252,746	-
Nuveen	Nuveen ST Bond Fund R6	227,182	-	227,182	227,182	-
Nuveen	Nuveen ST Bond Fund R6	292,836	-	292,836	292,836	-
Nuveen	Nuveen ST Bond Fund R6	115,432	-	115,432	115,432	-
Nuveen	Nuveen ST Bond Fund R6	166,681	-	166,681	166,681	-
Nuveen	Nuveen ST Bond Fund R6	11,636	-	11,636	11,636	-
Nuveen	Nuveen ST Bond Fund R6	12,417	-	12,417	12,417	-
Nuveen	Nuveen ST Bond Fund R6	12,506	-	12,506	12,506	-
Nuveen	Nuveen ST Bond Fund R6	7,083	-	7,083	7,083	-
Nuveen	Nuveen ST Bond Fund R6	2,796	-	2,796	2,796	-
Nuveen	Nuveen ST Bond Fund R6	3,004	-	3,004	3,004	-
Nuveen	Nuveen ST Bond Fund R6	3,348	-	3,348	3,348	-
Nuveen	Nuveen ST Bond Fund R6	1,385	-	1,385	1,385	-
Nuveen	Nuveen ST Bond Fund R6	2,060	-	2,060	2,060	-
Nuveen	Nuveen ST Bond Fund R6	2,772	-	2,772	2,772	-
Nuveen	Nuveen ST Bond Fund R6	3,313	-	3,313	3,313	-
Nuveen	Nuveen ST Bond Fund R6	2,306	-	2,306	2,306	-
Nuveen	Nuveen ST Bond Fund R6	-	117,860	117,670	117,860	(189)
Nuveen	Nuveen ST Bond Fund R6	-	113,931	113,521	113,931	(409)
Nuveen	Nuveen ST Bond Fund R6	-	134,503	133,530	134,503	(973)
Nuveen	Nuveen ST Bond Fund R6	-	116,995	116,572	116,995	(423)
Nuveen	Nuveen ST Bond Fund R6	-	417,474	415,555	417,474	(1,920)
Nuveen	Nuveen ST Bond Fund R6	-	303,481	302,086	303,481	(1,395)
Nuveen	Nuveen ST Bond Fund R6	-	370,932	369,226	370,932	(1,706)
Nuveen	Nuveen ST Bond Fund R6	-	618,312	615,469	618,312	(2,843)
Nuveen	Nuveen ST Bond Fund R6	-	445,953	443,903	445,953	(2,050)
Nuveen	Nuveen ST Bond Fund R6	-	308,840	307,420	308,840	(1,420)
Nuveen	Nuveen ST Bond Fund R6	-	359,736	356,683	359,736	(3,052)
Nuveen	Nuveen ST Bond Fund R6	-	537,555	537,453	537,555	(102)
Nuveen	Nuveen ST Bond Fund R6	-	379,924	381,968	379,924	2,045

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