

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 08/01/1976
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) MIDAMERICAN ENERGY COMPANY P.O. BOX 657 DES MOINES, IA 50306-0657
2b	Employer Identification Number (EIN) 42-1425214
2c	Plan Sponsor's telephone number 515-242-4300
2d	Business code (see instructions) 221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2026	CHRIS HARLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 8047
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) 7624 6a(2) 7673 6b 274 6c 960 6d 8907 6e 62 6f 8969 6g(1) 8047 6g(2) 8146 6h 135
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3H

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

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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDAMERICAN ENERGY COMPANY	D Employer Identification Number (EIN) 42-1425214

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes

☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

MERRILL LYNCH, PIERCE, FENNER & SMI

13-5674085

(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?
15 50	NONE	206650	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	100567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDAMERICAN ENERGY

PO BOX 8020
DAVENPORT, IA 52808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	95242	Yes ☐ No ☒	Yes ☐ No ☐		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)

JACKSON LEWIS P.C.

46-3862389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	23948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT

36-3109431

(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	NONE	21362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US

53-0181291

(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	NONE	6292	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MIDAMERICAN ENERGY COMPANY		D Employer Identification Number (EIN) 42-1425214
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: MIDAMERICAN ENERGY CO. MASTER TRUST		
b Name of sponsor of entity listed in (a): MIDAMERICAN ENERGY COMPANY		
c EIN-PN 42-1425214-003	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158041624
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EXT EQUITY MARKET IND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93730855
a Name of MTIA, CCT, PSA, or 103-12 IE: INTRNL EQUITY TR CL 1		
b Name of sponsor of entity listed in (a): SCHRODER INVESTMENT MANAGEMENT NORTH AMERICA INC.		
c EIN-PN 13-6877903-999	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53781187
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDX SERIES FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-166	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122840876
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP VALU		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43474522
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE		
b Name of sponsor of entity listed in (a): A STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-180	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68243875
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP GROW		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-228	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100235151
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STREET U.S. BOND INDEX NON LE	
b Name of sponsor of entity listed in (a):		STATE STREET GLOBAL ADVISORS TRUST COMPANY	
c EIN-PN	90-0337987-462	d Entity code	C 32389347
a Name of MTIA, CCT, PSA, or 103-12 IE:		STATE STEET S&P 500 INDEX NON LENDI	
b Name of sponsor of entity listed in (a):		STATE STREET GLOBAL ADVISORS TRUST COMPANY	
c EIN-PN	90-0337987-388	d Entity code	C 317607198
a Name of MTIA, CCT, PSA, or 103-12 IE:		JPMCB LARGE CAP GROWTH FUND	
b Name of sponsor of entity listed in (a):		JP MORGAN CHASE BANK, N. A.	
c EIN-PN	45-4173185-001	d Entity code	C 96208430
a Name of MTIA, CCT, PSA, or 103-12 IE:		INTERMEDIATE CORE FUND	
b Name of sponsor of entity listed in (a):		THE GOLDMAN SACHS TRUST COMPANY NA	
c EIN-PN	47-6264282-012	d Entity code	C 46447065
a Name of MTIA, CCT, PSA, or 103-12 IE:		LOOMIS SAYLES INTRMDATE GOVT CR FD	
b Name of sponsor of entity listed in (a):		LOOMIS SAYLES TRUST COMPANY, LLC	
c EIN-PN	84-6391546-965	d Entity code	C 38218254
a Name of MTIA, CCT, PSA, or 103-12 IE:		PGIM CORE CONSERVATIVE INT. BOND FU	
b Name of sponsor of entity listed in (a):		PRUDENTIAL TRUST COMPANY	
c EIN-PN	23-6994310-156	d Entity code	C 32183793
a Name of MTIA, CCT, PSA, or 103-12 IE:		TERM FUND 2024	
b Name of sponsor of entity listed in (a):		THE GOLDMAN SACHS TRUST COMPANY NA	
c EIN-PN	84-3842960-001	d Entity code	E 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		TERM FUND 2025	
b Name of sponsor of entity listed in (a):		THE GOLDMAN SACHS TRUST COMPANY NA	
c EIN-PN	85-3895732-001	d Entity code	E 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		TERM FUND 2026	
b Name of sponsor of entity listed in (a):		THE GOLDMAN SACHS TRUST COMPANY NA	
c EIN-PN	87-3738069-001	d Entity code	E 12983235
a Name of MTIA, CCT, PSA, or 103-12 IE:		TERM FUND 2027	
b Name of sponsor of entity listed in (a):		THE GOLDMAN SACHS TRUST COMPANY NA	
c EIN-PN	88-4279844-001	d Entity code	E 15909034

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2028		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
c EIN-PN 93-4136622-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15909034

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TRGT RTRMNT		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-473	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2020		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-464	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2025		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-465	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2030		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-466	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2035		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-467	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2040		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-468	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2045		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-469	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2050		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-470	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2055		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-471	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2060		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-472	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2065		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 32-6528132-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND NO		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2029		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
c EIN-PN 93-4136622-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14446134

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2030		
b Name of sponsor of entity listed in (a): THE GOLDMAN SACHS TRUST COMPANY NA		
c EIN-PN 41-2808548-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4022974

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL INC -1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6930815-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364612

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL INC -2		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-6429754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4735799

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2025		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938034-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19880542

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2030		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938065-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41975260

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2035		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941311-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39895707

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2040		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941351-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39492351

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2045		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944355-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46456558

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2050		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944390-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43875010

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2055		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948719-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36945886

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2060		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32297064

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2065		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6200492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16243855

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET TRUST SEL 2070		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 88-6098744-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377529

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST SML CP GR FNDRS		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 86-2128340-200	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 953812

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE US SM CP VL EQ D		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6495449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2884508

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDAMERICAN ENERGY COMPANY	D Employer Identification Number (EIN) 42-1425214	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33660	32094
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55742628	3156286
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	23060360	26358824
(9) Value of interest in common/collective trusts	1c(9)	1141544685	1362739046
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	128531647	158041624
(12) Value of interest in 103-12 investment entities	1c(12)	67905549	63270411
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	102757162	109412099
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	464921887	552811972

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1984497578	2275822356

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1984497578	2275822356
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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)	75074278	
(B) Participants	2a(1)(B)	83989425	
(C) Others (including rollovers)	2a(1)(C)	10588426	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		169652129
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2105864	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2105864
(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)	15516042	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15516042
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)	80949611	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		80949611

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		201604781
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		14420565
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		2039430
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2230643
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		484057779

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	190623565	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	206650	
(4) IQPA audit fees	2i(4)	100567	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	6292	
(8) Legal fees	2i(8)	23948	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	116604	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		454061
j Total expenses. Add all expense amounts in column (b) and enter total	2j		191077626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		292980153
l Transfers of assets:			
(1) To this plan	2l(1)		202063
(2) From this plan	2l(2)		1857438

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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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?	☒		30000000
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)
NV ENERGY 401 (K) PLAN	88-0198358	002
PACIFICORP K PLUS EMPLOYEE SAVINGS PLAN	93-0246090	009

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDAMERICAN ENERGY COMPANY		D Employer Identification Number (EIN) 42-1425214
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ▶	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF MIDAMERICAN ENERGY COMPANY	D Administrator's EIN 42-1425214	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) COLLECTIVELY-BARGAINED MULTIPLE-EMP (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer CAROLINA GAS TRANSMISSION, LLC	2b EIN 47-4574139	2c Percentage of Total Contributions for the Plan Year 1.13	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer BERKSHIRE HATHAWAY ENERGY	2b EIN 94-2213782	2c Percentage of Total Contributions for the Plan Year 0.91	2d Aggregate Account Balances Attributable to Participating Employer 0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2025)
v. 250312**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BHE COMPRESSION SERVICES, LLC	84-3202708	0.37	0
BHE RENEWABLES, LLC	45-3607885	8.86	0
BHE U.S. TRANSMISSION, LLC	41-2049792	0.11	0
KERN RIVER GAS TRANSMISSION COMPANY	76-0185455	2.09	0
MIDAMERICAN ENERGY COMPANY	42-1425214	50.43	0
MIDAMERICAN ENERGY SERVICES, LLC	47-3311411	0.00	0
NORTHERN NATURAL GAS COMPANY	93-0932349	13.98	0
VOLANTES, LLC	84-2565352	0.16	0
EASTERN GAS TRANSMISSION AND STORAGE, INC.	55-0629203	17.83	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer MODULAR LNG HOLDINGS, INC.	2b EIN 82-3625237	2c Percentage of Total Contributions for the Plan Year 0.60	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer COVE POINT LNG, LP	2b EIN 51-0363076	2c Percentage of Total Contributions for the Plan Year 3.53	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Report of Independent Auditors and
Financial Statements with
ERISA-Required Supplemental Schedule

**MidAmerican Energy Company
Retirement Savings Plan**

December 31, 2025 and 2024

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Independent Auditors' Report

The Employee Benefits Plans Administrative Committee
MidAmerican Energy Company Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of MidAmerican Energy Company Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of MidAmerican Energy Company Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 MidAmerican Energy Company Retirement Savings 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 MidAmerican Energy Company Retirement Savings Plan's ability to continue as a going concern for at least one year following 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 that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 GAAS 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 GAAS, 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 MidAmerican Energy Company Retirement Savings 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 MidAmerican Energy Company Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Portland, Oregon
July 30, 2026

Financial Statements

MidAmerican Energy Company Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Interest bearing cash	\$ 413,349	\$ 51,857,024
Collective trust funds	1,428,752,394	1,213,335,837
Plan interest in MidAmerican Energy Company		
Master Retirement Trust	158,041,624	128,531,647
Mutual funds	109,412,099	102,757,163
Self-directed brokerage funds	<u>552,811,972</u>	<u>464,921,887</u>
Total investments at fair value	<u>2,249,431,438</u>	<u>1,961,403,558</u>
Receivables		
Employer contributions	32,094	33,660
Notes receivable from participants	<u>26,358,824</u>	<u>23,060,360</u>
Total receivables	<u>26,390,918</u>	<u>23,094,020</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,275,822,356</u></u>	<u><u>\$ 1,984,497,578</u></u>

See accompanying notes.

MidAmerican Energy Company Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 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	\$ 282,363,179	\$ 252,107,533
Interest and dividends	<u>15,516,042</u>	<u>13,465,551</u>
Total investment income	<u>297,879,221</u>	<u>265,573,084</u>
Plan interest in MidAmerican Energy Company		
Master Retirement Trust investment income	<u>14,420,565</u>	<u>8,486,883</u>
Interest income on notes receivable from participants	<u>2,105,864</u>	<u>1,814,775</u>
Contributions		
Employee deferral	83,989,425	78,546,538
Employer contributions	75,074,278	70,197,040
Employee rollover	<u>10,588,426</u>	<u>9,748,263</u>
Total contributions	<u>169,652,129</u>	<u>158,491,841</u>
Total additions	<u>484,057,779</u>	<u>434,366,583</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	190,623,565	160,161,854
Administrative expenses	<u>454,061</u>	<u>479,368</u>
Total deductions	<u>191,077,626</u>	<u>160,641,222</u>
CHANGE IN NET ASSETS	292,980,153	273,725,361
NET TRANSFERS FROM RELATED PLANS	(1,655,375)	5,341,879
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,984,497,578</u>	<u>1,705,430,338</u>
End of year	<u>\$ 2,275,822,356</u>	<u>\$ 1,984,497,578</u>

See accompanying notes.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Note 1 – Description of Plan

The following description of the MidAmerican Energy Company Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document, as amended, for a more complete description of Plan provisions.

General – The Plan is a defined contribution plan covering substantially all employees of MidAmerican Energy Company and participating affiliates, and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). MidAmerican Energy Company (the Plan Sponsor) has appointed the Employee Benefits Plans Administrative Committee (the Administrative Committee) to serve as the Plan Administrator and a named fiduciary under ERISA. MidAmerican Energy Company (the Company) has delegated to the Administrative Committee the responsibility for implementing the provisions of the Plan.

The Company has contracted with Merrill Lynch Pierce Fenner & Smith Inc., Princeton, NJ, to serve as recordkeeper, and Bank of America, N.A., (Bank of America) was selected to serve as trustee for the Plan.

Eligibility – The participants of the Plan include full and part-time salaried and bargaining employees of the Company and the domestic operations of the holding company, Berkshire Hathaway Energy, other than HomeServices of America, Inc., NV Energy, Inc., and PacifiCorp. Participating affiliates include Berkshire Hathaway Energy Company; BHE Compression Services, LLC, BHE Renewables, LLC, BHE U.S. Transmission, LLC; Carolina Gas Services, Inc.; Eastern Gas Transmission and Storage, Inc.; Kern River Gas Transmission Company (Kern River); Modular LNG Holdings, Inc.; Northern Natural Gas Company (Northern); and Volantes, LLC. These employees are eligible immediately. Temporary employees are not eligible to participate unless they work at least 500 hours during an employment year for two consecutive years and then will enter the Plan on the first day of the following month. Seasonal employees of United Steel Workers Local 738 are not considered temporary employees and are eligible to participate in the 401(k) plan. Retirees may also be participants although they no longer contribute to the Plan.

Contributions –

Participant contributions – Each year participants can elect a deduction from base salary, overtime, and incentive payments of 1% to 75% to be contributed to the Plan subject to certain Internal Revenue Code (IRC) limitations. Participants may apportion contributions as being pre-tax traditional 401(k), after-tax Roth 401(k), and after-tax traditional 401(k). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan includes an auto-enrollment provision for all newly eligible non-represented participants where they are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until the participant elects otherwise. Such automatic deferrals are subject to increase by 1% of eligible compensation each year, up to a maximum of 6% of eligible compensation.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Employer matching contributions – The Company may elect to make matching contributions to the Plan. The Company matches 100% of the first 6% of a participant's 401(k) pre-tax or Roth contribution, or a combination of both contribution types. Participants are eligible for the match contribution if they are contributing at least 1% of base pay on a pre-tax or Roth 401(k) basis.

Employer fixed contributions – The Company makes employer nonelective (fixed) contributions to the Plan for eligible participants based on the provisions of the Plan document. For most eligible nonunion employees hired after December 31, 2007, the Company contributes 4% of eligible compensation. Certain employees who transferred from PacifiCorp and continue to receive pay credits under the MidAmerican Energy Company Retirement Plan are also not eligible for employer fixed contributions.

In August 2008, certain nonunion participants in the MidAmerican Energy Company Retirement Plan were offered a one-time election to continue receiving pay credits under that plan or to receive fixed contributions under the Plan. Participants who elected the defined contribution alternative receive employer fixed contributions generally ranging from 5% to 6.5% of eligible compensation, depending on their hire date.

For certain employees represented by collective bargaining agreements and for certain nonrepresented employees whose future benefit accruals under the MidAmerican Energy Company Retirement Plan have been frozen, the Company contributes fixed amounts ranging from 4.0% to 6.5% of eligible compensation to the Plan. Contribution rates vary based on the applicable collective bargaining agreement or transition provisions, and may depend on factors such as hire date, years of service, age, and prior pension benefit formula.

Temporary employees are not eligible to receive fixed contributions of base pay to the Plan.

Contributions are subject to regulatory limitations.

Participant accounts – Each participant's account is credited with the participant's contributions and the Company's contributions, as well as allocations of the Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account into various investment options offered by the Plan.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Vesting – Participants are vested immediately in their contributions, plus actual earnings thereon. Participants are 100% vested in the Company's matching contribution after completing 1,000 hours of service during a Plan year. Employer fixed contributions are vested after completing three years of service. Vesting service begins on date of hire. Matching and fixed contributions that are not vested are forfeited by terminating participants and will be used to pay the Plan's administrative expenses or to reduce future Company contributions. If a participant's employment with the employer terminates as a result of death or disability, the participant's account balance derived from employer contributions is 100% vested.

Notes receivable from participants – Participants may borrow from their fund accounts up to 50% of their vested account balance, not to exceed \$50,000. The loans are secured by the value of the vested balance in the participant's account. Principal and interest are paid ratably through payroll deductions. The repayment period may not exceed five years, except for loans used to acquire the participant's principal residence, in which case such period may not exceed 10 years. At December 31, 2025, loans outstanding mature through September 2035 and bear interest rates ranging from 4.25% to 10.50%. Administrative expenses for loans are paid for by participants requesting loans.

Payment of benefits – On termination of service due to death, disability, retirement or other reasons, a participant (or their beneficiary) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If the participant has an outstanding loan at the valuation date, the loan balance is netted against the participant's account balance before a distribution is made. Terminated employees with account balances of \$1,000 or less will receive full distribution of a lump sum after separation from the Company. Terminated employees with account balances between \$1,000 and \$7,000 will be paid in a direct rollover to an individual retirement account or eligible retirement plan specified by the participant.

The payment of benefits may begin as soon as administratively practicable following the participant's separation from service due to retirement, disability, death, or termination, unless a later date of distribution is requested by the participant, the participant's beneficiary, or by regulation.

The amounts of any payments are determined by the value of the participant's account at the valuation date prior to payment.

Withdrawals may be made from a participant's account if he or she has either attained age 59 $\frac{1}{2}$, demonstrates financial hardship, or incurs a disability. Financial hardship will be deemed to exist only when the withdrawal is necessary because of an immediate and heavy financial need of a participant and other resources are not reasonably available. A distribution based upon financial hardship cannot exceed the amount required to satisfy the hardship, including any amounts necessary to pay any federal, state, or local income taxes or penalties.

Forfeitures – Forfeitures are the nonvested portion of a participant's account that are lost upon termination of employment. Forfeitures are retained in the Plan, and will be used to pay the Plan's administrative expenses or used to reduce future Company contributions. As of December 31, 2025 and 2024, forfeited nonvested accounts totaled \$148,422 and \$196,241, respectively. For the years ended December 31, 2025 and 2024, Company matching contributions were reduced by \$607,853 and \$1,661,518, respectively, from forfeited nonvested accounts and \$243,837 and \$170,681, respectively, was used for payment of administrative expenses.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation – A portion of the investments are held in the MidAmerican Energy Company Master Retirement Trust (MEC MRT). All the investments are reported at fair value. Bank of America, the trustee of the Plan, has certified the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation or depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Contributions – Contributions from participants and corresponding matching contributions are recorded in the year in which the related participant compensation is paid.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Document.

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events – The Plan has evaluated subsequent events through July 30, 2026, which is the date the financial statements were available to be issued.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Note 3 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, a qualified institution:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.
- Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2025.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

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

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Collective Trust Funds – Valued at the net asset value (NAV) of units of a collective trust. The NAV as provided by the trustee is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

Mutual funds – Certain mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These mutual funds are categorized as Level 1.

Interest Bearing Cash – Valued based on cost, which approximates fair value in a noninflationary economy and is protected by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at December 31, 2025 and 2024.

Self-Directed Brokerage Funds – Self-directed brokerage funds contain investments in cash equivalents, U.S. Treasury securities, U.S. corporate and agency fixed income securities, common and preferred stocks, and mutual funds, and are valued as follows:

Cash equivalents – Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

U.S. Treasury securities – Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. corporate and agency fixed income securities – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments and includes adjustments for certain risks, such as credit and liquidity risks or a broker quote, if available.

Common and preferred stocks – Valued at the closing price reported on the active market on which the individual securities are traded or using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds – Certain mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

The following tables disclose the fair value hierarchy of the investments held directly by the Plan by level as of December 31:

Fair Value Measurement at December 31, 2025				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 109,412,099	\$ -	\$ -	\$ 109,412,099
Interest bearing cash	413,349	-	-	413,349
Self-directed brokerage funds	533,977,980	18,833,992	-	552,811,972
Total investments at fair value	<u>\$ 643,803,428</u>	<u>\$ 18,833,992</u>	<u>\$ -</u>	<u>662,637,420</u>
Funds valued at net asset value				<u>1,428,752,394</u>
Total				<u>\$ 2,091,389,814</u>

Fair Value Measurement at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 102,757,163	\$ -	\$ -	\$ 102,757,163
Interest bearing cash	51,857,024	-	-	51,857,024
Self-directed brokerage funds	448,910,926	16,010,961	-	464,921,887
Total investments at fair value	<u>\$ 603,525,113</u>	<u>\$ 16,010,961</u>	<u>\$ -</u>	<u>619,536,074</u>
Funds valued at net asset value				<u>1,213,335,837</u>
Total				<u>\$ 1,832,871,911</u>

Fair Value of Investments that Calculate Net Asset Value

The following table provides additional information for investments in certain entities that calculate net asset value per share (or its equivalent):

Investment Type	Fair Value		Redemption Frequency	Redemption Notice Period
	2025	2024		
Collective Trust Funds				
Domestic Stock Funds (a)	\$ 1,045,878,524	\$ 851,633,018	None	None
International Stock Funds (b)	176,622,063	137,467,864	None	None
Fixed Income Funds (c)	23,389,347	39,206,212	None	None
Stable Value Fund (d)	182,862,460	185,028,743	None	None
	<u>\$ 1,428,752,394</u>	<u>\$ 1,213,335,837</u>		

The fair value of the investments has been estimated using the NAV of the investment. The investments did not have any unfunded commitments at December 31, 2025 and 2024:

- (a) This category includes equity index funds that invest in U.S. common stock. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market, such as the State Street S&P 500 Index, regardless of market conditions.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

- (b) This category includes equity index funds that invest in common stock of foreign companies. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market regardless of market conditions.
- (c) This category includes fixed income index funds that invest in a diversified portfolio of high-quality fixed income assets and bonds. The funds pursue strategies that seek to replicate the movements of an index of a specific financial market regardless of market conditions.
- (d) The stable value fund (the Fund) seeks to invest in a diversified portfolio of high-quality fixed income assets and seek to provide a stable rate of return with preservation of principal and liquidity as its primary objectives. The Fund is a collective trust fund managed by Goldman Sachs Asset Management. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant NAV of \$1 per unit. Distribution to the Fund's unit holders is declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable NAV of \$1 per unit, although there is no guarantee that the Fund will be able to maintain this value.

Note 5 – Interest in MEC MRT

Certain plan investments are held in the MEC MRT, which was established for the investment of assets of the Plan and other plans of the Berkshire Hathaway Energy Company affiliates. The value of the Plan's interest in the MEC MRT is based on the Plan's interest in the investment accounts. The assets of the MEC MRT are held by and certified by The Northern Trust Company.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

The following tables present the net assets of the MEC MRT and the Plan's interest in the MEC MRT balances as of:

		December 31, 2025	
		Master Trust Balances	Plan's Interest in Master Trust Balances
ASSETS			
Investments – at fair value			
Mutual funds	\$ 151,965,492	\$ 101,652,878	
Collective trust funds	84,363,347	56,432,397	
Total investments	236,328,839	158,085,275	
RECEIVABLES			
Interest and dividends receivable	32,799	21,940	
Total assets	236,361,638	158,107,215	
LIABILITIES			
Other payables	98,055	65,591	
Net assets	\$ 236,263,583	\$ 158,041,624	

		December 31, 2024	
		Master Trust Balances	Plan's Interest in Master Trust Balances
ASSETS			
Investments – at fair value			
Mutual funds	\$ 109,355,145	\$ 73,152,388	
Collective trust funds	82,838,732	55,414,412	
Total investments	192,193,877	128,566,800	
RECEIVABLES			
Interest and dividends receivable	38,800	25,955	
Total assets	192,232,677	128,592,755	
LIABILITIES			
Other payables	91,350	61,108	
Net assets	\$ 192,141,327	\$ 128,531,647	

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

The following are the net appreciation in the fair value of investments and investment income for the MEC MRT for the years ended December 31:

	Years Ended December 31,	
	2025	2024
Net appreciation in fair value of investments	\$ 14,805,742	\$ 7,919,025
Interest and dividend income	7,475,268	5,048,678
Total investment income	22,281,010	12,967,703
Less investment expenses	(212,630)	(230,147)
Net investment income	<u>\$ 22,068,380</u>	<u>\$ 12,737,556</u>

The following tables present the MEC MRT's investments measured at fair value on a recurring basis. The investment categories and fair value amounts were derived from information certified by the Plan Trustee as discussed in Note 3.

Description	Input Levels for Fair Value Measurements as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 151,965,492	\$ -	\$ -	\$ 151,965,492
Total assets in the fair value hierarchy	<u>\$ 151,965,492</u>	<u>\$ -</u>	<u>\$ -</u>	151,965,492
Investments measured at net asset value practical expedient				84,363,347
Investments at fair value				<u>\$ 236,328,839</u>

Description	Input Levels for Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 109,355,145	\$ -	\$ -	\$ 109,355,145
Total assets in the fair value hierarchy	<u>\$ 109,355,145</u>	<u>\$ -</u>	<u>\$ -</u>	109,355,145
Investments measured at net asset value practical expedient				82,838,732
Investments at fair value				<u>\$ 192,193,877</u>

The following table provides additional information for investments measured at net asset value.

Name	Fair Value 12/31/2025	Fair Value 12/31/2024	Redemption Frequency	Redemption Notice Period
Collective trust funds	<u>\$ 84,363,347</u>	<u>\$ 82,838,732</u>	None	None

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Note 6 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated May 13, 2013, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. The Plan is a defined contribution plan originally effective August 1, 1976. The Plan has been amended and restated throughout the years to comply with tax legislation, and most recently restated effective January 1, 2025. The Plan is subject to ERISA.

In accordance with guidance on accounting for uncertainty in income taxes, Plan management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the statements of net assets available for benefits.

Note 8 – Party-in-Interest Transactions

The self-directed brokerage accounts are managed by Bank of America. Bank of America is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

For the years ending December 2025 and 2024, certain employees transferred employment between the Company and affiliate companies. As a result of those employment transfers, \$202,063 and \$5,804,311 of net assets, respectively, were transferred from affiliate plans to the Plan and \$1,857,438 and \$462,432 of net assets, respectively, were transferred from the Plan to affiliate plans.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

MidAmerican Energy Company Retirement Savings Plan

Notes to Financial Statements

Note 10 – Reconciliation to Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Supplemental Schedule

MidAmerican Energy Company Retirement Savings Plan
Employer Identification Number: 42-1425214, Plan Number 002
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual fund			
	Dodge & Cox Stock Fund	Mutual fund	**	\$ 109,412,099
	Collective Trust Fund			
	State Street S&P 500 Index CI K	Collective Trust Fund	**	317,607,198
	State Street International Index Fund	Collective Trust Fund	**	122,840,876
	Northern Trust Collective Ext Equity Market Index Fund	Collective Trust Fund	**	93,730,855
	State Street Large Growth Index	Collective Trust Fund	**	100,235,151
	JPMCB Large Cap Growth Fund	Collective Trust Fund	**	96,208,430
	State Street Russell Sm Cp S	Collective Trust Fund	**	68,243,875
	Schroder International Equity Trust	Collective Trust Fund	**	53,781,187
	State Street Large Value Index	Collective Trust Fund	**	43,474,522
	State Street US Bond Index	Collective Trust Fund	**	23,389,347
	Vanguard Target Income- Growth	Collective Trust Fund	**	364,612
	Vanguard Target Sel Inc	Collective Trust Fund	**	4,735,799
	Vanguard 2025	Collective Trust Fund	**	19,880,542
	Vanguard 2030	Collective Trust Fund	**	41,975,260
	Vanguard 2035	Collective Trust Fund	**	39,895,707
	Vanguard 2040	Collective Trust Fund	**	39,492,351
	Vanguard 2045	Collective Trust Fund	**	46,456,558
	Vanguard 2050	Collective Trust Fund	**	43,875,010
	Vanguard 2055	Collective Trust Fund	**	36,945,886
	Vanguard 2060	Collective Trust Fund	**	32,297,064
	Vanguard 2065	Collective Trust Fund	**	16,243,855
	Vanguard 2070	Collective Trust Fund	**	377,529
	Columbia Trust SML Cap Gr Fndrs	Collective Trust Fund	**	953,812
	T Rowe Price US Small Cap Value Equity D	Collective Trust Fund	**	2,884,508
				1,245,889,934
	Stable Value Fund Collective Trusts***			
	Goldman Sachs Term Fund 2026	103-12 Investment entities	**	12,983,235
	Goldman Sachs Term Fund 2027	103-12 Investment entities	**	15,909,034
	Goldman Sachs Term Fund 2028	103-12 Investment entities	**	15,909,034
	Goldman Sachs Term Fund 2029	103-12 Investment entities	**	14,446,134
	Goldman Sachs Term Fund 2030	103-12 Investment entities	**	4,022,974
	PGIM Core Conservative Int. Bond Fund	Collective Trust Fund	**	32,183,793
	LOOMIS SAYLES INTRMDATE GOVT CR FD	Collective Trust Fund	**	38,218,254
	Intermediate Core Fund	Collective Trust Fund	**	46,447,065
	BlackRock Liquidity Fed Funds Portfolio	Registered Investment Company	**	2,742,937
				182,862,460
	BLF Fed Fund	Cash and cash equivalents	**	413,349
	Self-directed brokerage funds	Self-directed brokerage funds	**	552,811,972
*	Participant loans	Interest rates range from 4.25% to 10.50% maturing through September 2035		26,358,824
				\$ 2,117,748,638

* Indicates party-in-interest.

** Cost omitted for participant-directed accounts

*** These investments are included under collective trust on the Statements of Net assets. This collective trust does not file as a direct filing entity and therefore the underlying investments are reported on the Form 5500.

MidAmerican Energy Company Retirement Savings Plan
Employer Identification Number: 42-1425214, Plan Number 002
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

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	BLF Fed Fund	Cash and cash equivalents	**	413,349
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*	Participant loans	Interest rates range from 4.25% to 10.50% maturing through September 2035		26,358,824
				\$ 2,117,748,638

* Indicates party-in-interest.

** Cost omitted for participant-directed accounts

*** These investments are included under collective trust on the Statements of Net assets. This collective trust does not file as a direct filing entity and therefore the underlying investments are reported on the Form 5500.

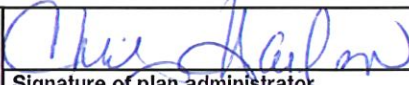
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2025</u> and ending <u>12/31/2025</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 MIDAMERICAN ENERGY COMPANY RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>08/01/1976</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) MIDAMERICAN ENERGY COMPANY P.O. BOX 657 DES MOINES IA 50306-0657	2b Employer Identification Number (EIN) <u>42-1425214</u> 2c Plan Sponsor's telephone number <u>515-242-4300</u> 2d Business code (see instructions) <u>221100</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>7/29/2026</u>	CHRIS HARLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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	8047
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	6a(1)	7624
a (2) Total number of active participants at the end of the plan year	6a(2)	7673
b Retired or separated participants receiving benefits	6b	274
c Other retired or separated participants entitled to future benefits	6c	960
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	8907
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	62
f Total. Add lines 6d and 6e	6f	8969
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	8047
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	8146
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	135
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

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 _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)