

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1954
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) SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN P.O. BOX 231219 SAN DIEGO, CA 92194-0903
2b	Employer Identification Number (EIN) 95-6035916
2c	Plan Sponsor's telephone number 858-569-6322
2d	Business code (see instructions) 238210

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.	07/14/2025	JEREMY ABRAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	ANDREW BERG
	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 3539
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) 3539 6a(2) 4471 6b 291 6c 6d 4762 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 203

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

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

4A 4B 4D 4E 4Q

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 11
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916	

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

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	0000	104694	255	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1108169
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916	

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

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	0000	106987	353	07/01/2023	06/01/2024

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1299912
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

(a) Name of insurance carrier
DELTA DENTAL PLAN OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312		01978	8233	01/01/2023	12/31/2023

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		2687327
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	2687327
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		278252
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	278252
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

1 Coverage Information:

(a) Name of insurance carrier
HEALTH AND HUMAN RESOURCE CENTER, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-0052273	60054	65069	3212		12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	122893
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A

(Form 5500)

Department of the Treasury

Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan

SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN

B Three-digit plan number (PN)

501

C Plan sponsor's name as shown on line 2a of Form 5500

SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN

D Employer Identification Number (EIN)

95-6035916

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821		00106078	2940	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		649476
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	649476
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		80579
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	80579
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	730055
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312		06900	298	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	147720
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312		75524	69	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	24714
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916	

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

(a) Name of insurance carrier
NAVITUS HEALTH SOLUTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-3608530		N/A	8148	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....	9a(4)		
b Benefit charges (1) Claims paid.....	9b(1)	4592145	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....	9b(3)		4592145
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	218256	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		218256
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves.....	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

(a) Name of insurance carrier
UNITED BEHAVIORAL HEALTH DBA OPTUM

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2649097	79413	15300	2643	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		139476
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	139476
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

(a) Name of insurance carrier
METLIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	5347618	3478	04/01/2023	03/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	187328
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS AND BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	276191	2671	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)	24448545	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	24448545
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	794449	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	794449
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916

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).....

No

Yes

☒
- 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	
FORT WASHINGTON	303 BROADWAY, SUITE 1200 CINCINNATI, OH 45202
31-1301863	

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

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

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

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

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

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

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

SAN DIEGO ELECTRICAL ADMINISTRATION

72-1571046

(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	PLAN ADMINISTRATOR	1698760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS LIFE AND HEALTH C

3075 VANDERCAR WAY
CINCINNATI, OH 45209

95-4331852

(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?
12 13 15 49 62	BROKER	792632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAQUER, URBAN, CLIFFORD, & HODGE LLP

95-4047729

(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	ATTORNEY	191347	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)

HORIZON ACTUARIAL SERVICES

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?
11	ACTUARY	146301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE (FKA TC 3 HEALTH)

74-3031728

(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?
	SERVICE PROVIDER	90167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOUNDATION FOR MEDICAL CARE

95-2097207

(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?
49	SERVICE PROVIDER	75860	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)

PKF SAN DIEGO

2020 CAMINO DEL RIO N. STE. 1000
SAN DIEGO, CA 92108

81-3391684

(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	AUDITOR	43400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWTOWER MANAGEMENT, LLC

26-3796332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	42456	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

OPTUM NURSELINE SERVICES

41-1289245

(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?
12	INSURANCE PROVIDER	31295	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)

CRYSTAL CLEAR RX

27-3009945

(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?
12	INSURANCE PROVIDER	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEERWALK

430 BEDFORD ST STE 175
LEXINGTON, MA 02420

26-4710932

(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?
49	SERVICE PROVIDER	27312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DE FRANCE PRINTING

95-1973813

(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?
36	PRINTING	16138	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)

PMG ADVISORS, LLC

201 KING OF PRUSSIA RD
RADNOR, PA 19087

23-2837989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	13964	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ANY BUDGET PRINTING & MAILING

90-0050477

(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?
36	PRINTING	12972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEB-SITE HOSTING FEES

94-3378692

(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?
49	SERVICE PROVIDER	12000	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)

INVESTMENT MPERFORMANCE SERVICES

570 EAST YORK STREET
SAVANNAH, GA 31401

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	5000	Yes ☒ No ☐	Yes ☐ No ☐	0	Yes ☒ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	5000	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN	D Employer Identification Number (EIN) 95-6035916	

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: BGO DIVERSIFIED - CLASS B			
b Name of sponsor of entity listed in (a): NEW TOWER MANAGEMENT, LLC			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4824178	
a Name of MTIA, CCT, PSA, or 103-12 IE: FORT WASHINGTON HIGH YIELD			
b Name of sponsor of entity listed in (a): US BANK			
c EIN-PN 31-0841368-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7312983	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLAN		
		D Employer Identification Number (EIN) 95-6035916

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	1035092	304492
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3831145	3305728
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3566227	3634338
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1083976	4197388
(2) U.S. Government securities	1c(2)	2862579	829479
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3534729	2743677
(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)		
(9) Value of interest in common/collective trusts	1c(9)	14433850	12137161
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2160	2425
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30349758	27154688
Liabilities			
g Benefit claims payable	1g	28131992	31628459
h Operating payables	1h	155443	161393
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	28287435	31789852
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2062323	-4635164

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)	42139632	
(B) Participants	2a(1)(B)	1519000	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		43658632
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	534973	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	97184	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		632157
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18044665	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17994474	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		50191
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	434112	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-261129
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3761
d Total income. Add all income amounts in column (b) and enter total	2d		44517724

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28152075	
(2) To insurance carriers for the provision of benefits.....	2e(2)	18686200	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		46838275
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)	1618621	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	246378	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2511937	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4376936
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51215211

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6697487
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PKF SAN DIEGO**

(2) EIN: **81-3391684**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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



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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the
San Diego Electrical Health and Welfare Trust
San Diego, California

Opinion

We have audited the accompanying financial statements of San Diego Electrical Health and Welfare Trust (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of San Diego Electrical Health and Welfare Trust as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in plan benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of San Diego Electrical Health and Welfare Trust'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 San Diego Electrical Health and Welfare Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments as of September 30, 2024, and transactions or series of transactions in excess of 5% of the current value of assets for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

San Diego, California
July 2, 2025

PKF San Diego, LLP
PKF San Diego, LLP

San Diego Electrical Health and Welfare Trust
 EIN#95-6035916
 FYE 9/30/2024
 PLAN# 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Various	Bank Cash & Money Market	\$ 4,831,139	\$ 4,831,139
	US Bank	US Treasury and short-term obligations	3,251,027	3,299,492
	US Bank	U.S Government Securities	135,664	135,944
	US Bank	Corporate Debt Instruments	2,716,935	2,743,677
	US Bank	Foreign Debt Instruments	689,555	693,535
	US Bank	Collective Investment Fund	4,602,230	7,312,981
	New Tower Management LLC	Multi-Employer Property Trust	3,425,829	4,824,178
	AFL-CIO Housing Investment Trust	Mutual Fund	2,710	2,425
	TOTAL CASH AND INVESTMENTS		<u>\$ 19,655,089</u>	<u>\$ 23,843,371</u>

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 19,012,232	\$ 21,207,711
Employers' contributions receivable	3,305,728	3,831,145
Interest receivable	-	53,521
Cash and cash equivalents (including money market funds of \$313,339 and \$258,395 at September 30, 2024 and 2023, respectively)	4,831,139	5,251,792
Other assets	<u>5,589</u>	<u>5,589</u>
Total assets	<u>27,154,688</u>	<u>30,349,758</u>
LIABILITIES		
Accounts payable	<u>161,393</u>	<u>155,443</u>
Total liabilities	<u>161,393</u>	<u>155,443</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 26,993,295</u>	<u>\$ 30,194,315</u>

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 223,174	\$ -
Interest	<u>632,157</u>	<u>898,706</u>
	855,331	898,706
Less investment expenses	<u>95,077</u>	<u>118,292</u>
Net investment income	760,254	780,414
Contributions:		
Employers' contributions	42,139,632	39,370,210
Participants' contributions	<u>1,519,000</u>	<u>1,584,333</u>
Total contributions	43,658,632	40,954,543
Other income	<u>3,761</u>	<u>14,065</u>
Total additions	<u>44,422,647</u>	<u>41,749,022</u>
DEDUCTIONS		
Net depreciation in fair value of investments	-	638,711
Payments for active and retired participants' benefits and premiums	43,341,808	39,617,601
Administrative office expenses	1,618,621	1,422,901
Other operating expenses	<u>2,663,238</u>	<u>2,516,659</u>
Total deductions	<u>47,623,667</u>	<u>44,195,872</u>
Net decrease	(3,201,020)	(2,446,850)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>30,194,315</u>	<u>32,641,165</u>
End of year	<u>\$ 26,993,295</u>	<u>\$ 30,194,315</u>

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Health claims and premiums payable	<u>\$ 1,476,459</u>	<u>\$ 767,992</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Health claims incurred but not reported	4,590,000	4,402,000
Future benefits based on participants' accumulated eligibility	<u>25,562,000</u>	<u>22,962,000</u>
	<u>30,152,000</u>	<u>27,364,000</u>
Total obligations other than postretirement benefit obligations	<u>31,628,459</u>	<u>28,131,992</u>
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants, net of contributions	7,628,855	7,215,391
Other participants fully eligible for benefits	8,847,396	6,203,421
Participants not yet fully eligible for benefits	<u>16,527,356</u>	<u>13,713,632</u>
	<u>33,003,607</u>	<u>27,132,444</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 64,632,066</u></u>	<u><u>\$ 55,264,436</u></u>

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
For the Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 767,992	\$ 913,688
Claims reported and approved for payment	44,050,275	39,471,905
Claims paid	<u>(43,341,808)</u>	<u>(39,617,601)</u>
Balance at end of year	<u>1,476,459</u>	<u>767,992</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	27,364,000	27,131,000
Net change during year:		
Health claims incurred but not reported	188,000	(821,000)
Future benefits based on participants' accumulated eligibility	<u>2,600,000</u>	<u>1,054,000</u>
Balance at end of year	<u>30,152,000</u>	<u>27,364,000</u>
Postretirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year	27,132,444	28,871,448
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned and interest on the net benefit obligation	1,278,448	1,356,811
Change in retired participant contribution rates	(120,515)	(1,700,182)
Changes in actuarial assumptions	<u>4,713,230</u>	<u>(1,395,633)</u>
Balance at end of year	<u>33,003,607</u>	<u>27,132,444</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 64,632,066</u></u>	<u><u>\$ 55,264,436</u></u>

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE TRUST

The following description of the San Diego Electrical Health and Welfare Trust (the "Trust") is provided for general information purposes only. Participants should refer to the Trust Agreement and Plan Document for more complete information.

General

The Trust is formed under collective bargaining agreements between the International Brotherhood of Electrical Workers Local Union 569, AFL-CIO (the "Union") and the San Diego County Chapter of the National Electrical Contractors Association (the "Employer Association"). These agreements established a Health and Welfare Plan (the "Plan") under which employers of Union members ("Employers") contribute specified amounts to the Trust on behalf of eligible employees. In addition, certain other employers have entered into agreements with the Union whereby their employees may also participate in the Plan. The Plan was restated effective October 1, 2020.

The Declaration of Trust and the Plan Document are subject to the provisions of the Labor-Management Relations Act of 1947 ("Taft-Hartley") and the Employee Retirement Income Security Act of 1974 ("ERISA"). Under the provisions of the Declaration of Trust, five trustees are to be appointed by the Union and five appointed by the Employer Association (collectively, the "Trustees").

The Pension Trust, the Health and Welfare Trust, and NECA/IBEW Drug-Free Workforce Program Trust are administered together by the San Diego Electrical Industry Administrative Corporation ("Trust Administrator" or "Administrative Corporation"). Overhead costs which are common to all trusts are allocated to each individual trust based on the presumed utilization of funds, space allocation percentage (for rent and utilities) and certain percentages as determined by the Administrative Corporation.

NOTE 2 - DESCRIPTION OF THE PLAN

Benefits

The Plan provides medical, dental, life, vision and other benefits to eligible participants.

No long term funding is provided for retiree coverage, as such, it is furnished on a month to month basis. Benefits may be modified or completely terminated at any time by the Board of Trustees.

Contributions

The collective bargaining agreements provide that the Employers make monthly contributions to the Trust of a specified amount for each hour worked to provide benefits for employees. The Employers' contribution rates are determined annually by the parties to the collective bargaining agreements. In accordance with the Rules of Eligibility, as defined, an employee may contribute specified amounts to maintain monthly coverage where the number of hours remaining in the employee's reserve account is less than the number required to continue eligibility.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 2 - DESCRIPTION OF THE PLAN (Continued)

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets.

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash and Cash Equivalents

For financial statement purposes, money market accounts are considered to be cash equivalents. The Trust maintains cash balances at various financial institutions. Accounts at these institutions are secured by the Federal Deposit Insurance Corporation up to legal limits. At times, balances may exceed federally insured limits. The Trust has not experienced any losses in such accounts. The Trust Administrator believes that the Trust is not exposed to any significant credit risk with respect to its cash balances.

Employers' Contributions

Employers' contributions are recognized as revenue when reported by employers as earned by employees. Accordingly, Employers' contributions receivable represents amounts to be collected subsequent to the reporting period but applicable to hours worked during and prior to the reporting period.

Income Taxes

The Trust qualifies under Section 501 of the Internal Revenue Code and is therefore exempt from Federal income taxes. The Trust is also exempt from California income taxes.

Estimated Health Claims Incurred But Not Reported

The estimated liability for health claims incurred but not reported is based on an estimate of the average monthly claims extended by the average time required for claims to be reported and paid.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimated Future Benefits Based on Participants' Accumulated Eligibility

The Trust is required to provide benefits to certain active participants, if such participants have accumulated credit amounts (expressed as reserve hours) in excess of the hours required for current coverage. Under the Plan, up to 1,000 hours may be accumulated for future coverage. The estimated liability is based on an estimate of the average cost of benefits provided extended by reserve hours accumulated. The effect of a one percentage point increase in assumed health care cost trend rate would increase the net postretirement benefit obligation as of September 30, 2024 and 2023 by approximately \$5,061,000 and \$3,820,000, respectively.

Allowance for Extraordinary Claims

The estimated liability for extraordinary claims is based on an estimate of the number and amount of claims reported during the year in excess of normal participant claims. To the extent that an individual participant claim exceeds \$400,000 within the annual policy period, which extends from October 1 through September 30, the Trust is reinsured for the excess.

Trust liabilities for extended eligibility of participants, allowance for extraordinary claims, and health claims incurred but not reported are estimated by the Trust's consultant, Horizon Actuarial Services, LLC, based on historical experience.

Postretirement Benefits

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 6 percent (post-age 65) and 8 percent (pre-age 65) annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024; the rate was assumed to decrease by 0.5 percent each year until 2029, then remain at 5 percent thereafter.

For the 2024 valuation, the weighted average discount rate was changed from 5.75% per annum to 4.75% per annum; compounded annually. For the 2023 valuation, the weighted average discount rate was changed from 5.25% per annum to 5.75% per annum; compounded annually.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Postretirement Benefits (Continued)

For the 2024 and 2023 valuations, the retiree contributions in any given year were assumed to be 50% of trended medical benefit costs for the year. The reason behind this actuarial assumption is that while the Trustee's policy states the cost of health and welfare benefits for retired participants will be borne by the active and retired participant's contributions, in actuality, an accumulated postretirement benefit obligation exists due to: (1) the benefit obligation reflecting the future postretirement benefits for current active employees, while those employees' current contributions are being used to fund current retirees' benefits; and (2) retiree contributions are calculated and set each year to cover 50% of expected costs, with the remaining 50% of benefit costs making up the benefit obligation as of September 30, 2024 and 2023.

The following were other significant assumptions used in the valuations as of September 30, 2024 and 2023:

Weighted-average discount rate	4.75% per annum (2024); 5.75% per annum (2023); compounded annually
Mortality	RP 2000 Blue Collar Table separate male and female rates
Retirement Age	65 years
Actuarial Cost Method	Projected Unit Credit Cost
Assumed Participation Rate	33%

For measurement purposes, a 6% (post-age 65) and 8% (pre-age 65) annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023 for pre-age 65 benefits and post-age 65 benefits, respectively; the pre-age 65 rate is assumed to decrease by 0.5% percent each year until 2029, then remains at 5% thereafter, while the post-age 65 rate decreases to 5% in 2025 and remains as such thereafter.

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

Stop-Loss Recoveries

The Plan nets stop-loss recoveries against benefit payments on the statements of changes in net assets available for benefits and received \$328,246 and \$488,809 for the years ended September 30, 2024 and 2023, respectively.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The assets in the Plan are recorded at fair value in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") FASB ASC 820 *Fair Value Measurements and Disclosure* ("FASB ASC 820"). FASB ASC 820 discusses acceptable valuation techniques and inputs to these techniques. These inputs are assumptions market participants use in pricing investments. FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs, which are summarized as follows:

Level 1 – Quoted prices in active markets, e.g. NYSE, NASDAQ, etc. for assets identical to the securities to be valued. If a Level 1 input is available, it must be used.

Level 2 – Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.

Level 3 – Unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs, there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

- *US Treasury and short-term obligations*: valued based on quoted prices in active markets for identical securities.
- *Bonds and notes*:
 - Level 1 - valued based on quoted prices in active markets for identical securities.
 - Level 2 - valued using pricing models maximizing the use of observable inputs for similar securities.
- *Government obligations*: valued based on matrices of trades in similar securities of third-party pricing vendors and quoted market prices for similar assets, as applicable.
- *Mutual funds*: valued based on quoted prices in active markets for identical securities.
- *Collective trust fund*: valued based on yields currently available on comparable securities of issuers with similar credit ratings.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend income is recorded on the accrual basis. The net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments, is presented in the statements of changes in net assets available for benefits.

Concentration of Credit Risk

The Trust invests its assets in a trust fund and corporate, foreign, and government debt securities. The Trust has established guidelines relative to diversification and maturities that maximize safety and liquidity. These guidelines are periodically reviewed and modified to take advantage of trends in yields and interest rates.

Plan Termination

In the event the Plan terminates, the net assets of the Trust will be allocated as prescribed by ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims payable, health claims incurred but not reported, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 4 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 4 - RISKS AND UNCERTAINTIES (Continued)

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

NOTE 5 - INVESTMENTS

The following table summarizes the investments by classification and method of valuation in accordance with the requirements of FASB ASC 820.

Description	September 30, 2024	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
US Treasury and short-term obligations	\$ 3,299,490	\$ -	\$ 3,299,490	\$ -
Bonds and notes	2,743,677	-	2,743,677	-
Government obligations	829,479	-	829,479	-
Mutual funds	2,425	2,425	-	-
Collective trust fund	7,312,983	-	7,312,983	-
Total assets at fair value	14,188,054	\$ 2,425	\$ 14,185,629	\$ -
Investments at net asset value (a)	4,824,178			
Total investments	<u>\$ 19,012,232</u>			

Description	September 30, 2023	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
US Treasury and short-term obligations	\$ 374,393	\$ -	\$ 374,393	\$ -
Bonds and notes	2,862,579	-	2,862,579	-
Government obligations	3,534,729	-	3,534,729	-
Mutual funds	2,160	2,160	-	-
Collective trust fund	8,892,478	-	8,892,478	-
Total	15,666,339	\$ 2,160	\$ 15,664,179	\$ -
Investments at net asset value (a)	5,541,372			
Total investments	<u>\$ 21,207,711</u>			

(a) In accordance with Accounting Standards Update 2015-07 – *Fair Value Measurement* (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent), certain investments that are measured at fair value using the net asset value per share have not been classified in the fair value hierarchy.

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 5 - INVESTMENTS (Continued)

The investment strategies, unfunded commitments, and significant terms of redemption for the investments valued at net asset value are as follows as of September 30, 2024:

	<u>Fair value</u>	<u>Unfunded commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice</u>
BGO Diversified US Property Fund, LP	\$ 4,824,178	None	Quarterly	45 Days

Realized and unrealized appreciation or depreciation in the fair value of investments is reported as net appreciation (depreciation) of investments. Form 5500 reporting, realized and unrealized gains and losses are computed based on investments' market values as of the beginning of the year.

NOTE 6 - RELATED PARTY TRANSACTIONS

The Trust shares common expenses with San Diego Electrical Pension Trust (the "Pension Trust"). The Pension Trust and the Trust are administered together by the Trust Administrator. Common overhead costs are allocated based on the presumed utilization of funds, space allocation percentage (for rent and utilities) and certain percentages as determined by the Trust Administrator. Additionally, the Trust entered into an agreement whereby the Trust Administrator would provide all administrative functions to the Trust and the Trust would reimburse the Trust Administrator for these costs on a monthly basis. These amounts include office rent, personnel salaries and other administrative and overhead costs. Amounts paid to the Trust Administrator for the years ended September 30, 2024 and 2023 amounted to \$1,618,621 and \$1,422,901, respectively, and is presented as administrative office expenses.

NOTE 7 - TAX STATUS

The Trust is intended to qualify pursuant to Section 501(c)9 of the Internal Revenue Code ("IRC"), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter dated July 14, 2011 from the Internal Revenue Service. The Trust has been amended since receiving the determination letter. However, the Trust Administrator and the Trust's tax counsel believe that the Trust continues to qualify and to operate in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Trust Administrator has analyzed the tax positions taken by the Trust, and has concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 7 – TAX STATUS (Continued)

of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Trust Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 8 - BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at September 30, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is derived from a portion of incoming employer contributions and scheduled monthly deductions from retiree benefit payments. The sufficiency of both Employer contributions and scheduled monthly deductions is monitored by the Board of Trustees.

NOTE 9 - AMENDMENTS

On November 17, 2022, the Board of Trustees adopted the twenty-eighth amendment to the restated plan (effective October 1, 2019), which revised language related to COVID-19 Plan Changes.

On November 17, 2022, the Board of Trustees adopted the twenty-ninth amendment to the restated plan (effective October 1, 2019), which amended language under Section B of Coordination of Benefits under General Provisions.

On May 18, 2023, the Board of Trustees adopted the thirtieth amendment to the restated plan (effective October 1, 2019), which revised the frequency of routine physical examinations under Section VII.

On October 1, 2023, the Board of Trustees adopted the thirty-first amendment, which modified provisions of the COVID-19 Benefits Plan Changes section to its previous version before the national public health emergency was declared and Amendments No. 19 and 28 were adopted.

On October 1, 2023, the Board of Trustees adopted the thirty-second amendment, which modified provisions of Section III. Eligibility for Non-Bargaining Employees under Plan A and Plan B, Article V. Termination, to state if an individual non-bargaining employee's employment with a contributing employer terminate for any reason, then coverage for the individual shall be terminated effective as of the first day of the month following the month for which contributions were not paid in full.

On January 25, 2024, the Board of Trustees adopted the thirty-third amendment, which amended and restated Section I. Eligibility for Bargaining Employees under Plan A, Article III. Initial Eligibility in its entirety.

On July 18, 2024, the Board of Trustees adopted the thirty-fourth amendment, which the Plan was amended to address gender affirming care.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 9 - AMENDMENTS (Continued)

On September 19, 2024, the Board of Trustees adopted the thirty-fifth amendment, which the Plan was amended to clarify exclusions related to certain advanced medical treatments, including gene and cellular therapies, and to remove or revise specific limitations within the Eligible Expenses and Exceptions and Limitations sections of the Plan document.

On July 18, 2024, the Board of Trustees adopted the thirty-sixth amendment, which modified all provisions of Item 1 and Item 2 of Amendment No. 34 to the Plan document related to Items 23 and 25 in Section XIV (Exceptions and Limitations), were revoked and are no longer in effect. Provisions outlined in Items 3, 4, and 5 of Amendment No. 34 remain unchanged under Amendment No. 36 to the Plan document.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>September 30, 2024</u>	<u>September 30, 2023</u>
Net assets available for benefits per the financial statements	\$ 26,993,295	\$ 30,194,315
Less: Plan's claims and premiums payable	<u>(31,628,459)</u>	<u>(28,131,992)</u>
Net assets - Form 5500	<u>\$ (4,635,164)</u>	<u>\$ 2,062,323</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500:

	<u>October 1, 2023 to September 30, 2024</u>	<u>October 1, 2022 to September 30, 2023</u>
Benefits paid to or for participants per the financial statements	\$ 43,341,808	\$ 39,617,601
Add: Benefit obligations currently payable at end of year	31,628,459	28,131,992
Less: Benefit obligations currently payable at beginning of year	<u>(28,131,992)</u>	<u>(28,044,688)</u>
Total benefit payments and payments to provide benefits - Form 5500	<u>\$ 46,838,275</u>	<u>\$ 39,704,905</u>

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

Amounts currently payable to or for participants, dependents, and beneficiaries are reported on the Form 5500 for benefit claims that have been processed and are approved for payment prior to September 30, but are not yet paid as of that date.

NOTE 11 - SUBSEQUENT EVENTS

Subsequent to September 30, 2024, the following amendments were executed to the restated plan (effective October 1, 2019):

On March 20, 2025, the Board of Trustees adopted the thirty-seventh amendment, which amended eligibility for benefits to be based only on contributions actually paid to the Fund or Trust, not merely on contributions that were reported but never remitted.

On March 20, 2025, the Board of Trustees adopted the thirty-eighth amendment, which amended the open enrollment period during October of each year for health, dental, and vision plans. Instead, the Plan will move into a rolling open enrollment anytime throughout the year.

On April 21, 2025, the Board of Trustees adopted the thirty-ninth amendment, which amended the Plan A PPO self-insured plan currently utilizing the Anthem Blue Cross Network. This amendment intends to utilize a billing review firm to identify errors, excel charges, or any other matter that may impact claims adjudication.

Trust management has evaluated subsequent events, as defined by FASB ASC 855 *Subsequent Events*, through the date that the financial statements were available to be issued on July 2, 2025.

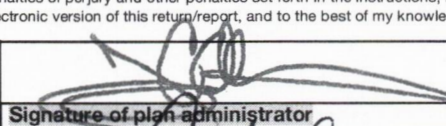
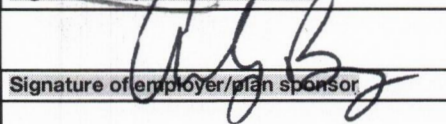
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ► 501
	1c Effective date of plan 10/01/1954
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) SAN DIEGO ELECTRICAL HEALTH AND WELFARE WELFARE PLA P.O. BOX 231219 SAN DIEGO CA 92194-0903	2b Employer Identification Number (EIN) 95-6035916 2c Plan Sponsor's telephone number (858) 569-6322 2d Business code (see instructions) 238210

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		07/14/2025	JEREMY ABRAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/14/2025	ANDREW BERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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Schedule H, line 4j - Schedule of Reportable Transactions
San Diego Electrical Health and Welfare Trust
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					6,900,464.03		
COMPARATIVE VALUE (5%)					345,023.20		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 3132D6FB1 - F H L M C #Sb8262 5.000% 8/01/38							
04/12/2024	S	- 357,128.290	.9892		353,278 *	356,350	- 3,072
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
10/30/2023	B	437,596.460	1.0000		- 437,596 *	437,596	
11/01/2023	B	2,500,000.000	1.0000		- 2,500,000 *	2,500,000	
11/01/2023	S	- 3,000,000.000	1.0000		3,000,000 *	3,000,000	
Issue: 91282CFH9 - U S Treasury Nt 3.125% 8/31/27							
04/01/2024	S	- 550,000.000	.9598		527,907 *	533,431	- 5,525
Issue: 91282CFU0 - U S Treasury Nt 4.125% 10/31/27							
04/01/2024	B	550,000.000	.9963		- 547,960 *	547,960	
Issue: 91282CGL9 - U S Treasury Nt 4.000% 2/15/26							
10/20/2023	B	505,000.000	.9759		- 492,848 *	492,848	
03/28/2024	S	- 1,679,000.000	.9877	1,049	1,657,291 *	1,652,129	5,162
Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26							
03/28/2024	B	1,435,000.000	.9928		- 1,424,596 *	1,424,596	
04/18/2024	S	- 450,000.000	.9832		442,441 *	446,681	- 4,240
Issue: 91282CHK0 - U S Treasury Nt 4.000% 6/30/28							
04/12/2024	B	410,000.000	.9791		- 401,419 *	401,419	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 91282CHN4 - U S Treasury Nt 4.750% 7/31/25							
04/18/2024	B	750,000.000	.9953		- 746,484 *	746,484	
Issue: 9128285J5 - U S Treasury Nt 3.000% 10/31/25							
10/20/2023	S	- 579,000.000	.9574	181	554,144 *	562,381	- 8,238
GRAND TOTAL				1,230	13,085,964	13,101,875	- 15,913

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Abel Noser

Issue: 70450YAG8 - Paypal Holdings Inc 1.650% 6/01/25							
10/06/2023	B	65,000.000	.9350		- 60,775	60,775	
Issue: 94974BGL8 - Wells Fargo Company 4.300% 7/22/27							
10/10/2023	B	80,000.000	.9341		- 74,727	74,727	
Issue: 67021CAK3 - Nstar Electric Co 3.250% 11/15/25							
10/10/2023	B	75,000.000	.9499		- 71,239	71,239	
Issue: 9128285J5 - U S Treasury Nt 3.000% 10/31/25							
10/20/2023	S	- 579,000.000	.9574	181	554,144 *	562,381	- 8,238
Issue: 91282CGL9 - U S Treasury Nt 4.000% 2/15/26							
10/20/2023	B	505,000.000	.9759		- 492,848 *	492,848	
Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26							
03/28/2024	B	1,435,000.000	.9928		- 1,424,596 *	1,424,596	
Issue: 91282CGL9 - U S Treasury Nt 4.000% 2/15/26							
03/28/2024	S	- 1,679,000.000	.9877	1,049	1,657,291 *	1,652,129	5,162
Issue: 91282CFN6 - U S Treasury Nt 4.250% 9/30/24							
03/28/2024	B	181,000.000	.9961		- 180,300	180,300	
Issue: 91282CFU0 - U S Treasury Nt 4.125% 10/31/27							
04/01/2024	B	550,000.000	.9963		- 547,960 *	547,960	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/01/2024	Issue: 91282CFH9 - U S Treasury Nt S	3.125% 8/31/27 - 550,000.000	.9598		527,907 *	533,431	- 5,525
04/04/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 181,000.000	.9997		- 180,938	180,938	
04/04/2024	Issue: 91282CFN6 - U S Treasury Nt S	4.250% 9/30/24 - 181,000.000	.9944	113	179,869	180,300	- 431
04/12/2024	Issue: 91282CHK0 - U S Treasury Nt B	4.000% 6/30/28 410,000.000	.9791		- 401,419 *	401,419	
04/15/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 200,000.000	.9970		- 199,392	199,392	
04/18/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 750,000.000	.9953		- 746,484 *	746,484	
04/22/2024	Issue: 91282CHK0 - U S Treasury Nt S	4.000% 6/30/28 - 205,000.000	.9711	128	198,954	200,709	- 1,755
04/22/2024	Issue: 91282CGP0 - U S Treasury Nt B	4.000% 2/29/28 205,000.000	.9764		- 200,168	200,168	
Total For Abel Noser				1,471	7,699,011	7,709,796	- 10,787

Broker: Bmo Capital Markets Corp/Bonds

05/10/2024	Issue: 91282CGP0 - U S Treasury Nt S	4.000% 2/29/28 - 205,000.000	.9808		201,067	200,168	899
05/14/2024	Issue: 91282CKB6 - U S Treasury Nt B	4.625% 2/28/26 300,000.000	.9952		- 298,548	298,548	
Total For Bmo Capital Markets Corp/Bonds				0	499,615	498,716	899

Broker: BofA Securities, Inc.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/13/2024	Issue: 62912XAF1 - Ngpl Pipeco LLC B	4.875% 8/15/27 80,000.000	.9752		- 78,018	78,018	
05/13/2024	Issue: 694308JF5 - Pacific Gas Elec Co B	2.100% 8/01/27 87,000.000	.9003		- 78,322	78,322	
05/13/2024	Issue: 744448CP4 - Public Service S	3.700% 6/15/28 - 150,000.000	.9469		142,029	143,786	- 1,757
05/13/2024	Issue: 44891ACG0 - Hyundai Cap Amer Mtn B	5.650% 6/26/26 77,000.000	1.0013		- 77,099	77,099	
05/13/2024	Issue: 166764BL3 - Chevron Corp S	2.954% 5/16/26 - 210,000.000	.9604		201,674	201,391	283
07/23/2024	Issue: 756109BF0 - Realty Income Corp B	4.875% 6/01/26 100,000.000	.9956		- 99,562	99,562	
Total For BofA Securities, Inc.				0	676,704	678,178	- 1,474

Broker: Citigroup Global Markets Inc.

10/23/2023	Issue: 912828U24 - U S Treasury Nt S	2.000% 11/15/26 - 30,000.000	.9173		27,518	28,005	- 487
10/30/2023	Issue: 912828U24 - U S Treasury Nt S	2.000% 11/15/26 - 275,000.000	.9194		252,828	256,716	- 3,888
10/30/2023	Issue: 912797GM3 - U S Treasury Bill S	2/08/24 - 185,000.000	.9852		180,444	180,444	
10/31/2023	Issue: 91282CGL9 - U S Treasury Nt B	4.000% 2/15/26 80,000.000	.9797		- 78,378	78,378	
11/22/2023	Issue: 91282CFX4 - U S Treasury Nt S	4.500% 11/30/24 - 60,000.000	.9920		59,517	59,383	134
12/08/2023	Issue: 912797GM3 - U S Treasury Bill S	2/08/24 - 25,000.000	.9910		24,384	24,384	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/22/2023	Issue: 912797GB7 - U S Treasury Bill S	7/11/24 - 50,000.000	.9732		47,564	47,564	
04/18/2024	Issue: 91282CHH7 - U S Treasury Nt S	4.125% 6/15/26 - 450,000.000	.9832		442,441 *	446,681	- 4,240
09/13/2024	Issue: 55609NAC2 - MacQuarie Airfinance B	6.400% 3/26/29 42,000.000	1.0513		- 44,153	44,153	
Total For Citigroup Global Markets Inc.				0	1,157,227	1,165,708	- 8,481
Broker: Goldman Sachs & Co. LLC							
05/10/2024	Issue: 862121AA8 - Store Capital Corp B	4.500% 3/15/28 70,000.000	.9456		- 66,191	66,191	
05/13/2024	Issue: 403949AK6 - HF Sinclair Corp B	6.375% 4/15/27 78,000.000	1.0059		- 78,459	78,459	
05/13/2024	Issue: 06406RBQ9 - Bank New York Mtn B	4.947% 4/26/27 78,000.000	.9938		- 77,516	77,516	
05/13/2024	Issue: 68389XBM6 - Oracle Corp B	2.650% 7/15/26 83,000.000	.9452		- 78,448	78,448	
09/13/2024	Issue: 44107TAW6 - Host Hotels Resorts S	4.500% 2/01/26 - 80,000.000	.9961		79,690	78,383	1,306
09/23/2024	Issue: 830867AB3 - Skymiles Ip Ltd B	4.62126% 10/20/28 17,000.000	.9988		- 16,979	16,979	
09/25/2024	Issue: 830867AB3 - Skymiles Ip Ltd B	4.62126% 10/20/28 17,000.000	.9988		- 16,979	16,979	
Total For Goldman Sachs & Co. LLC				0	414,262	412,955	1,306

Broker: J.P. Morgan Securities LLC

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/08/2023	Issue: 437076CV2 - Home Depot Inc B	4.950% 9/30/26 65,000.000	1.0058		- 65,380	65,380	
02/02/2024	Issue: 70450YAG8 - Paypal Holdings Inc S	1.650% 6/01/25 - 65,000.000	.9573		62,223	60,775	1,448
02/13/2024	Issue: 025816DC0 - American Express Co S	4.900% 2/13/26 - 75,000.000	1.0007		75,053	74,303	749
05/13/2024	Issue: 025816DL0 - American Express Co B	6.338% 10/30/26 117,000.000	1.0117		- 118,365	118,365	
05/13/2024	Issue: 65364UAK2 - Niagara Mohawk Power S	3.508% 10/01/24 - 200,000.000	.9898		197,950	215,280	- 17,330
05/13/2024	Issue: 693475BL8 - Pnc Financial S	4.758% 1/26/27 - 193,000.000	.9891		190,902	190,561	341
Total For J.P. Morgan Securities LLC				0	709,873	724,664	- 14,792

Broker: Marketaxess Corp

05/13/2024	Issue: 286181AH5 - Element Fleet B	6.271% 6/26/26 76,000.000	1.0110		- 76,839	76,839	
05/13/2024	Issue: 30231GBH4 - Exxon Mobil Corp S	2.992% 3/19/25 - 310,000.000	.9804		303,927	302,339	1,588
Total For Marketaxess Corp				0	380,766	379,178	1,588

Broker: Morgan Stanley & Co. LLC

05/13/2024	Issue: 911312BL9 - United Parcel S	2.800% 11/15/24 - 100,000.000	.9868		98,683	98,201	482
05/13/2024	Issue: 637432ND3 - National Rural Util S	2.850% 1/27/25 - 105,000.000	.9813		103,038	102,737	300

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/13/2024	Issue: 44107TAW6 - Host Hotels Resorts B	4.500% 2/01/26 80,000.000	.9798		- 78,383	78,383	
05/13/2024	Issue: 03027XAJ9 - American Tower Corp B	4.400% 2/15/26 79,000.000	.9835		- 77,693	77,693	
07/23/2024	Issue: 91159HHR4 - US Bancorp Mtn B	3.150% 4/27/27 100,000.000	.9579		- 95,788	95,788	
Total For Morgan Stanley & Co. LLC				0	453,585	452,802	782

Broker: Pershing LLC

05/09/2024	Issue: 69349AAA0 - Pnc Capitaal Trust B	6.17769% 6/01/28 60,000.000	.9560		- 57,360	57,360	
05/10/2024	Issue: 86787XAA3 - Suntrust Capital B	6.25399% 5/15/27 70,000.000	.9710		- 67,970	67,970	
05/13/2024	Issue: 25470DAR0 - Discovery B	3.950% 3/20/28 84,000.000	.9390		- 78,874	78,874	
05/13/2024	Issue: 04010LBA0 - Ares Capital Corp B	2.150% 7/15/26 85,000.000	.9250		- 78,622	78,622	
05/13/2024	Issue: 437076CV2 - Home Depot Inc S	4.950% 9/30/26 - 95,000.000	.9998		94,984	95,349	- 365
05/13/2024	Issue: 20030NCS8 - Comcast Corp S	3.950% 10/15/25 - 53,000.000	.9821		52,051	59,621	- 7,570
Total For Pershing LLC				0	429,861	437,796	- 7,935

Broker: Raymond James/Fi

11/22/2023	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 103,316.020	.9856		- 101,831	101,831	
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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/26/2023	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 92,529.490	1.0050		- 92,992	92,992	
01/25/2024	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 182,906.300	1.0009		- 183,078	183,078	
01/29/2024	Issue: 911312AY2 - United Parcel S	2.400% 11/15/26 - 68,000.000	.9474		64,426	68,481	- 4,055
01/29/2024	Issue: 693475BL8 - Pnc Financial B	4.758% 1/26/27 93,000.000	.9937		- 92,418	92,418	
02/13/2024	Issue: 744448CP4 - Public Service B	3.700% 6/15/28 150,000.000	.9586		- 143,786	143,786	
02/26/2024	Issue: 437076CV2 - Home Depot Inc B	4.950% 9/30/26 110,000.000	1.0024		- 110,263	110,263	
03/12/2024	Issue: 10373QBX7 - Bp Cap Mkts Amer Inc B	4.699% 4/10/29 145,000.000	1.0009		- 145,125	145,125	
03/28/2024	Issue: 822582CC4 - Shell International S	2.000% 11/07/24 - 150,000.000	.9800		147,000	153,050	- 6,050
04/12/2024	Issue: 3132D6FB1 - F H L M C #Sb8262 S	5.000% 8/01/38 - 357,128.290	.9892		353,278 *	356,350	- 3,072
04/15/2024	Issue: 023135CE4 - Amazon Com Inc S	3.000% 4/13/25 - 200,000.000	.9772		195,440	198,202	- 2,762
Total For Raymond James/Fi				0	1,629,637	1,645,576	- 15,939

Broker: Wells Fargo Securities, LLC

12/08/2023	Issue: 912797GB7 - U S Treasury Bill S	7/11/24 - 25,000.000	.9707		23,782	23,782	
12/26/2023	Issue: 91282CFX4 - U S Treasury Nt S	4.500% 11/30/24 - 45,000.000	.9966		44,845	44,537	308

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/24/2024	Issue: 91282CFX4 - U S Treasury Nt S	4.500% 11/30/24 - 300,000.000	.9963		298,875	296,916	1,959
01/29/2024	Issue: 91282CFN6 - U S Treasury Nt S	4.250% 9/30/24 - 190,000.000	.9949		189,035	188,726	309
02/01/2024	Issue: 91282CFH9 - U S Treasury Nt B	3.125% 8/31/27 100,000.000	.9688		- 96,875	96,875	
02/02/2024	Issue: 91282CGL9 - U S Treasury Nt B	4.000% 2/15/26 40,000.000	.9952		- 39,808	39,808	
02/12/2024	Issue: 91282CFH9 - U S Treasury Nt S	3.125% 8/31/27 - 85,000.000	.9638		81,922	82,439	- 517
03/12/2024	Issue: 912797GB7 - U S Treasury Bill S	7/11/24 - 75,000.000	.9827		71,346	71,346	
04/02/2024	Issue: 91282CHH7 - U S Treasury Nt B	4.125% 6/15/26 100,000.000	.9908		- 99,082	99,082	
05/13/2024	Issue: 38141GWQ3 - Goldman Sachs Group S	3.272% 9/29/25 - 48,000.000	.9907		47,552	51,307	- 3,755
Total For Wells Fargo Securities, LLC				0	993,122	994,818	- 1,696
GRAND TOTAL				1,471	15,043,663	15,100,187	- 56,529

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 3132D6FB1 - F H L M C #Sb8262 5.000% 8/01/38							
11/22/2023	B	103,316.020	.9856		- 101,831	101,831	
12/26/2023	B	92,529.490	1.0050		- 92,992	92,992	
01/25/2024	B	182,906.300	1.0009		- 183,078	183,078	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Buys				0	377,901	377,901	0
12/26/2023	S	- 1,533.590	1.0000		1,534	1,512	22
01/25/2024	S	- 2,260.310	1.0000		2,260	2,249	12
02/26/2024	S	- 5,358.280	1.0000		5,358	5,347	12
03/25/2024	S	- 6,844.950	1.0000		6,845	6,830	15
04/12/2024	S	- 357,128.290	.9892		353,278 *	356,350	- 3,072
04/25/2024	S	- 5,626.390	1.0000		5,626	5,614	12
Total For Sells				0	374,901	377,902	- 2,999
Total F H L M C #Sb8262 5.000% 8/01/38				0	752,802	755,803	- 2,999

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

10/02/2023	B	14,256.390	1.0000		- 14,256	14,256	
10/03/2023	B	270.810	1.0000		- 271	271	
10/05/2023	B	140,000.000	1.0000		- 140,000	140,000	
10/05/2023	B	2,590.000	1.0000		- 2,590	2,590	
10/13/2023	B	3,000.000	1.0000		- 3,000	3,000	
10/16/2023	B	9,377.010	1.0000		- 9,377	9,377	
10/17/2023	B	68,465.430	1.0000		- 68,465	68,465	
10/20/2023	B	74,217.770	1.0000		- 74,218	74,218	
10/23/2023	B	27,780.470	1.0000		- 27,780	27,780	

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10/24/2023	B	2,514.000	1.0000		- 2,514	2,514	
10/25/2023	B	1,430.320	1.0000		- 1,430	1,430	
10/30/2023	B	437,596.460	1.0000		- 437,596 *	437,596	
10/31/2023	B	9,786.160	1.0000		- 9,786	9,786	
11/01/2023	B	2,500,000.000	1.0000		- 2,500,000 *	2,500,000	
11/02/2023	B	624.480	1.0000		- 624	624	
11/07/2023	B	1,500.000	1.0000		- 1,500	1,500	
11/15/2023	B	48,738.000	1.0000		- 48,738	48,738	
11/16/2023	B	3,101.700	1.0000		- 3,102	3,102	
11/20/2023	B	592.500	1.0000		- 593	593	
11/27/2023	B	1,383.750	1.0000		- 1,384	1,384	
11/30/2023	B	9,450.000	1.0000		- 9,450	9,450	
12/01/2023	B	536.250	1.0000		- 536	536	
12/04/2023	B	415.890	1.0000		- 416	416	
12/15/2023	B	3,081.250	1.0000		- 3,081	3,081	
12/15/2023	B	1,243.640	1.0000		- 1,244	1,244	
12/20/2023	B	82.500	1.0000		- 83	83	
12/21/2023	B	.020	1.0000				
12/22/2023	B	48,657.680	1.0000		- 48,658	48,658	
01/03/2024	B	197.120	1.0000		- 197	197	
01/16/2024	B	63,081.260	1.0000		- 63,081	63,081	
01/17/2024	B	47,709.070	1.0000		- 47,709	47,709	

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01/22/2024	B	82.500	1.0000		- 83	83	
01/24/2024	B	300,903.690	1.0000		- 300,904	300,904	
01/26/2024	B	2,379.000	1.0000		- 2,379	2,379	
01/29/2024	B	166,861.460	1.0000		- 166,861	166,861	
02/02/2024	B	22,279.250	1.0000		- 22,279	22,279	
02/07/2024	B	55,811.250	1.0000		- 55,811	55,811	
02/08/2024	B	25,000.000	1.0000		- 25,000	25,000	
02/12/2024	B	83,126.140	1.0000		- 83,126	83,126	
02/13/2024	B	1,837.500	1.0000		- 1,838	1,838	
02/15/2024	B	34,694.960	1.0000		- 34,695	34,695	
02/20/2024	B	82.500	1.0000		- 83	83	
02/29/2024	B	8,593.750	1.0000		- 8,594	8,594	
03/04/2024	B	1,271.630	1.0000		- 1,272	1,272	
03/15/2024	B	2,820.920	1.0000		- 2,821	2,821	
03/19/2024	B	4,637.600	1.0000		- 4,638	4,638	
03/20/2024	B	82.500	1.0000		- 83	83	
03/25/2024	B	9,650.620	1.0000		- 9,651	9,651	
03/28/2024	B	187,715.710	1.0000		- 187,716	187,716	
04/15/2024	B	3,000.000	1.0000		- 3,000	3,000	
04/16/2024	B	27,003.990	1.0000		- 27,004	27,004	
04/22/2024	B	233.080	1.0000		- 233	233	
04/24/2024	B	152,514.000	1.0000		- 152,514	152,514	

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04/25/2024	B	1,417.510	1.0000		- 1,418	1,418	
04/25/2024	B	7,137.870	1.0000		- 7,138	7,138	
04/30/2024	B	11,343.750	1.0000		- 11,344	11,344	
05/02/2024	B	965.990	1.0000		- 966	966	
05/10/2024	B	9,847.200	1.0000		- 9,847	9,847	
05/13/2024	B	162,621.230	1.0000		- 162,621	162,621	
05/15/2024	B	275,719.810	1.0000		- 275,720	275,720	
05/15/2024	B	1,303.810	1.0000		- 1,304	1,304	
05/20/2024	B	1,627.500	1.0000		- 1,628	1,628	
05/20/2024	B	82.500	1.0000		- 83	83	
05/28/2024	B	1,388.970	1.0000		- 1,389	1,389	
06/03/2024	B	946.510	1.0000		- 947	947	
06/10/2024	B	832.330	1.0000		- 832	832	
06/17/2024	B	199,449.240	1.0000		- 199,449	199,449	
06/20/2024	B	82.500	1.0000		- 83	83	
06/25/2024	B	1,552.830	1.0000		- 1,553	1,553	
06/26/2024	B	4,558.230	1.0000		- 4,558	4,558	
07/01/2024	B	4,100.000	1.0000		- 4,100	4,100	
07/02/2024	B	1,205.360	1.0000		- 1,205	1,205	
07/12/2024	B	5,065.000	1.0000		- 5,065	5,065	
07/15/2024	B	6,343.090	1.0000		- 6,343	6,343	
07/17/2024	B	41,308.700	1.0000		- 41,309	41,309	

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07/22/2024	B	867.000	1.0000		- 867	867	
07/22/2024	B	82.500	1.0000		- 83	83	
07/25/2024	B	1,552.160	1.0000		- 1,552	1,552	
07/29/2024	B	1,353.750	1.0000		- 1,354	1,354	
07/31/2024	B	26,861.250	1.0000		- 26,861	26,861	
08/01/2024	B	2,713.500	1.0000		- 2,714	2,714	
08/02/2024	B	957.120	1.0000		- 957	957	
08/15/2024	B	6,190.350	1.0000		- 6,190	6,190	
08/20/2024	B	82.500	1.0000		- 83	83	
08/26/2024	B	3,315.150	1.0000		- 3,315	3,315	
09/03/2024	B	7,884.750	1.0000		- 7,885	7,885	
09/04/2024	B	295.080	1.0000		- 295	295	
09/13/2024	B	34,710.170	1.0000		- 34,710	34,710	
09/16/2024	B	4,416.270	1.0000		- 4,416	4,416	
09/16/2024	B	212.050	1.0000		- 212	212	
09/20/2024	B	1,741.500	1.0000		- 1,742	1,742	
09/26/2024	B	1,344.000	1.0000		- 1,344	1,344	
09/30/2024	B	100,566.920	1.0000		- 100,567	100,567	
Total For Buys				0	5,546,313	5,546,313	0
10/06/2023	S	- 61,147.400	1.0000		61,147	61,147	
10/10/2023	S	- 147,693.050	1.0000		147,693	147,693	

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10/23/2023	S	- 78,675.000	1.0000		78,675	78,675	
11/01/2023	S	- 3,000,000.000	1.0000		3,000,000 *	3,000,000	
11/22/2023	S	- 41,324.020	1.0000		41,324	41,324	
12/07/2023	S	- 69,809.250	1.0000		69,809	69,809	
12/08/2023	S	- 16,373.520	1.0000		16,374	16,374	
12/26/2023	S	- 45,070.590	1.0000		45,071	45,071	
01/22/2024	S	- 121,510.560	1.0000		121,511	121,511	
01/25/2024	S	- 179,324.580	1.0000		179,325	179,325	
02/01/2024	S	- 98,197.120	1.0000		98,197	98,197	
02/13/2024	S	- 69,627.170	1.0000		69,627	69,627	
02/26/2024	S	- 103,233.280	1.0000		103,233	103,233	
03/12/2024	S	- 72,598.770	1.0000		72,599	72,599	
04/01/2024	S	- 9,769.470	1.0000		9,769	9,769	
04/02/2024	S	- 99,208.140	1.0000		99,208	99,208	
04/04/2024	S	- 2,497.290	1.0000		2,497	2,497	
04/12/2024	S	- 52,235.750	1.0000		52,236	52,236	
04/15/2024	S	- 1,316.560	1.0000		1,317	1,317	
04/18/2024	S	- 193,410.320	1.0000		193,410	193,410	
05/09/2024	S	- 58,069.880	1.0000		58,070	58,070	
05/14/2024	S	- 301,375.670	1.0000		301,376	301,376	
06/04/2024	S	- 153,741.460	1.0000		153,741	153,741	
06/28/2024	S	- 120,000.000	1.0000		120,000	120,000	

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07/23/2024	S	- 204,486.390	1.0000		204,486	204,486	
07/23/2024	S	- 96,540.500	1.0000		96,541	96,541	
09/09/2024	S	- 1,074.680	1.0000		1,075	1,075	
09/11/2024	S	- 70,000.000	1.0000		70,000	70,000	
09/23/2024	S	- 17,120.060	1.0000		17,120	17,120	
09/25/2024	S	- 15,691.750	1.0000		15,692	15,692	
Total For Sells				0	5,501,123	5,501,123	0
Total First Am Treas Ob Fd Cl Z				0	11,047,436	11,047,436	0
Issue: 91282CFH9 - U S Treasury Nt 3.125% 8/31/27							
10/16/2023	B	75,000.000	.9423		- 70,670	70,670	
02/01/2024	B	100,000.000	.9688		- 96,875	96,875	
Total For Buys				0	167,545	167,545	0
02/12/2024	S	- 85,000.000	.9638		81,922	82,439	- 517
04/01/2024	S	- 550,000.000	.9598		527,907 *	533,431	- 5,525
Total For Sells				0	609,829	615,870	- 6,042
Total U S Treasury Nt 3.125% 8/31/27				0	777,374	783,415	- 6,042

Issue: 91282CFN6 - U S Treasury Nt 4.250% 9/30/24

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03/28/2024	B	181,000.000	.9961		- 180,300	180,300	
Total For Buys				0	180,300	180,300	0
01/29/2024	S	- 190,000.000	.9949		189,035	188,726	309
04/04/2024	S	- 181,000.000	.9944	113	179,869	180,300	- 431
Total For Sells				113	368,904	369,026	- 122
Total U S Treasury Nt 4.250% 9/30/24				113	549,204	549,326	- 122
Issue: 91282CFU0 - U S Treasury Nt 4.125% 10/31/27							
04/01/2024	B	550,000.000	.9963		- 547,960 *	547,960	
Total For Buys				0	547,960	547,960	0
Issue: 91282CFX4 - U S Treasury Nt 4.500% 11/30/24							
11/22/2023	S	- 60,000.000	.9920		59,517	59,383	134
12/26/2023	S	- 45,000.000	.9966		44,845	44,537	308
01/22/2024	S	- 75,000.000	.9964		74,728	74,229	499
01/24/2024	S	- 300,000.000	.9963		298,875	296,916	1,959
Total For Sells				0	477,965	475,065	2,900
Total U S Treasury Nt 4.500% 11/30/24				0	477,965	475,065	2,900

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 91282CGL9 - U S Treasury Nt 4.000% 2/15/26							
10/20/2023	B	65,000.000	.9754		- 63,400	63,400	
10/20/2023	B	505,000.000	.9759		- 492,848 *	492,848	
10/23/2023	B	80,000.000	.9759		- 78,075	78,075	
10/31/2023	B	80,000.000	.9797		- 78,378	78,378	
02/02/2024	B	40,000.000	.9952		- 39,808	39,808	
Total For Buys				0	752,509	752,509	0
03/28/2024	S	- 1,679,000.000	.9877	1,049	1,657,291 *	1,652,129	5,162
Total For Sells				1,049	1,657,291	1,652,129	5,162
Total U S Treasury Nt 4.000% 2/15/26				1,049	2,409,800	2,404,638	5,162
Issue: 91282CGP0 - U S Treasury Nt 4.000% 2/29/28							
04/22/2024	B	205,000.000	.9764		- 200,168	200,168	
Total For Buys				0	200,168	200,168	0
05/10/2024	S	- 205,000.000	.9808		201,067	200,168	899
Total For Sells				0	201,067	200,168	899
Total U S Treasury Nt 4.000% 2/29/28				0	401,235	400,336	899

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26							
03/28/2024	B	1,435,000.000	.9928		- 1,424,596 *	1,424,596	
04/02/2024	B	100,000.000	.9908		- 99,082	99,082	
Total For Buys				0	1,523,678	1,523,678	0
04/18/2024	S	- 450,000.000	.9832		442,441 *	446,681	- 4,240
Total For Sells				0	442,441	446,681	- 4,240
Total U S Treasury Nt 4.125% 6/15/26				0	1,966,119	1,970,359	- 4,240
Issue: 91282CHK0 - U S Treasury Nt 4.000% 6/30/28							
04/12/2024	B	410,000.000	.9791		- 401,419 *	401,419	
Total For Buys				0	401,419	401,419	0
04/22/2024	S	- 205,000.000	.9711	128	198,954	200,709	- 1,755
Total For Sells				128	198,954	200,709	- 1,755
Total U S Treasury Nt 4.000% 6/30/28				128	600,373	602,128	- 1,755
Issue: 91282CHN4 - U S Treasury Nt 4.750% 7/31/25							
04/04/2024	B	181,000.000	.9997		- 180,938	180,938	
04/15/2024	B	200,000.000	.9970		- 199,392	199,392	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/18/2024	B	750,000.000	.9953		- 746,484 *	746,484	
Total For Buys				0	1,126,814	1,126,814	0
Total U S Treasury Nt 4.750% 7/31/25				0	1,126,814	1,126,814	0
Issue: 9128285J5 - U S Treasury Nt 3.000% 10/31/25							
10/20/2023	S	- 579,000.000	.9574	181	554,144 *	562,381	- 8,238
Total For Sells				181	554,144	562,381	- 8,238
GRAND TOTAL				1,471	21,211,226	21,225,661	- 14,435

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Abel Noser

Issue: 70450YAG8 - Paypal Holdings Inc 1.650% 6/01/25							
10/06/2023	B	65,000.000	.9350		- 60,775	60,775	
Issue: 94974BGL8 - Wells Fargo Company 4.300% 7/22/27							
10/10/2023	B	80,000.000	.9341		- 74,727	74,727	
Issue: 67021CAK3 - Nstar Electric Co 3.250% 11/15/25							
10/10/2023	B	75,000.000	.9499		- 71,239	71,239	
Issue: 9128285J5 - U S Treasury Nt 3.000% 10/31/25							
10/20/2023	S	- 579,000.000	.9574	181	554,144 *	562,381	- 8,238
Issue: 91282CGL9 - U S Treasury Nt 4.000% 2/15/26							
10/20/2023	B	505,000.000	.9759		- 492,848 *	492,848	
Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26							
03/28/2024	B	1,435,000.000	.9928		- 1,424,596 *	1,424,596	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/28/2024	Issue: 91282CGL9 - U S Treasury Nt S	4.000% 2/15/26 - 1,679,000.000	.9877	1,049	1,657,291 *	1,652,129	5,162
03/28/2024	Issue: 91282CFN6 - U S Treasury Nt B	4.250% 9/30/24 181,000.000	.9961		- 180,300	180,300	
04/01/2024	Issue: 91282CFU0 - U S Treasury Nt B	4.125% 10/31/27 550,000.000	.9963		- 547,960 *	547,960	
04/01/2024	Issue: 91282CFH9 - U S Treasury Nt S	3.125% 8/31/27 - 550,000.000	.9598		527,907 *	533,431	- 5,525
04/04/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 181,000.000	.9997		- 180,938	180,938	
04/04/2024	Issue: 91282CFN6 - U S Treasury Nt S	4.250% 9/30/24 - 181,000.000	.9944	113	179,869	180,300	- 431
04/12/2024	Issue: 91282CHK0 - U S Treasury Nt B	4.000% 6/30/28 410,000.000	.9791		- 401,419 *	401,419	
04/15/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 200,000.000	.9970		- 199,392	199,392	
04/18/2024	Issue: 91282CHN4 - U S Treasury Nt B	4.750% 7/31/25 750,000.000	.9953		- 746,484 *	746,484	
04/22/2024	Issue: 91282CHK0 - U S Treasury Nt S	4.000% 6/30/28 - 205,000.000	.9711	128	198,954	200,709	- 1,755
04/22/2024	Issue: 91282CGP0 - U S Treasury Nt B	4.000% 2/29/28 205,000.000	.9764		- 200,168	200,168	
Total For Abel Noser				1,471	7,699,011	7,709,796	- 10,787

Broker: Citigroup Global Markets Inc.

10/23/2023	Issue: 912828U24 - U S Treasury Nt S	2.000% 11/15/26 - 30,000.000	.9173		27,518	28,005	- 487
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10/30/2023	Issue: 912828U24 - U S Treasury Nt S	2.000% 11/15/26 - 275,000.000	.9194		252,828	256,716	- 3,888
10/30/2023	Issue: 912797GM3 - U S Treasury Bill S	2/08/24 - 185,000.000	.9852		180,444	180,444	
10/31/2023	Issue: 91282CGL9 - U S Treasury Nt B	4.000% 2/15/26 80,000.000	.9797		- 78,378	78,378	
11/22/2023	Issue: 91282CFX4 - U S Treasury Nt S	4.500% 11/30/24 - 60,000.000	.9920		59,517	59,383	134
12/08/2023	Issue: 912797GM3 - U S Treasury Bill S	2/08/24 - 25,000.000	.9910		24,384	24,384	
12/22/2023	Issue: 912797GB7 - U S Treasury Bill S	7/11/24 - 50,000.000	.9732		47,564	47,564	
04/18/2024	Issue: 91282CHH7 - U S Treasury Nt S	4.125% 6/15/26 - 450,000.000	.9832		442,441 *	446,681	- 4,240
09/13/2024	Issue: 55609NAC2 - MacQuarie Airfinance B	6.400% 3/26/29 42,000.000	1.0513		- 44,153	44,153	
Total For Citigroup Global Markets Inc.				0	1,157,227	1,165,708	- 8,481

Broker: Raymond James/Fi

11/22/2023	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 103,316.020	.9856		- 101,831	101,831	
12/26/2023	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 92,529.490	1.0050		- 92,992	92,992	
01/25/2024	Issue: 3132D6FB1 - F H L M C #Sb8262 B	5.000% 8/01/38 182,906.300	1.0009		- 183,078	183,078	
01/29/2024	Issue: 911312AY2 - United Parcel S	2.400% 11/15/26 - 68,000.000	.9474		64,426	68,481	- 4,055

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01/29/2024	Issue: 693475BL8 - Pnc Financial B	4.758% 1/26/27 93,000.000	.9937		- 92,418	92,418	
02/13/2024	Issue: 744448CP4 - Public Service B	3.700% 6/15/28 150,000.000	.9586		- 143,786	143,786	
02/26/2024	Issue: 437076CV2 - Home Depot Inc B	4.950% 9/30/26 110,000.000	1.0024		- 110,263	110,263	
03/12/2024	Issue: 10373QBX7 - Bp Cap Mkts Amer Inc B	4.699% 4/10/29 145,000.000	1.0009		- 145,125	145,125	
03/28/2024	Issue: 822582CC4 - Shell International S	2.000% 11/07/24 - 150,000.000	.9800		147,000	153,050	- 6,050
04/12/2024	Issue: 3132D6FB1 - F H L M C #Sb8262 S	5.000% 8/01/38 - 357,128.290	.9892		353,278 *	356,350	- 3,072
04/15/2024	Issue: 023135CE4 - Amazon Com Inc S	3.000% 4/13/25 - 200,000.000	.9772		195,440	198,202	- 2,762
Total For Raymond James/Fi				0	1,629,637	1,645,576	- 15,939
GRAND TOTAL				1,471	10,485,875	10,521,080	- 35,207