

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST
2b Employer Identification Number (EIN): 33-6227695
2c Plan Sponsor's telephone number: 714-779-3199
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Christopher MASTRIANNI (plan administrator) and Dean SHIPCOTT (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>POLYCOMP ADMINISTRATIVE SERVICES ASCENSUS, INC.</p> <p>530 B STREET, SUITE 900 SAN DIEGO, CA 92101</p>	<p>3b Administrator's EIN 95-2889854</p> <p>3c Administrator's telephone number 619-961-1406</p>																				
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 2066</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td style="text-align: right;">2010</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">2010</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)	2010	6b		6c		6d	2010	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)	2010																				
6b																					
6c																					
6d	2010																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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 4T

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

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

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

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

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

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

Receipt Confirmation Code 167401452

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 33-6227695</p>	

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
BLUE SHIELD 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
94-0360524	61557	W0066739	1675	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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. **6d**
 Specify nature of costs ▶

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	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) ▶ **CHIROPRACTIC**

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	17897496
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 33-6227695</p>	

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
KAISER FOUNDATION HEALTH 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
94-1340523	60053	233554	335	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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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(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. **6d**
 Specify nature of costs ▶

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	3873321
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 33-6227695</p>	

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
UNITED HEALTH CARE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2931460	79413	304196	1419	01/01/2024	12/31/2024

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

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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	

(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. **6d**
 Specify nature of costs ▶

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)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	77616
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan
ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ **501**

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST

D Employer Identification Number (EIN)
33-6227695

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
AETNA VISION

(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
06-6033492	52413	30903-01	1254	01/01/2024	12/31/2024

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. **6d**
 Specify nature of costs ▶

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)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	103591
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 33-6227695</p>	

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

(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
72-0977315	68195	99-99999	1673	01/01/2024	12/31/2024

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. **6d**
 Specify nature of costs ▶

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	749683
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST	D Employer Identification Number (EIN) 33-6227695	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

WEST COAST GROUP BENEFITS

10809 THORN MINT ROAD, SUITE A
SAN DIEGO, CA 92127

75-3042724

(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?
22	TRUST BROKERS	1171884	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

POLYCOMP ADMINISTRATIVE SERVICES

530 B STREET, SUITE 900
SAN DIEGO, CA 92101

95-2889854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	THIRD PARTY ADMINISTRATOR	652071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WOLDS LAW GROUP

4747 EXECUTIVE DRIVE, STE 250
SAN DIEGO, CA 92121

80-0462356

(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	TRUST ATTORNEY	150570	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PLATFORM CPAS LLP

6510 MILLROCK DRIVE 275
HOLLADAY, UT 84121

88-4342576

(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	TRUST ACCOUNTANTS	37165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ABC OF SOUTHERN CALIFORNIA, INC

1400 NORTH KELLOGG DRIVE, STE A
ANAHEIM, CA 92807

95-2893577

(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?
14	PLAN SPONSOR/ADMIN FEES	22273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JHS TAX & CONSULTING

135 TOWN COUNTRY DRIVE
DANVILLE, CA 94526

81-0865829

(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	TRUST ACCOUNTANTS	12850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(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

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

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

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

a Name:	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIFORNIA BENEFIT TRUST	D Employer Identification Number (EIN) 33-6227695

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	951407	845711
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5711	5023
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	130975	243021
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5067972	5545483
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6156065	6639238
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4215485	4292302
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4215485	4292302
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1940580	2346936

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)	24625917	
(B) Participants.....	2a(1)(B)	100307	
(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)		24726224
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3
(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)	286269	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		286269
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	32759	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		199927
c Other income	2c		47194
d Total income. Add all income amounts in column (b) and enter total	2d		25292376

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	22778524	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22778524
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)	652071	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	50015	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	150570	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1254840	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2107496
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24886020

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		406356
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: PLATFORM CPAS, LLP

(2) EIN: 88-4342576

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	

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

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

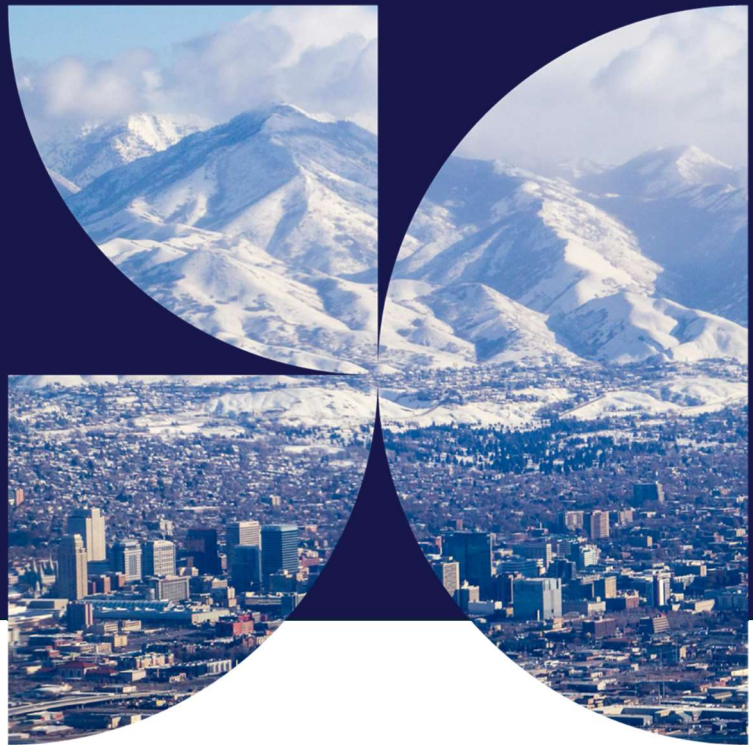
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 _____.

Financial Statements and Independent Auditors' Report

Associated Builders
and Contractors of
Southern California,
Inc. Benefit Trust
Fund Welfare
Benefit Plan

December 31, 2024
and 2023



Platform

Certified Public Accountants

C O N T E N T S

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Associated Builders and Contractors of Southern California, Inc.
Benefit Trust Fund Welfare Benefit Plan
Anaheim, California

Opinion

We have audited the accompanying financial statements of Associated Builders and Contractors of Southern California, Inc. Benefit Trust Fund Welfare Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in benefit obligations and net assets available for benefits, the statements of functional expenses for the years then ended, cash flows for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

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

financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, is 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.

Platform CPAs, LLP

Holladay, Utah
October 13, 2025

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
STATEMENTS OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2024	2023
BENEFIT OBLIGATIONS		
Dollar bank reserve payable	\$ 2,317,263	\$ 2,362,110
Accounts payable and accrued expenses	302,974	314,554
Premiums payable	1,668,690	1,536,674
Vacation and holiday payable	3,375	2,147
	4,292,302	4,215,485
NET ASSETS AVAILABLE FOR BENEFITS		
Investments, at fair value:		
Cash and cash equivalents	243,021	130,975
Mutual funds	5,545,483	5,067,972
Employer contributions receivable	845,711	951,407
Prepaid expenses and other assets	5,023	5,711
	6,639,238	6,156,065
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 2,346,936	\$ 1,940,580

(The accompanying notes are an integral part of these financial statements)

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS

	<u>YEARS ENDED DECEMBER 31,</u>	
	<u>2024</u>	<u>2023</u>
CHANGE IN BENEFIT OBLIGATIONS		
(Decrease) increase in dollar bank liabilities	\$ (44,847)	\$ 185,367
Increase (decrease) in premiums payable	132,016	(11,164)
(Decrease) increase in accounts payable and accrued expenses	(11,580)	6,379
Increase in vacation and holiday payable	1,228	653
Net increase in benefit obligations	<u>76,817</u>	<u>181,235</u>
ADDITIONS		
Contributions		
Employer	24,625,917	23,536,737
Employee (COBRA contributions)	100,307	103,846
Investments		
Net increase in fair value of investments	32,759	435,131
Realized gain (loss)	199,927	(35,977)
Capital gain distributions	84,009	7,290
Dividends and interest	202,263	157,907
Other income	47,194	59,045
Total additions	<u>25,292,376</u>	<u>24,263,979</u>
FUNCTIONAL EXPENSES		
Program services	22,701,707	22,078,278
Management and general	2,107,496	2,070,223
Total functional expenses	<u>24,809,203</u>	<u>24,148,501</u>
Net increase in net assets available for benefits	<u>483,173</u>	<u>115,478</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	406,356	(65,757)
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
Beginning of year	1,940,580	2,006,337
End of year	<u>\$ 2,346,936</u>	<u>\$ 1,940,580</u>

(The accompanying notes are an integral part of these financial statements)

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
STATEMENTS OF FUNCTIONAL EXPENSES

	YEARS ENDED DECEMBER 31,	
	2024	2023
PROGRAM SERVICES		
<u>Insurance Premiums for Benefits</u>		
Medical insurance	\$ 21,770,817	\$ 21,165,674
Dental insurance	749,683	720,187
Vision insurance	103,591	113,171
Life insurance	77,616	79,246
	22,701,707	22,078,278
Total program services	22,701,707	22,078,278
MANAGEMENT AND GENERAL		
<u>Administrative Expenses</u>		
Third-party administrative services fees	652,071	633,153
Broker fees	1,171,884	1,140,516
Management fees	22,273	16,103
Legal fees	150,570	190,661
Accounting fees	50,015	47,035
Asset management fees	20,901	15,699
Income tax expense (refund)	-	(5,901)
Meeting and conference expenses	10,526	1,601
Miscellaneous expenses	17,938	17,526
Fidelity bond	11,318	13,830
	2,107,496	2,070,223
Total management and general	2,107,496	2,070,223
Total functional expenses	\$ 24,809,203	\$ 24,148,501

(The accompanying notes are an integral part of these financial statements)

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2024

CASH FLOWS FROM OPERATING ACTIVITIES

Cash received from contributions	\$ 24,831,920
Cash paid for insurance premiums, to vendors, and to service providers	(24,808,515)
Dividend and interest income received	202,263
Other income received	47,194
	272,862
Net cash provided by operating activities	272,862

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of investments and dividends reinvested	(1,247,193)
Proceeds from sale of investments	1,086,377
	(160,816)
Net cash used in investing activities	(160,816)

NET INCREASE IN CASH AND CASH EQUIVALENTS 112,046

CASH AND CASH EQUIVALENTS, beginning of year 130,975

CASH AND CASH EQUIVALENTS, end of year \$ 243,021

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2024

**RECONCILIATION OF CHANGE IN NET ASSETS TO
NET CASH PROVIDED BY OPERATING ACTIVITIES**

Increase in net assets available for benefits over benefit obligations	\$	406,356
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities		
Unrealized gain on investments		(32,759)
Realized gain on investments		(199,927)
Capital gains distributions		(84,009)
(Increase) decrease in:		
Employer contributions receivable		105,696
Prepaid expenses and other assets		688
Increase (decrease) in:		
Dollar bank reserve payable		(44,847)
Premiums payable		132,016
Accounts payable and accrued expenses		(11,580)
Vacation and holiday payable		1,228
		1,228
Net cash provided by operating activities	\$	272,862

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 1 DESCRIPTION OF THE PLAN

The Associated Builders and Contractors of Southern California, Inc. Benefit Trust Fund Welfare Benefit Plan (the Plan) was established on June 1, 1998, for participating employers to provide health insurance coverage for employees not represented by collective bargaining groups. The Plan is a health and welfare plan which complies with IRS code section 501(c) (9). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

The Plan is governed by trustees who are elected by a simple majority of participating employers who vote in an annual election pursuant to the Plan's trustee nomination and election procedures. The Plan is administered by a third-party professional plan administrator.

The following brief description of the Plan is provided for general information purposes only. Reference should be made to the Summary Plan Description and Fringe Benefit Contribution Guidelines for a more complete description of the Plan's provisions.

The Plan provides group health and welfare benefits, such as medical, vision, dental, chiropractic, and term life insurance, through a multiple employer Trust Fund. If elected by the employer, eligible employees may earn vacation and holiday pay benefits. Contributions are paid by participating employers to the Trust Fund. The Plan provides benefits for participating employees working in the Southern California area who are registered apprentices receiving training. In addition, participating employers may elect to cover all field employees and office/salaried employees. Benefits provided under the Plan are subject to the provisions of the Trust Agreement.

Eligibility for Benefits

Registered Apprentices: Registered apprentices, for whom contributions are paid on an hourly basis, are eligible for benefits on the first day of the second month following the month in which they receive pay for working at least 260 hours in a three-month period. After meeting the initial eligibility requirement, coverage continues on a month-to-month basis as long as the participating apprentice is credited with at least 130 hours each month. If an apprentice works more than the required 130 hours in a month, the excess contributions will be held in a dollar bank reserve up to a maximum dollar amount equivalent to 390 hours of current contributions. This dollar bank reserve will be available for application in months in which the apprentice has not worked sufficient hours to qualify for coverage. Coverage ends at the end of a month in which the hours worked by a participant, plus the dollar bank reserve and additional employer contributions, are insufficient to cover the participant for eligibility the following month. Once the apprentice's dollar bank reserve reaches the maximum 390 hours of current contributions, no additional contributions will be held in the apprentice's dollar bank reserve until such time as the reserve falls below 390-hour maximum.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Hourly Field Employees: Employers may elect a month-to-month coverage option for hourly construction trade employees. Under this option, employees are eligible for benefits on the first day of the second month following the month in which the employee has worked at least 130 hours in the preceding three-month period based upon his or her classification. After meeting the initial eligibility requirement, coverage continues on a month-to-month basis as long as the participating employee is credited with at least 130 hours each month. If an employee works more than 130 hours in a month, the excess contributions will be held in a dollar bank reserve up to a maximum dollar amount equivalent to 390 hours of current contributions. The dollar bank reserve will be available for application in months in which the employee has not worked sufficient hours to qualify for coverage. Coverage ends at the end of a month in which the hours worked by a participant, plus reserve account hours and additional employer contributions, are insufficient to cover the participant for eligibility the following month. Once the employee's dollar bank reserve reaches the maximum 390 hours of current contributions, no additional contributions will be held in the employee's dollar bank reserve until such time as the reserve falls below 390-hour maximum.

All Other Employees: For all other employees, other than hourly field construction trade employees and registered apprentices, contributions are paid on a monthly basis, and their dependents for whom coverage is elected and paid become eligible on the first day of the month following the completion of an initial eligibility waiting period determined by the employer. Participants must be employed on the effective date of their insurance to be eligible for coverage.

Vacation and Holiday Pay Benefits: If elected by the employer, the employees may earn vacation and holiday pay benefits. Benefits are based on contributions made by participating employers to the Plan on behalf of eligible employees. Employees entitled to benefits will receive a distribution of all the funds credited to their account twice a year (June 1 and December 1). Participating employers make monthly contributions to the account of each eligible employee which will be a flat dollar amount, an amount based on hours worked by the employee, or an amount which is a set percentage of the employee's compensation.

Termination of Coverage: Unless a participant is entitled to coverage under the Family Medical Leave Act of 1993, insurance ends on the earliest date shown below:

- (1) The last day of the calendar month in which the participant ceases to qualify as an eligible employee;
- (2) The last day of the month in which the employer ceases to be a participating employer;
- (3) The last day of the month in which the participating employer has paid premiums for insurance; or
- (4) The date the group policy terminates.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Contributions: The participating employers contribute to the Plan for all hours worked, based on the rate established by the Board of Trustees, by all employees who are apprentices with the ABC of Southern California Apprenticeship Program. The Plan requires the employer to pay the full cost, for all apprentices and their dependents, of coverage through the composite rate schedule. The Board of Trustees for the Plan establishes the rate based on the contribution amounts needed to pay premiums and Plan expenses. Participating employers enroll in selective programs for their field construction employees and office staff and contribute to the Plan based on the benefits elected and rates which are set annually. Employer contributions received in excess of Plan insurance premiums and other expenses are held in investment accounts to pay premiums for all eligible participants during their coverage periods. Contributions are due by the 10th of the month following the month in which hours are worked by hourly employees. Contributions are delinquent if not received by the 15th of the month, and liquidated damages will automatically be assessed at the rate of 10% of the total contributions due.

COBRA Contributions: Participating employees, or the spouses of participating employees, have a right to elect continuation coverage for all family members if they lose coverage due to termination of employment or reduction in hours of employment. A spouse or dependent child may elect coverage even if the participating employee does not elect it. They may elect continuation coverage for all dependent family members during the COBRA continuation coverage period. If a covered employee or spouse of a covered employee elects COBRA, they are required to pay 100% of the premiums for this continued coverage.

Plan Termination: Although they have not expressed any intent to do so, the Trustees have the right under the Plan's provisions to modify or terminate the Plan at any time, subject to the provisions set forth in ERISA.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements include comparative information from the prior year. Such information should be read together with the Plan's financial statements for the year ended December 31, 2023, from which the information was extracted. Certain amounts in the prior year's financial statements have been reclassified for comparison purposes to conform to the current year's presentation. These reclassifications had no effect on the results of statements of changes in benefit obligations and net assets available for benefits for the year presented.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting. Effective January 1, 2016, income tax returns are prepared on the cash basis method of accounting.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates in Preparation of Financial Statements

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

Investments

The Plan considers all highly liquid investments with original maturities of three months or less to be cash equivalents. Investments are maintained in money market accounts and mutual funds and are stated at values reported by the Plan's custodian and a party-in-interest. The Plan's custodian values the underlying investments at quoted market prices which represent the fair value of securities held by the Plan at year end. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Investment income represents the realized gain or loss on disposition of investments, plus the unrealized increase or decrease in fair value of investments held at the end of the Plan year or date of purchase, whichever is later. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Concentrations of Credit Risk

The Plan's financial instruments include cash, cash equivalents, contribution receivables, investments, dollar bank reserve, premium, and accrued payables. The recorded amount of these financial instruments approximates fair value due to their short-term nature. Financial instruments which potentially subject the Plan to concentration of credit risk are cash, cash equivalents, and investments. The Plan maintains its demand deposits in commercial banks with Federal Deposit Insurance Corporation limits.

Contributions Receivable

The Plan grants credit to employers in the normal course of operations. Contributions receivable are based on management's evaluation of outstanding receivables at year end. Employer contributions receivable represent amounts due from participating employers for hours worked by their employees in December 2024 and are included in the Statements of Benefit Obligations and Net Assets Available for Benefits. The Plan performed a review of various factors, such as outstanding receivables, historical experience, and economic conditions, to determine that an allowance for current expected credit losses does not have a material impact on the financial statement balances as presented. Uncollectible receivable accounts are expensed in the period if any such amounts are determined.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 3 CASH AND CASH EQUIVALENTS

Cash and cash equivalents are as follows:

	<u>2024</u>	<u>2023</u>
Cash	\$ 182,799	\$ 91,577
Schwab bank sweep account	<u>60,222</u>	<u>39,398</u>
	<u>\$ 243,021</u>	<u>\$ 130,975</u>

NOTE 4 FAIR VALUE MEASUREMENT

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1

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

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

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

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 4 FAIR VALUE MEASUREMENT (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market funds (Schwab Government money fund and Merrill Lynch money market): Valued at the net asset value of shares held by the Plan at year end.

Mutual funds (Bond and equity funds): Valued at the net asset value of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bank of America cash	\$ 182,499			\$ 182,499
Merrill Lynch money market	300			300
Schwab Govt. money fund	60,222			60,222
Bond funds	3,357,346			3,357,346
Equity funds	<u>2,188,137</u>			<u>2,188,137</u>
Total assets at fair value	<u>\$ 5,788,504</u>			<u>\$ 5,788,504</u>
	<u>December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bank of America cash	\$ 89,452			\$ 89,452
Merrill Lynch money market	2,125			2,125
Schwab Govt. money fund	39,398			39,398
Bond funds	2,882,807			2,882,807
Equity funds	<u>2,185,165</u>			<u>2,185,165</u>
Total assets at fair value	<u>\$ 5,198,947</u>			<u>\$ 5,198,947</u>

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 5 DOLLAR BANK RESERVE PAYABLE

As described in Note 1, apprentices and hourly field employees meeting eligibility requirements are entitled to coverage assuming the participating employees are credited with the minimum number of hours per month as required by the Plan Document. If the participating employees work more than the minimum required number of hours per month, the excess is held in a dollar bank reserve to a maximum dollar amount equivalent to maximum hours as outlined in Note 1. As of December 31, 2024 and 2023, the total estimated liability for accumulated eligibility credits was \$2,317,263 and \$2,362,110, respectively.

NOTE 6 RELATED PARTY TRANSACTIONS AND PARTIES-IN-INTEREST

Third-Party Administrator: The Plan has an agreement with a third-party administrator to provide administrative services to the Plan. The administrative manager's fee is 2.75% of monthly employer premiums. For COBRA participants, the administrative manager is entitled to \$15 per month per qualified beneficiary. In addition, the administrative manager is also entitled to a monthly amount which is the greater of \$1,000 or 5% of all employer contributions made each month to the Trust Fund under the Vacation and Holiday Pay Plan. Third-party administrative fees for the years ended December 31, 2024 and 2023 were \$652,071 and \$633,153, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was \$47,888 and \$44,354 in accrued expenses at December 31, 2024 and 2023, respectively, related to these services.

Plan Sponsor: The Plan has an agreement with Associated Builders & Contractors of Southern California, Inc. (Plan Sponsor) to provide a variety of administrative services to the Plan. The Plan Sponsor's fee is based on actual time spent at predetermined hourly rates for the services. The total fees paid during the years ended December 31, 2024 and 2023 were \$22,273 and \$16,103, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was no accounts payable at December 31, 2024, and \$226 in accounts payable at December 31, 2023, related to these services.

Legal Services: The Plan engages its attorney to provide services at agreed-upon hourly rates. Total legal fees paid during the years ended December 31, 2024 and 2023 were \$150,570 and \$190,661, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was \$16,144 and \$24,885 in accrued expenses at December 31, 2024 and 2023, respectively, related to these services.

Accounting Services: The Plan engages its accountant to provide services at agreed-upon hourly rates. Total accounting fees paid during the years ended December 31, 2024 and 2023 were \$50,015 and \$47,035, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was no accounts payable at December 31, 2024 and 2023 related to these services.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 6 RELATED PARTY TRANSACTIONS AND PARTIES-IN-INTEREST (continued)

Broker Fees: The Plan has entered into contracts with certain brokers for the purpose of providing services related to its healthcare insurance contracts. Fees are based upon a percentage of insurance premium payments made. Total broker fees paid during the years ended December 31, 2024 and 2023 were \$1,171,884 and \$1,140,516, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was \$200,030 and \$187,553 in accrued expenses at December 31, 2024 and 2023, respectively, related to these services.

Asset Management Fees: The Plan engages an investment advisor to provide investment management services. Total asset management and bank fees paid during the years ended December 31, 2024 and 2023 were \$20,901 and \$15,699, respectively, which are included in administrative expenses on the Statements of Functional Expenses. There was \$4,212 and \$3,932 in accounts payable at December 31, 2024 and 2023, respectively, related to these services.

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits at December 31, 2024 and 2023 per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 6,639,238	\$ 6,156,065
Less: Dollar bank reserve, premium payables and projected operating accrued expenses	<u>(4,292,302)</u>	<u>(4,215,485)</u>
Net assets available for benefits per Form 5500	<u>\$ 2,346,936</u>	<u>\$ 1,940,580</u>

The following is a reconciliation of insurance premiums paid for benefits for the years ended December 31, 2024 and 2023 per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Insurance premiums paid for benefits per financial statements	\$ 22,701,707	\$ 22,078,278
(Decrease) increase in dollar bank reserve payables	(44,847)	185,367
Increase (decrease) in premiums payable	132,016	(11,164)
(Decrease) increase in accounts payable and accrued expenses	(11,580)	6,379
Increase in vacation and holiday payable	<u>1,228</u>	<u>653</u>
Insurance premiums paid for benefits per Form 5500	<u>\$ 22,778,524</u>	<u>\$ 22,259,513</u>

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of total expenses paid per the financial statements for the years ended December 31, 2024 and 2023 to the Form 5500:

	<u>2024</u>	<u>2023</u>
Total expenses paid per financial statements	\$ 24,809,203	\$ 24,148,501
(Decrease) increase in dollar bank reserve payables	(44,847)	185,367
Increase (decrease) in premiums payable	132,016	(11,164)
(Decrease) increase in accounts payable and accrued expenses	(11,580)	6,379
Increase in vacation and holiday payable	<u>1,228</u>	<u>653</u>
Total expenses paid per Form 5500	<u>\$ 24,886,020</u>	<u>\$ 24,329,736</u>

NOTE 8 INCOME TAX STATUS

The Plan is a non-profit organization formed and organized under Internal Revenue Code (IRC) Section 501(c)(9) and similar California state provisions. The Plan has obtained a favorable determination from the Internal Revenue Service and Franchise Tax Board that the Plan meets the requirements of Internal Revenue Code Section 501(a) and Revenue and Taxation Code 23701(i), respectively; thus, the Plan is exempt from federal income tax and state income tax.

The Plan is required to pay tax on any unrelated business income (UBTI) it earns at current tax rates. For the years ended December 31, 2024 and 2023, the Plan did not have any UBTI and is not subject to federal and state unrelated business income taxes.

The Plan did not have unrecognized tax liabilities as of December 31, 2024, and does not expect this to change over the next 12 months. As of December 31, 2024, the Plan has not accrued interest or penalties related to uncertain tax position.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND DECEMBER 31, 2023

NOTE 10 SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events and transactions through October 13, 2025, which is the date the financial statements were available to be issued. Management confirms that no significant events or transactions have occurred subsequent to the balance sheet date, and through the date of this report, that would require adjustment to, or disclosure in, the financial statements.

**SUPPLEMENTAL SCHEDULE REQUIRED
BY THE DEPARTMENT OF LABOR**

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
PLAN SPONSOR: ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
PLAN SPONSOR EIN: 33-6227695
PLAN NUMBER: 501

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>
* Merrill Lynch	Money Market Funds	\$ 300	\$ 300
* Bank of America	Money Market Funds	182,499	182,499
* Charles Schwab	Schwab Bank Sweep Account	60,222	60,222
		<u>\$ 243,021</u>	<u>\$ 243,021</u>
* Charles Schwab	Allspring Core Plus Bond	\$ 691,463	\$ 677,096
* Charles Schwab	JPMorgan Strategic Income Opportunity	690,245	683,208
* Charles Schwab	PIMCO Short Term Institutional Fund	1,997,288	1,997,042
* Charles Schwab	American Century Mid Cap Value Fund	76,398	78,469
* Charles Schwab	Federated Hermes International Equity Fund	435,233	405,115
* Charles Schwab	Federated Hermes Mdt Mid Cap Growth Is	75,569	71,813
* Charles Schwab	Fullerthaler Behavior EQ Inst	136,913	272,449
* Charles Schwab	Harbor Cap Appreciation Fund Inst	104,342	216,793
* Charles Schwab	JPMorgan US Value I	171,822	199,973
* Charles Schwab	Schwab Fundamental Emerging Markets EQ IDX	16,355	14,681
* Charles Schwab	Schwab S&P 500 Index Fund	376,766	590,606
* Charles Schwab	Seafarer Overseas Growth	116,866	118,715
* Charles Schwab	Vanguard 500 Index Fund Admiral Shares	49,515	219,523
		<u>\$ 4,938,775</u>	<u>\$ 5,545,483</u>

* Investments with known parties-in-interest. Assets are managed by Clelland & Company, a party-in-interest.

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
PLAN SPONSOR: ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
PLAN SPONSOR EIN: 33-6227695
PLAN NUMBER: 501

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Charles Schwab	Blackrock Strategic Income Opps Instl	\$ -	\$ 647,432	\$ 622,496	\$ -	\$ 24,936
		<u>\$ -</u>	<u>\$ 647,432</u>	<u>\$ 622,496</u>	<u>\$ -</u>	<u>\$ 24,936</u>
Charles Schwab	Allspring Core Plus Bond	\$ 645,547	\$ -	\$ -	\$ 645,547	\$ -
		<u>\$ 645,547</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 645,547</u>	<u>\$ -</u>



ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
PLAN SPONSOR: ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
PLAN SPONSOR EIN: 33-6227695
PLAN NUMBER: 501

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>
* Merrill Lynch	Money Market Funds	\$ 300	\$ 300
* Bank of America	Money Market Funds	182,499	182,499
* Charles Schwab	Schwab Bank Sweep Account	60,222	60,222
		<u>\$ 243,021</u>	<u>\$ 243,021</u>
* Charles Schwab	Allspring Core Plus Bond	\$ 691,463	\$ 677,096
* Charles Schwab	JPMorgan Strategic Income Opportunity	690,245	683,208
* Charles Schwab	PIMCO Short Term Institutional Fund	1,997,288	1,997,042
* Charles Schwab	American Century Mid Cap Value Fund	76,398	78,469
* Charles Schwab	Federated Hermes International Equity Fund	435,233	405,115
* Charles Schwab	Federated Hermes Mdt Mid Cap Growth Is	75,569	71,813
* Charles Schwab	Fullerthaler Behavior EQ Inst	136,913	272,449
* Charles Schwab	Harbor Cap Appreciation Fund Inst	104,342	216,793
* Charles Schwab	JPMorgan US Value I	171,822	199,973
* Charles Schwab	Schwab Fundamental Emerging Markets EQ IDX	16,355	14,681
* Charles Schwab	Schwab S&P 500 Index Fund	376,766	590,606
* Charles Schwab	Seafarer Overseas Growth	116,866	118,715
* Charles Schwab	Vanguard 500 Index Fund Admiral Shares	49,515	219,523
		<u>\$ 4,938,775</u>	<u>\$ 5,545,483</u>

* Investments with known parties-in-interest. Assets are managed by Clelland & Company, a party-in-interest.

2024 Form M-1

MEWA-ECE Form

This Form is Open to Public
Inspection

**Report for Multiple Employer Welfare Arrangements (MEWAs) and
Certain Entities Claiming Exception (ECEs)**

This filing is required to be filed under section 101(g) of the Employee
Retirement Income Security Act of 1974, as amended by the Patient
Protection and Affordable Care Act.

OMB No. 1210-0116

Department of Labor
Employee Benefits Security
Administration

PART I PURPOSE OF FILING

Complete as applicable:

A

Identify the type of filing:

- (1) Annual Report:
- Calendar Year
 or the fiscal year beginning and ending
- (2) MEWA Registration
Date:
- (3) ECE Origination
Date:
- (4) ECE Special Filing
Date:

B Check if any of the following:

- Check here if this is a final report
Check here if this is an amended report
Check here if this is a request for an extension

C Identify the type of entity:

- (1) A Plan MEWA
(2) A Non-Plan MEWA
(3) An Entity Claiming Exception (ECE)

D Enter the most recent date the MEWA or ECE filed the Form M-1: Check the box if this is the first filing or enter the date below. 02/08/2024
PART II CUSTODIAL & FINANCIAL INFORMATION
1a Name and address of the MEWA or ECE

ABC of Southern California Benefit Trust Fund

PO Box 12630

San Diego, CA 92112

1b Telephone number of the MEWA or ECE (619) 961-1405**1c** Employer Identification Number (EIN) 33-6227695**1d** Plan Number (PN) 501**2a** Name and address of the administrator of the MEWA or ECE

ABC of Southern California Benefit Trust Fund

PO Box 12630

San Diego, CA 92112

2b Telephone number of the administrator (619) 961-1405**2c** EIN**2d** E-mail address of the administrator

Cecilia.konzwells@futureplan.com

3a Name and address of the entity or entities sponsoring the MEWA or ECE

Associated Builders and Contractors, Inc. Southern California Chapter

1400 N Kellogg Drive Ste A

Anaheim, CA 92087

3b Telephone number of the sponsor (714) 779-3199**3c** EIN 95-2893577**4a** Name and address of the agent for service of process or registered agent

Wolds VanderWal

4747 Executive Drive Ste 250

San Diego, CA 92121

4b Telephone number of such person (858) 458-9150**4c** E-mail address of such person

dpw@woldsvanderwal.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Arnold Arsenault
Balfour Beatty
1501 Quail St Ste 130

Newport Beach, CA 92660

5b Telephone number of each such person (949) 502-4000

5c E-mail address of such person

richardvincentsmiley@gmail.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Richard A Deisher
JH Bryant Jr., Inc.
17217 S Broadway Street

Gardena, CA 90248

5b Telephone number of each such person (310) 532-1840

5c E-mail address of such person

DickD@jhbryant.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Jon Krystafik
Safeway Building Systems
1474 N Miller Drive

Colton, CA 92324

5b Telephone number of each such person (909) 824-6441

5c E-mail address of such person

JKrystafik@safewaybsi.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Joshua Reyes
Reyes & Sons Electric
12939 Arroyo St

Sylmar, CA 91342

5b Telephone number of each such person (818) 365-2030

5c E-mail address of such person

joshua@reyesnsoninc.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Brian Akerley
Econolite Systems Inc
1250 North Tustin Ave

Anaheim, CA 92807

5b Telephone number of each such person (714) 630-3700

5c E-mail address of such person

BAKerley@econolite.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Doug Lyvers
Sunwest Electric
3064 E Miraloma Ave

Anaheim, CA 92806

5b Telephone number of each such person (714) 630-8700

5c E-mail address of such person

dlyvers@sunwestelect.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Dean Shipcott
Bergelectric
15776 Gateway Circle

Tustin, CA 92780

5b Telephone number of each such person (949) 250-7005

5c E-mail address of such person

dshipcott@bergelectric.com

5a Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

Jennifer Pena
Sunwest Electric Inc

3064 East Miraloma Ave

Anaheim, CA 92806

5b Telephone number of each such person (714) 630-8700

5c E-mail address of such person

jpena@sunwestelect.com

6a Name and address of all promoters and/or agents responsible for marketing the MEWA or ECE

West Coast Group Benefits

10809 Thornmint Road Suite A

San Diego, CA 92127

6b Telephone number of each promoter or agent (858) 521-0025

6c E-mail address of such person

corey@westcoastbenefits.com

6d EIN of each promoter or agent 75-3042724

7a Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

Charles Schwab

c/o Clelland and Company, Inc.

5151 Shoreham Place, Ste 130

San Diego, CA 92122

7b Telephone Number of person, financial institution, or entity (858) 587-8700

7a Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

Merrill Lynch

100 Spectrum Center Drive #1100

Irvine, CA 92618

7b Telephone Number of person, financial institution, or entity (949) 859-2918

7a Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

Bank of America

PO Box 25118

Tampa, FL 33622

7b Telephone Number of person, financial institution, or entity (888) 400-9009

8a Name and address of any actuary(ies) providing services to the MEWA or ECE

8b Telephone number of each actuary

8c E-mail address of each actuary

8d EIN of each actuary

9a If the MEWA or ECE has a contract with a third party administrator (TPA) the name and address of the third party administrator(s)

Polycomp Administrative Services, Inc.

PO Box 12630

San Diego, CA 92112

9b Telephone number of each TPA (619) 961-1405

9c E-mail address of each TPA

Cecilia.konzwells@futureplan.com

9d EIN of each TPA 95-2889854

10a Name and address of any person or entity that has authority or control over the MEWA's or ECE's assets or over assets paid to the entity by plans or employers for the provision of benefits

ABC of Southern California Benefit Trust Fund

PO Box 12630

San Diego, CA 92112

10b Telephone number of each such person or entity (619) 961-1405

10c E-mail address of such person or entity

Cecilia.konzwells@futureplan.com

10d EIN of each such person or entity

11a Name and address of any person or entity that has discretionary authority, control, or responsibility with respect to the administration of the MEWA or ECE or any benefit program offered by it

ABC of Southern California Benefit Trust Fund

PO Box 12630

San Diego, CA 92112

11b Telephone number of each such person or entity (619) 961-1405

11c E-mail address of such person or entity

Cecilia.konzwells@futureplan.com

11d EIN of each such person or entity

12a Names and addresses of the MEWAs or ECEs that merged

12b Telephone number of the entities

12c EINs

12d PNs

13 Do you have an opinion from an actuary assessing the MEWA's or ECE's actuarial soundness, including the adequacy of contribution rates? No

14a Are you, your entity, and/or its officers, directors, and employees covered by fiduciary liability policies? Please identify the carrier that issued the fiduciary liability policy(ies) in the space provided. Yes

Hudson Insurance Company

14b Are the fiduciaries of each of the plans whose participants are receiving benefits from the entity covered by a fiduciary liability policy? Yes

15 Are all assets in the possession of the MEWA or ECE maintained consistent with section 403 of ERISA and 29 CFR 2550.403a-1 and 2550.403b-1?

Yes

If no, please explain.

16a Within the past five years, has any litigation or other enforcement proceeding (including any administrative proceeding) regarding any MEWA, ECE, or Group Health Plan been instituted by a Federal or State agency against the MEWA or ECE, a trustee, or a director, owner, partner, senior manager, or officer of the sponsoring entity? No

If yes, please identify each litigation or enforcement proceeding to include (if applicable): (1) the case number, (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition.

16b Have any of the persons or entities listed in this Part II ever been the subject of any criminal or civil investigation or action involving dishonesty or breach of trust or been convicted of a felony? No

If yes, please explain.

16c Have any cease and desist orders been issued by a Federal or State agency against any of the entities listed in this Part II? No

If so, please list the issuing entities and the year in which each order was issued.

Entity	Year
--------	------

17 Complete a separate row for each state in which the entity operates in the following chart. (Note: Only entities that provide medical care (within the meaning of ERISA section 733(a) (2)) are required to file the Form M-1.):

17a	17b	17c	17d	17e	17f	17g	17h	17i	17j
Enter all States where the MEWA or ECE is operating.	Is coverage provided?	State registration number.	Name of state agent or entity for service of process.	Is the entity a licensed health insurer in this State?	If yes to 17e, enter NAIC number.	If no to 17e, is the entity fully insured?	If yes to 17g, enter name and NAIC number of insurer.	Does the entity purchase stop loss coverage?	If yes to 17i, enter the name and NAIC number of insurer.
CA <input type="checkbox"/> New State	Yes		Wolds VanderWal	No		Yes	Kaiser 60053	No	
CA <input type="checkbox"/> New State	Yes		Wolds VanderWal	No		Yes	Blue Shield 61557	No	

18 Of the States identified in box 17a, identify those States in which the entity conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care). CA

19 Total number of participants covered under the entity. 2028

PART III INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

20 If you answered yes to box 16a, in reference to any State or Federal litigation or other enforcement proceeding (including any administrative proceeding), check yes below if the allegation concerns a provision under part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under part 7 of ERISA. N/A

21 Is the MEWA subject to part 7 of ERISA on the date of the filing? (Note: The Self-Compliance Tool at www.dol.gov/ebsa/pdf/cagappa.pdf may be helpful in answering Boxes 21-21f.) If "yes," complete the following. Yes

21a Is the coverage provided by the MEWA or ECE in compliance with the portability and nondiscrimination provisions of the Health Insurance Portability and Accountability Act of 1996, including Title I of the Genetic Information Nondiscrimination Act of 2008, and the Department of Labor's (Department's) regulations issued thereunder? Yes

21b Is the coverage provided by the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder? Yes

21c Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? Yes

21d Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? Yes

21e Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law? Yes

21f Is the coverage provided by the MEWA or ECE in compliance with the Patient Protection and Affordable Care Act of 2010 and the Department's regulations issued thereunder that are applicable as of the date signed at the bottom of this form? Yes

ATTACHMENTS

[2024 Extension M1 Filing.pdf](#)

SIGNATURE

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

Signature of Administrator:

Address of Administrator:

Date:

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

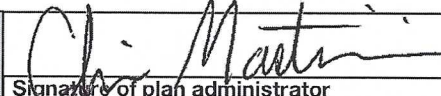

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan ABC OF SOUTHERN CALIFORNIA BENEFIT TRUST FUND WELFARE BENEFIT PLAN	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>06/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASSOCIATED BUILDERS & CONTRACTORS OF SOUTHERN CALIF	2b Employer Identification Number (EIN) <u>33-6227695</u>
	2c Plan Sponsor's telephone number <u>(714) 779-3199</u>
<u>1400 NORTH KELLOGG DR. SUITE A</u> <u>ANAHEIM</u> <u>CA 92807</u>	2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE		10/13/2025	CHRISTOPHER MASTRIANNI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/2025	DEAN SHIPCOTT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
Erickson-Hall Construction Co.	91-1903631	8.14%
Pro-Craft Plumbing	20-4110686	8.10%
California Boiler	33-0063456	7.00%
Champion Electric, Inc.	33-0777546	3.05%
Circle City Electric, Inc.	33-0151202	2.98%
Consolidated Contracting Services	37-1434926	2.67%
West Coast Air Conditioning	95-2637747	2.49%
Frize Corporation	95-3775587	2.35%
MWC Group, Inc.	Requested	2.29%
MEC, Inc	34-1404108	2.13%
Expedite Fire, Inc DBA Lindley Fire	82-2672882	2.06%
Bergelectric	95-1459684	2.04%
RDM Electric Co.	95-4134154	2.03%
Sunwest Electric, Inc.	33-0206309	1.92%
Rancho Pacific Electric, Inc.	95-3867037	1.82%
Continental Plumbing, Inc.	95-3540075	1.76%
J.H. Bryant Jr., Inc.	95-3513146	1.71%
Mel Smith Electric, Inc.	95-3449311	1.67%
A.J. Kirkwood & Associates	33-0707710	1.66%
Burtch Trucking, Inc. dba Burtch Construction	95-3538225	1.54%
LCS Constructors	33-0154305	1.53%
I.E. Pacific, Inc.	33-0564724	1.49%
United Contractors	95-3678936	1.47%
Buxcon Sheet Metal	91-2002982	1.40%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
Federal Technology Solutions	80-0080967	1.38%
DCE Electric, Inc	47-5375298	1.37%
Interpipe Contracting Inc	33-0303296	1.27%
Time and Alarm Systems	95-3254622	1.21%
Good & Roberts, LLC	46-3291476	1.21%
Brytemove Energy EV Infrastructure	84-4977022	1.07%
Construction Electric	95-3287784	1.06%
ABC Southern California Chapter	95-2893577	1.03%
New Dimension Masonry, Inc.	33-0508493	0.99%
Fairchild Plumbing & Mechanical, Inc	33-0429126	0.83%
So. Calif. West Coast Electric, Inc.	33-0202816	0.78%
Challenger Sheet Metal, Inc.	33-0288812	0.78%
R.I.C. Construction Co., Inc	33-0787560	0.77%
DSP Electrical Contractors, Inc.	26-3573134	0.73%
David Crowell Electric, Inc.	33-0960862	0.67%
Reyes & Sons Electric, Inc.	27-0007015	0.61%
R.J. Services, Inc. dba RJ Electric	33-0779060	0.59%
Empyrean Plumbing	20-5577471	0.55%
Apple Valley Communications, Inc.	95-4052267	0.55%
FedVet Construction	81-1961196	0.55%
F.E.C. Electric	33-0773016	0.48%
Allegiance Electric, Inc.	87-4380011	0.44%
JPI Development	91-2056452	0.42%
Tri-Power Electric	20-2406599	0.39%
ITX Construction/Consultants, Inc.	33-0459486	0.39%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
West Coast Cable, Inc.	72-1554123	0.37%
AK Constructors	20-0501097	0.36%
Franklin Mechanical Systems	26-1355727	0.34%
ALBD Electric & Cable	20-4410224	0.34%
J. Miller Electric, Inc.	33-0728979	0.33%
Stronghold Engineering	33-0886845	0.33%
Ornelas Electric, Inc. Cemas	47-2917770	0.31%
Exclusive Metal Inc.	83-3727918	0.31%
Anderson Air Conditioning L.P.	20-8072185	0.30%
K 2 General Contractors, Inc	33-0042363	0.27%
Blue Point Electric	26-4772807	0.27%
Renewable Construction Services, Inc.	84-1785005	0.27%
Miller Plumbing	95-4722903	0.26%
Inverter Technology, Inc.	02-0350912	0.26%
Vector Resources Inc.	95-4154511	0.26%
Sergent Mechanical Systems	95-3513752	0.26%
ICS Service Co.	33-0938756	0.25%
K.E. Rodgers Inc.	47-1531793	0.24%
Floyd Auten Electric, Inc.	95-3395948	0.24%
Helix Electric, Inc.	33-0124909	0.23%
Center Electric Services, Inc.	46-4405254	0.22%
Hydrotech Electric	46-0895158	0.22%
Santa Clarita Electrical, Inc.	46-2663752	0.22%
Laser Electric	33-0233086	0.20%
Beach City Electr	Requested	0.20%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
Power Technology Electric	90-0122124	0.20%
BEC, Inc.	95-4119107	0.19%
Pyro-Comm Systems, Inc.	33-0429397	0.18%
Tricore Enterprises, Inc.	89-1984964	0.18%
JAM Corporation	95-4834197	0.18%
All Star Air Systems	27-0190295	0.18%
Climatec	86-0945853	0.17%
Artifex Plumbing Systems Grp	99-3904885	0.17%
Facility Solutions Group	74-2942838	0.17%
Mesa Energy Systems (EMCOR)	33-0112640	0.16%
Wakeland Electric	84-4128894	0.16%
Lectrifi	47-1640127	0.15%
Fischer Inc.	20-2020904	0.15%
Exclusive Energy	46-3059751	0.15%
Safeway Bldg	33-0773564	0.14%
Simco Mechanical, Inc.	45-5350556	0.14%
Atlas Mechanical	33-0467796	0.14%
DCE Electric	27-1258583	0.14%
Lighting Technologies	33-0535824	0.14%
Brian Devries Construction, Inc.	33-0890080	0.13%
AC Pros	20-2759013	0.13%
JDC Contracting	95-4710261	0.13%
Engie Services	46-5545462	0.13%
Athena Engineering	95-4039121	0.12%
Telnet Solutions	46-1837084	0.12%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
RA Enterprises	95-4399249	0.12%
NPI Concrete	Requested	0.11%
Accurate Weld Testing Lab	95-3094943	0.11%
Aegis ITS, Inc. (Econolite Systems)	27-0206675	0.11%
Arrowhead Mechanical Inc.	95-3118088	0.11%
Digital Technlogies, Inc.	33-0996530	0.11%
Trillium USA	20-2792261	0.10%
South Coast Electrical	20-4662612	0.10%
NKS Mechanical Contracting	20-3124977	0.10%
Rhino Electric	20-5817622	0.09%
Elite Air Conditioning, Inc.	46-5141426	0.09%
Ryan Electric, Inc.	33-0950236	0.09%
Global Diversified Voltage Service	82-1003822	0.09%
EI Karnak Const	Requested	0.09%
GBI Electric	26-3609104	0.08%
B&B Plumbing, Inc.	33-0372391	0.08%
Ani Plumbing	82-1674129	0.08%
Alliance Electrical Systems	27-3128248	0.07%
Renewable Energy Partners	46-1059544	0.07%
Sanchez Electric	33-1194263	0.07%
First Call Electric	47-5186861	0.07%
Iteris Inc	95-2588496	0.06%
Facility Prot Sys	Requested	0.06%
Wallace Electric	33-0477826	0.06%
Russell Sigler, Inc	86-0223222	0.06%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
A3 Communication	57-1058226	0.06%
Aris Construction	80-0600715	0.06%
Stackhouse Electric	83-4008555	0.06%
Amtek Construction	90-0937001	0.06%
Pacific West Industries	20-3152678	0.05%
Control Electric	Requested	0.05%
South Bay Heating and Air Conditioning	95-3116137	0.05%
Christian Brothers Mechanical Services	33-0193531	0.05%
Cusick Electric	46-2497516	0.05%
The Ryan Company	04-2387367	0.05%
Crosby Plumbing	46-5639512	0.05%
Platinum Construction	84-1692858	0.05%
MAC Electric	95-4354152	0.05%
Brudvik Inc.	33-0051184	0.05%
Vector Energy Group	47-3807584	0.04%
Checkpoint Communications	33-0287401	0.04%
Rymax Electric	33-0376760	0.04%
Power Pro Plus	20-4558365	0.04%
CRP Plumbing Company, INC	33-0763415	0.04%
Valencia Sheet Metal, Inc.	95-4068168	0.04%
Access Electric, Inc.	20-0220020	0.04%
Abigail Electric Inc	87-2075070	0.04%
O'Donnell Electric	84-1971464	0.04%
Bon Air Inc.	95-4053328	0.03%
Mack Construction	27-3225398	0.03%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
Zaretsky Engineering Solutions	46-1936694	0.03%
Allegiance Air	Requested	0.03%
Retro-Tech Inc	Requested	0.03%
BR Building Res	Requested	0.03%
AP Building Maintenance	83-0886296	0.03%
L3 Electric	81-3155702	0.03%
Advanced Electrical Technologies, Inc.	20-4501258	0.02%
GA Technical Services, Inc.	32-0019682	0.02%
Marc Electric	27-2690524	0.02%
TekWorks, Inc	33-0926164	0.02%
Comfort & Hays Electric	01-0671405	0.02%
Trans Electric	20-5536903	0.02%
Cal Pac Sheetmetal	33-0610337	0.02%
Pardess Air, Inc.	95-4757440	0.02%
Alpha Mechanical Heat & A/C	73-1696499	0.01%
Synergy Sys	Requested	0.01%
Data Specialties	Requested	0.01%
World Mechanical	27-2270901	0.01%
Pars Arvin Construction, Inc	95-4880908	0.01%
Red Dragon Electric	45-4585929	0.01%
Kern Inc.	30-0780063	0.01%
Triple C Electric	95-4497927	0.01%
Ace Electric	75-3118940	0.01%
Shaw Electric Company	91-2043760	0.01%
Ocean Electric	32-3640066	0.01%

Multiple - Employer Plan Participating Employer Information

ABC of Southern California Benefit Trust Fund

Welfare Benefit Plan

Employer Identification Number: 33-6227695

Plan Number - 501

December 31, 2024

Name of Participating Employers	EIN Numbers	Percent of Total Contributions
(a)	(b)	(c)
Curry Electric	81-2300392	0.01%
Sharp Electrical	92-0468367	0.01%
Radiant Elec	Requested	0.01%
Barkley Andross Corp	20-1485303	0.01%
Campbell Contracting (Titan Elec)	47-4041123	0.00%
Global Fire Technologies, Inc.	33-0833371	0.00%
Titan Electric	Requested	0.00%
Coast Construction Group	20-5173328	0.00%
Xpress Electric, Inc.	27-3227230	0.00%
Combs Company Plumbing	33-0281038	0.00%
Peak Controls	93-1609580	0.00%
Bryden Electrical	95-3869477	0.00%
Avram Electric	Requested	0.00%
First Electric Systems, Inc.	46-4129764	0.00%
Crown Electrical	46-2954646	0.00%
Illescas Electric	92-2897089	0.00%
Bravi Electric	Requested	0.00%
LA Solar	Requested	0.00%
Caliba Inc	30-0510395	0.00%
Consolidated Mechanical and Air	95-4590061	0.00%
Leverage Info Sys	Requested	0.00%
Gomez Electric	Requested	0.00%
Total		100.00%

ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
BENEFIT TRUST FUND WELFARE BENEFIT PLAN
PLAN SPONSOR: ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIFORNIA, INC.
PLAN SPONSOR EIN: 33-6227695
PLAN NUMBER: 501

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain</u>
Charles Schwab	Blackrock Strategic Income Opps Instl	\$ -	\$ 647,432	\$ 622,496	\$ -	\$ 24,936
		<u>\$ -</u>	<u>\$ 647,432</u>	<u>\$ 622,496</u>	<u>\$ -</u>	<u>\$ 24,936</u>
Charles Schwab	Allspring Core Plus Bond	\$ 645,547	\$ -	\$ -	\$ 645,547	\$ -
		<u>\$ 645,547</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 645,547</u>	<u>\$ -</u>