

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [X] 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: [X] 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 ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 04/01/1984
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) TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE
P.O. BOX 12630 SAN DIEGO, CA 92112
2b Employer Identification Number (EIN) 33-0078759
2c Plan Sponsor's telephone number 619-683-2030
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: 1. Filed with authorized/valid electronic signature, 12/12/2025, NIGEL CARY; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 12/12/2025, NIGEL CARY; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

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 167372241

<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 **04/01/2024** and ending **03/31/2025**

<p>A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE</p>	<p>D Employer Identification Number (EIN) 33-0078759</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 INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	228965	1446	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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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
	(c) Amount	(d) Purpose	

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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)
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	10864184
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 **04/01/2024** and ending **03/31/2025**

<p>A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE</p>	<p>D Employer Identification Number (EIN) 33-0078759</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 INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	602585	197	04/01/2024	03/31/2025

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

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

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	1195077
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 **04/01/2024** and ending **03/31/2025**

A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE		D Employer Identification Number (EIN) 33-0078759	

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
UNITEDHEALTHCARE 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
36-2739571	79413	0934992	556	04/01/2024	03/31/2025

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	10089932
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 **04/01/2024** and ending **03/31/2025**

A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE		D Employer Identification Number (EIN) 33-0078759	

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

MEDIEXCEL 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
98-0689694	15347	A894	46	04/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	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)	
	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	142507
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 **04/01/2024** and ending **03/31/2025**

A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE		D Employer Identification Number (EIN) 33-0078759

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

UNITEDHEALTHCARE 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
36-2739571	79413	306868	982	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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) ▶ AD&D

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	56310
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 **04/01/2024** and ending **03/31/2025**

A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE	D Employer Identification Number (EIN) 33-0078759	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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

(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?
50 55	N/A	828969	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 ADMINISTRATION SERVICES

404 CAMINO DEL RIO SOUTH, SUITE 608
SAN DIEGO, CA 92108

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?
50 13	PLAN ADMINISTRATOR	279989	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
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?
50 29	N/A	82647	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)

MOSS ADAMS LLP

4747 EXECUTIVE DRIVE, SUITE 1300
SAN DIEGO, CA 92121

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	N/A	76171	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)

CLELLAND AND COMPANY INC

5151 SHOREHAM PL STE 130
SAN DIEGO, CA 92122

(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?
50 28	N/A	7428	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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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: MOSS ADAMS LLP	b EIN: 91-0189318
c Position: AUDITOR	
d Address: 4747 EXECUTIVE DR SUITE 1300 SAN DIEGO, CA 92121	e Telephone: 858-627-1400

Explanation: MOSS ADAMS LLP MERGED WITH BAKER TILLY US LLP ON JUNE 3, 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 04/01/2024 and ending 03/31/2025			
A Name of plan ASSOCIATED GENERAL CONTRACTORS OF AMERICA SAN DIEGO CHAPTER INC HEALTH & WELFARE TRUST FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE AGC OF AMERICA SD CHAPTER INC - HEALTH & WELFARE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 33-0078759</td> </tr> </table>	D Employer Identification Number (EIN) 33-0078759	
D Employer Identification Number (EIN) 33-0078759			

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	789635	109651
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1399045	2464315
(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)	3010358	3157979
(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	5199038	5731945
Liabilities			
g Benefit claims payable.....	1g	1784640	1953758
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1784640	1953758
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3414398	3778187

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)	22539853	
(B) Participants.....	2a(1)(B)	71364	
(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)		22611217
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14	
(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)		14
(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)	178990	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		178990
(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)		
(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)		74848
c Other income	2c		134371
d Total income. Add all income amounts in column (b) and enter total	2d		22999440

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)	21338648	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21338648
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)	262344	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37950	
(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)	82647	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	914062	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1297003
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22635651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		363789
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: **BAKER TILLY US LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

**Associated General Contractors of America, San Diego
Chapter, Inc. Health and Welfare Trust Fund**

March 31, 2025 and 2024

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Report of Independent Auditors

The Board of Trustees
Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund which comprise the statements of benefit obligations and net assets available for benefits (modified cash basis) as of March 31, 2025 and 2024, and the related statements of changes in benefit obligations and net assets available for benefits (modified cash basis) for the years ended March 31, 2025 and 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 (modified cash basis) of Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund as of March 31, 2025 and 2024, and the changes benefit obligations and net assets available for benefits (modified cash basis) for the years ended March 31, 2025 and 2024, in accordance with the modified cash basis of accounting.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with modified cash basis of accounting, 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund'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 Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of Schedule of Assets (Held at End of Year) as of March 31, 2025, and the Schedule of Reportable Transactions for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Baker Tilly US, LLP

San Diego, California
January 13, 2026

Financial Statements

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Statements of Benefit Obligations and Net Assets
Available for Benefits (Modified Cash Basis)
March 31, 2025 and 2024

	2025	2024
BENEFIT OBLIGATION		
Dollar-bank obligation	\$ 1,953,758	\$ 1,784,640
ASSETS		
Cash	109,651	789,635
Investments, at fair value		
Registered investment companies	3,157,979	3,010,358
Money market funds	2,464,315	1,399,045
Total assets	5,731,945	5,199,038
NET ASSETS AVAILABLE FOR BENEFITS	5,731,945	5,199,038
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATION	\$ 3,778,187	\$ 3,414,398

See accompanying notes.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations and Net Assets
Available for Benefits (Modified Cash Basis)
Years Ended March 31, 2025 and 2024

	2025	2024
CHANGE IN BENEFIT OBLIGATION	\$ 169,118	\$ 270,481
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS		
Additions		
Contributions		
Employers	22,539,853	21,153,665
COBRA participants	71,364	38,587
Net appreciation in fair value of investments	253,852	463,299
Other	134,371	13,520
Total additions	22,999,440	21,669,071
Deductions		
Insurance premiums paid for benefits		
Kaiser	10,901,875	10,166,224
United Healthcare	10,146,777	57,461
Health Net	3,062	8,596,192
MediExcel	117,816	98,225
General and administrative expenses		
Insurance broker fees	828,969	799,483
Administrative manager's fees	262,344	270,098
Professional services	158,818	213,034
Printing and postage	18,468	13,859
Fidelity bond and fiduciary insurance	15,860	16,664
Meetings and other	12,544	23,808
Total deductions	22,466,533	20,255,048
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	532,907	1,414,023
CHANGE IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATION	363,789	1,143,542
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATION		
Beginning of year	3,414,398	2,270,856
End of year	\$ 3,778,187	\$ 3,414,398

See accompanying notes.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Notes to Financial Statements

Note 1 – Description of the Plan

The Associated General Contractors of America, San Diego Chapter, Inc. Health and Welfare Trust Fund (the Trust Fund, the Plan) was established for participating member employers to provide health insurance coverage for employees not represented by collective bargaining units.

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

General – The Plan provides health and welfare benefits for eligible participants and, if elected, their dependents, upon meeting qualifying criteria. Field employees also receive life insurance benefits. The Plan covers all apprentices participating in the Associated General Contractors of America, San Diego Chapter, Inc. Apprenticeship and Training Trust Fund, and either all hourly field construction employees or all employees at the election of the participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Eligibility – Employers cover hourly field construction employees on a month-to-month basis. Under this option, employees are eligible for benefits the first day of the second month following a month in which they worked at least 130 hours (for employers who elected the monthly plan prior to September 1, 1994, there is no "lag" month). 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 per month, the excess is held in a dollar-bank reserve up to a maximum dollar amount equivalent to a total of 390 hours of current contributions. This 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 the participant, plus the dollar-bank reserve account, and additional employer contributions are insufficient to cover the participant for eligibility the following month.

All other employees, other than hourly field construction employees for whom 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 employee's first full month of full-time employment and remain eligible until the last day of the month in which their employment is terminated for any reason, provided they work at least 130 hours per month.

Contributions – The Plan is a non-contributory plan. Contributions are determined by the Board of Trustees based on health insurance plans selected by the employees and premiums due to the insurance companies.

Associated General Contractors of America, San Diego Chapter, Inc.

Health and Welfare Trust Fund

Notes to Financial Statements

Plan termination – Although the Plan has not expressed any intention to do so, the Trust Agreement and Trust Fund may be terminated at any time by the action of the Trustees subject to the provisions set forth in ERISA. In the event the Plan terminates, the Trustees shall wind up the remaining affairs of the Trust Fund, and any and all monies remaining in the Trust Fund, after the payment of administrative and other expenses, shall be allocated so as to continue the payment of benefits to participating employees and their beneficiaries under the Plan in accordance with the Trust Agreement. No portion of the remaining assets shall be paid to or be recoverable by any participating employer or the Associated General Contractors of America, San Diego Chapter, Inc.

Note 2 – Summary of Accounting Policies

Basis of accounting – The Plan prepares its financial statements using the modified cash basis of accounting, whereby the statements of benefit obligations and net assets available for benefits (modified cash basis) are stated at current value and the financial statements reflect only cash receipts and disbursements. Contributions are recognized when recognized by the Plan, and premiums and other expenses are recognized when paid by the Plan. In addition, the financial statements reflect the dollar-bank obligation. Therefore, receivables and payables and accrued income and expenses, which would be recognized under accounting principles generally accepted in the United States of America and which may be material in amount, are not recognized in the accompanying financial statements.

Cash – Cash is maintained in noninterest-bearing accounts which exceed the federally insured deposit limits or are not federally insured. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on its cash.

Investment valuation – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on the settlement date. The net appreciation or depreciation in fair value of investments consists of both the realized gains and losses, unrealized appreciation and depreciation, and interest and dividends of those investments.

Use of estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Notes to Financial Statements

Subsequent events – Subsequent events are events or transactions that occur after the statement of benefit obligations and net assets available for benefits (modified cash basis) date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of benefit obligations and net assets available for benefits (modified cash basis), including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits (modified cash basis) but arose after the statement of benefit obligations and net assets available for benefits (modified cash basis) date and before the financial statements are available to be issued.

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

Note 3 – Fair Value Measurements

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

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology that 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 that 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; and 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 that are unobservable and significant to the fair value measurement.

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

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 March 31, 2025 and 2024.

**Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Notes to Financial Statements**

Registered investment companies (mutual funds) and money market mutual funds – Valued at the daily closing price as reported by the Fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

The following table presents the fair values of investments:

	Assets at Fair Value as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 3,157,979	\$ -	\$ -	\$ 3,157,979
Money market funds	2,464,315	-	-	2,464,315
Total assets in fair value hierarchy	\$ 5,622,294	\$ -	\$ -	\$ 5,622,294
	Assets at Fair Value as of March 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 3,010,358	\$ -	\$ -	\$ 3,010,358
Money market funds	1,399,045	-	-	1,399,045
Total assets in fair value hierarchy	\$ 4,409,403	\$ -	\$ -	\$ 4,409,403

Note 4 – Dollar-bank Obligation

As described in Note 1, hourly employees meeting eligibility requirements are entitled to coverage for a maximum of four months. Employer contributions received in excess of plan insurance premiums and other expenses are held for investment to pay premiums for all eligible participants during their coverage periods, including extended coverage under a dollar-bank program. The Plan's Administrator estimates the benefit obligation for coverage to be approximately \$1,954,000 and \$1,784,600 as of March 31, 2025 and 2024, respectively.

Note 5 – Contracts with Insurance Companies

The Plan has contracts with insurance companies, whereby the insurance companies pay benefit claims submitted for eligible participants and their dependents under the terms of the policies. During the years ended March 31, 2025 and 2024, insurance premium paid were approximately \$21,170,000 and \$18,918,000, respectively. These amounts are net of refunds from the insurance companies.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Notes to Financial Statements

Note 6 – Contracts with Parties-in-Interest

Administrative manager – The Plan has entered into a series of administrative contracts to provide services to collect contributions, transmit payments to the insurer, pay other administrative expenses, and to maintain accounting and participant records. The administrative manager's fees are determined at the greater of \$13 per participant per month or \$15,000 per month. Administrative fees paid for the years ended March 31, 2025 and 2024, were approximately \$262,000 and \$270,000, respectively.

Insurance broker fees – The Plan has entered into contracts with certain brokers for the purpose of assisting the Plan in purchasing and servicing its benefit plans. The brokers' fees are based upon the total of premiums paid in a month and vary between one and six percent. Brokers' fees paid for the years ended March 31, 2025 and 2024, were approximately \$829,000 and \$799,000, respectively.

Legal and accounting services – The Plan engages its attorney to provide services at agreed-upon hourly rates. The Plan also engages its accountant to provide payroll record reviews, nonattest, and attest services at an agreed-upon fee. Total professional fees paid during the years ended March 31, 2025 and 2024, were approximately \$159,000 and \$213,000, respectively.

Note 7 – Income Tax Status

Income taxes – The Trust Fund does not have any uncertain tax positions. The Trust Fund files income tax returns in the U.S. federal and California jurisdictions.

The Trust Fund meets the requirements for qualification under Section 501(c)(9) of the Internal Revenue Code (IRC) and under Section 23701(i) of the California Revenue and Taxation Code and, therefore, is considered a tax-exempt organization. Despite being exempt from most taxes, the Trust Fund is required to pay income taxes on unrelated business income (UBI). Although the Trust Fund does not conduct any unrelated business activities, net investment income is considered UBI because the Trust Fund qualifies as an exempt organization under IRC Section 501(c)(9). Accordingly, the Trust Fund is required to pay income taxes on net UBI.

Section 501(c)(9) organizations may set aside income that would otherwise be taxable (i.e., investment income). Investment income set aside for the payment of life, sickness, accident, or other benefits and reasonable administration costs directly attributed to these payments is not taxable. The IRC limits the amount of investment income which can be set aside.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Notes to Financial Statements

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits between the financial statements and the Form 5500 as of March 31:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits, per the financial statements	\$ 5,731,945	\$ 5,199,038
Dollar-bank obligation	<u>(1,953,758)</u>	<u>(1,784,640)</u>
Net assets per Form 5500	<u>\$ 3,778,187</u>	<u>\$ 3,414,398</u>

The following is a reconciliation of the change in net assets available for benefits between the financial statements and the Form 5500 for the years ended March 31:

	<u>2025</u>	<u>2024</u>
Change in net assets available for benefits, per the financial statements	\$ 532,907	\$ 1,414,023
Change in dollar-bank obligation	<u>(169,118)</u>	<u>(270,481)</u>
Net income per Form 5500	<u>\$ 363,789</u>	<u>\$ 1,143,542</u>

Supplemental Schedules
Required by the Department of Labor (Modified Cash Basis)

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
March 31, 2025

(a)	(b) Identity of issue	(c) Description of investment, rate of interest and maturity date	(d) Cost	(e) Current value
Money Market Fund				
*	Charles Schwab	Schwab Government Money	\$2,464,315	\$2,464,315
Registered Investment Companies				
	ALLSPRING	ALLSPRING CORE PLUS BOND INSTL	480,282	477,442
	JP MORGAN	JPMORGAN STRATEGIC INCOME OPPORTS I	479,406	476,160
	PIMCO	PIMCO SHORT-TERM INSTL	638,721	640,065
	AMERICAN CENTURY	AMERICAN CENTURY MID CAP VALUE I	57,275	57,502
	FEDERATED HERMES	FEDERATED HERMES INTERNATIONAL EQUITY IS	293,962	290,168
	FEDERATED HERMES	FEDERATED HERMES MDT MID CAP GROWTH IS	54,517	47,936
	FULLER & THALER	FULLERTHALER BEHAVIORAL SM-CP EQ INST	106,353	203,082
	HARBOR CAPITAL	HARBOR CAPITAL APPRECIATION INSTL	90,234	138,544
	JP MORGAN	JPMORGAN US VALUE I	131,165	155,136
	CHARLES SCHWAB	SCHWAB FUNDAMENTAL EMERGING MKTS EQ IDX	2,324	2,571
	CHARLES SCHWAB	SCHWAB S&P 500 INDEX	301,549	543,274
	SEAFARER	SEAFARER OVERSEAS GRAND INCOME INSTL	81,114	85,296
	VANGUARD	VANGUARD 500 INDEX ADMIRAL	16,004	40,803
	Total registered investment companies		<u>\$2,732,906</u>	<u>\$3,157,979</u>
	Total investments		<u>\$5,197,221</u>	<u>\$5,622,294</u>

* Indicates party-in-interest.

**Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended March 31, 2025**

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
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Category 1: A single transaction within the plan year in excess of five percent of the current value of the plan assets

Purchases

Charles Schw ab	Allspring Core Plus Bond Instl	\$ 469,126	\$ -	\$ 469,126	\$ 469,126	\$ -
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Sales

Charles Schw ab	Blackrock Strategic Income	\$ -	\$ 470,496	\$ 453,027	\$ 470,496	\$ 17,469
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(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
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Category 3: Any transaction within the plan year involving securities of the same issuer if within the plan year any series of transactions with respect to such securities in the aggregate to more than 5 percent of the current value of the plan assets

Purchases

Charles Schw ab	Allspring Core Plus Bond Instl	\$ 469,126	\$ -	\$ 469,126	\$ 469,126	\$ -
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Sales

Charles Schw ab	Blackrock Strategic Income	\$ -	\$ 470,496	\$ 453,027	\$ 470,496	\$ 17,469
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Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
March 31, 2025

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	AMERICAN CENTURY	AMERICAN CENTURY MID CAP VALUE I	57,275	57,502
	FEDERATED HERMES	FEDERATED HERMES INTERNATIONAL EQUITY IS	293,962	290,168
	FEDERATED HERMES	FEDERATED HERMES MDT MID CAP GROWTH IS	54,517	47,936
	FULLER & THALER	FULLERTHALER BEHAVIORAL SM-CP EQ INST	106,353	203,082
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	JP MORGAN	JPMORGAN US VALUE I	131,165	155,136
	CHARLES SCHWAB	SCHWAB FUNDAMENTAL EMERGING MKTS EQ IDX	2,324	2,571
	CHARLES SCHWAB	SCHWAB S&P 500 INDEX	301,549	543,274
	SEAFARER	SEAFARER OVERSEAS GRAND INCOME INSTL	81,114	85,296
	VANGUARD	VANGUARD 500 INDEX ADMIRAL	16,004	40,803
	Total registered investment companies		<u>\$2,732,906</u>	<u>\$3,157,979</u>
	Total investments		<u>\$5,197,221</u>	<u>\$5,622,294</u>

* Indicates party-in-interest.

Multiple-Employer Plan Participating Employer Information

**AGC of America San Diego Chapter, Inc. Health & Welfare
Trust Fund EIN: 33-0078759
Plan #501**

Company	EIN #	Percentage of Contributions
A & P Drywall, Inc.	33-0745421	0.04%
A & Y Asphalt Contractors, Inc.	95-3661169	0.12%
Abbott Construction	91-1203959	0.10%
ABC General Contractors	86-1895669	0.16%
Abhe & Svoboda, Inc.	41-1224817	0.01%
AC Pros, Inc.	20-2759013	0.03%
Access Pacific, Inc.	80-0499951	1.46%
Accurate Asphalt & Concrete, Inc.	26-1939939	0.00%
Act 1 Construction, Inc.	55-0841427	0.16%
Addison-Miller Inc.	47-1291477	0.02%
ADLC	33-0914565	0.02%
Advanced Acoustic Contractors, Inc.	33-0964927	0.11%
Advantage Painting Solutions, Inc.	47-2366147	0.04%
AEC Moreno Corp	47-2996830	0.00%
AGC Apprenticeship & Training Trust	33-0330244	0.70%
Ahrens Mechanical	27-3873013	0.06%
AK Constructors, Inc.	20-0501097	0.00%
Align Builders	45-4748676	0.04%
Alvarez and Shaw, Inc.	81-4046157	0.11%
American Asphalt & Concrete, Inc.	33-0376920	0.00%
American Concrete	33-0965741	0.11%
Anderson Pacific Eng. Const.	94-1636147	9.35%
Angus Asphalt	33-0252461	0.07%
Arce Custom Cabinets, Inc.	26-4098359	0.01%
Archus Construction, Inc.	83-1149521	0.02%
Arena Construction	82-3479603	0.01%
Argee Construction dba Craftsman Constr.	47-1242149	0.05%
Asphalt, Fabric & Engineering, Inc.	33-0792793	0.23%
Associated General Contractors	95-1951119	0.64%
AT Concrete	88-3805625	0.03%
Barnhart-Reese Construction, Inc.	36-4625867	3.08%
Basile Construction	33-0547552	0.06%
Bear Valley Paving	95-2662758	0.00%
Ben's Asphalt, LLC	87-1651112	0.02%
Big Ben Inc.	Requested	0.49%
Blackbird Contracting Services	46-2129652	0.02%
Blue Pacific Engineering & Construction	84-3876467	0.24%
Bogh Construction LLC	88-3725083	0.14%
Bogh Engineering	33-0949267	6.88%
Bogh Engineering, Inc.	33-0949267	0.02%
Borden Excavating, Inc.	80-0546383	0.11%
Bravo Concrete Construction Services	73-1730834	0.36%
Brewer Crane LLC.	20-1204622	0.01%
Builder Services Group dba Truteam Of California	59-3214406	0.16%
Burch Construction	95-3763362	4.22%
Burtech Pipeline	33-0684881	0.28%
Byrom-Davey, Inc.	33-0990504	0.04%
Caldwell Specialties, Inc	46-0571604	0.13%
California Commercial Pools, Inc.	95-3452683	0.07%
Casper Concrete Cutting, Inc	33-0077018	0.39%
CCL Contracting, Inc.	33-0970168	0.19%
CEM Construction Corp	27-2445019	0.11%
Cement Cutting, Inc.	95-3104613	0.08%
CJ Concrete Construction, Inc	95-4578126	0.21%
Competitive Painting	37-2073959	0.08%
Single Eagle dba Concrete Contractors Int	33-0278361	0.07%
Copp Contracting Inc.	95-3422693	0.04%
Cox Construction Company	95-3393247	1.93%
Craft Construction & Development	83-0673539	0.02%
Crew, Inc.	33-0590599	0.22%
Crimson Marie Company	27-0263249	0.00%
Cuyamaca Const., Inc.	33-0079119	0.10%
D & D Concrete Construction	33-0377858	0.23%
D.A. Whitacre Construction	33-0074650	0.04%
Dalke & Sons Construction	33-0466455	0.06%
Dan Lyman Construction	20-8173344	0.03%
Daryl Griffis Acoustics	95-3559401	0.01%
David M. Bertino Mfg, Inc.	33-0744536	0.20%
Davis Framing, Inc.	82-0573043	0.05%
Davis/Reed Construction	16-1620369	0.00%

DB Pipeline	83-1882162	0.03%
Demolition Specialist, Inc.	90-0514761	0.15%
Devries Construction, Inc.	33-0890080	0.05%
Dick Miller Inc.	33-0654534	0.30%
DLG Contractors, Inc.	46-2628757	0.00%
Don Peterson Contracting	20-0779098	0.01%
Downing Construction, Inc.	Requested	0.05%
Downstream Services, Inc.	80-0011534	0.19%
E.J. Meyer Company	95-6800602	0.16%
EC Constructors, Inc.	20-4092767	3.90%
EFR Environmental Services	33-0859670	0.01%
EI Cajon Grading & Engineering	Requested	0.09%
EI-Co Contractors, Inc.	95-2635613	0.08%
Elite Earthworks & Engineering	90-0705398	0.06%
Erickson-Hall Construction	91-1903631	0.73%
ETC Building & Design, Inc.	02-0609144	0.01%
Ewing Painting	26-0852632	0.01%
F.J. Willert Contracting Co., Inc.	95-3606646	4.34%
Faris Construction Company	20-2084370	0.01%
Five Engineering & Plumbing	43-527670	0.00%
Frameco Construction, Inc.	73-1705239	0.04%
G Brothers Construction, Inc	33-0785134	0.09%
G2 Construction, Inc.	01-0862732	0.03%
Garza Construction, Inc.	85-222-1322	0.12%
GB Construction, Inc. dba Gollen Bear Constructor	Requested	0.03%
GCI Construction Inc.	33-0819143	0.01%
GDL Best Contractors	95-4818608	0.02%
Gentry Brothers, Inc.	95-3534970	0.44%
Gentry General Engineering	47-3813252	0.13%
Grahovac Construction	33-0182126	0.01%
H & D Construction Company	95-3470981	0.03%
H & H General Contractors	33-0882569	0.04%
H L Hitchcock Construction, Inc.	871223243	0.07%
Haitbrink Asphalt Paving, Inc.	33-0158039	0.21%
Hal Hays Construction, Inc.	Requested	0.04%
Hazard Construction Engineering LLC	84-4384138	0.56%
Hellas Construction	27-0074538	0.04%
Hi Tech Painting, Inc.	82-3625935	0.04%
Hillcrest Contracting, Inc.	33-0084251	0.56%
Hollands Custom Cabinets	95-3398288	0.03%
Holtz Corporation	33-0410037	0.07%
HR Mechanical Corp	45-3082579	0.01%
HSCC, Inc.	46-5354601	0.08%
In-Line Fence & Rail Co., Inc.	33-0861647	0.35%
Innovation Painting	85-2906126	0.07%
Interstate Civil Constr.	86-3002984	0.05%
J.R. Construction, Inc.	33-0516645	0.32%
J.R. Filanc Construction Co. Inc.	33-0516645	0.11%
Jackson & Blanc	95-2080565	3.36%
JC Framing, Inc.	20-8149812	0.01%
JCE Equipment, Inc.	26-0560229	0.01%
Jeremy Harris Construction	46-1687008	0.08%
Jergensen Concrete	84-2221792	0.09%
Jergensen Construction	95-4325441	0.14%
JMJ Construction	27-4200414	0.05%
Johnston Tractor, Inc.	27-4544482	0.09%
JPI Development Group, Inc.	91-2056452	0.07%
K.A.R. Construction Inc	33-0388502	0.48%
Kana Pipeline, Inc.	33-0694239	0.06%
Kasa Construction, Inc.	26-3647498	0.17%
Kay Construction Company, Inc.	87-2765592	0.08%
Kerns Construction	30-0780063	0.21%
Kingmen Construction	81-3665914	0.85%
KTA Construction, Inc.	95-3425274	0.14%
LB Civil Construction	65-1292275	0.49%
LCR Earthworks & Engineering Corp.	83-1565574	0.01%
Lee & Stires, Inc.	95-2836854	0.22%
Level Up Doors and Woodwork	83-1596773	0.01%
Loamic Builders	Requested	0.25%
Los Angeles Engineering, Inc.	95-4143653	6.23%
Lusardi Construction Co.	95-2159879	0.27%
Lyman Construction	20-8173344	0.07%
M Bar C Construction, Inc.	20-3171392	0.05%
M.A. Stevens Construction, Inc.	13-4354332	0.00%
Macadee Electrical Construction	33-0369426	0.03%
Madrid Equipment Rentals	45-4808110	0.02%
Marathon Construction Corp	95-3643063	0.86%
Marcon Engineering, Inc.	33-0931200	0.11%

Martinez Concrete, Inc.	95-3200932	0.11%
Matcon General Eng.	47-4714874	0.03%
MC Painting	33-0890700	0.02%
MCC Equipment Rentals, Inc.	03-0414931	0.05%
MCC Pipeline, Inc.	46-5445400	0.02%
Merli Concrete Pumping Co	95-2092824	1.74%
Millsten Enterprises, Inc.	81-3629227	0.01%
Minco Construction DBA Minako America	30-0129354	0.01%
Miramar General Engineering	46-5244146	0.11%
Montano Pipeline	35-2620817	0.09%
Narrow Path Eng	87-3830916	0.00%
New Century Construction	33-0902647	0.03%
NKS Mechanical Contracting, Inc.	20-3124977	0.05%
Norstar Plumbing & Engineering, Inc.	20-0248366	0.19%
Nu Line Technologies	46-5330199	0.07%
O.H.E. Painting	26-3989392	0.16%
Oak Hollow Restoration	83-3638472	0.04%
Oakview Constructors, Inc.	75-3023714	0.07%
OHNO Construction Company	91-0919645	0.20%
Olympos Construction	26-3653552	0.01%
Optimus Construction & Painting	60-1298744	0.02%
Orion Construction Corporation	33-0339762	0.58%
Ortiz Corp. General Engineering	33-0416969	0.34%
Pacific Building Group, Inc.	33-0195626	0.01%
Pacific Contractors Group, Inc.	Requested	0.03%
Pacific Hydrotech Corp	95-4107601	2.20%
Pacific West Builders	51-0476348	0.43%
Palm Eng. Construction Company, Inc.	71-0973001	0.14%
Patriot Pipeline	45-3147613	0.07%
Pecoraro, Inc.	20-3616711	0.55%
Peterson Grading & Paving	55-0858895	0.00%
Piperin Corporation	26-2160464	0.14%
PK Mechanical Systems	35-2179113	0.06%
Play Foundations	76-0766209	0.12%
PMC Concrete Contr	11-3661290	0.01%
Pokrajac Corporation	33-0825005	0.05%
Portillo Concrete Inc.	33-0922139	0.13%
Prestige Concrete	33-0778389	0.02%
Pro Link Engineering	20-2071817	0.00%
Pro-Craft Plumbing Co.	20-4110686	0.20%
Pyramid Building & Engineering, Inc.	33-0933256	0.03%
Pyramid Construction and Aggregates Inc	20-3147475	0.34%
QSB Construction	27-2721024	0.05%
Quality Construction & Engineering, Inc.	47-4053433	0.01%
Quality Painting & Wallcoverings	33-0572778	0.01%
R C Construction Services, Inc.	81-5483412	0.20%
R C Foster Corpaton	33-0349251	0.14%
R.A. Burch Construction Co.	33-0083288	2.23%
R.E. Chaffee Construction	85-3526202	0.13%
R.E. Schultz Construction, Inc.	32-0465469	0.97%
R.I.C. Construction Co, Inc.	33-0787560	0.02%
Ramona Paving & Construction	33-0975983	0.29%
Ray White Cement	95-3422013	0.02%
Regan Paving dba Charles C. Regan	95-2597418	0.03%
Reynolds Contracting, Inc.	33-0815653	0.01%
Roadway Eng. & Contracting, Inc.	13-4318992	0.23%
Rocky Coast Builders, Inc.	33-0775727	0.07%
Romero General Construction	33-0516701	0.46%
S & B James Construction	83-1570234	0.04%
S.C. Coatings Corporation	33-0931936	0.05%
S.C. Valley Engineering, Inc	33-0429862	0.26%
S.S. Mechanical Construction Corp.	33-0586199	0.04%
Sandalwood Construction	33-0258686	0.00%
SB General Engineering, Inc.	45-0703378	0.43%
Schuler Constructors, Inc.	95-3406628	0.02%
Seaside Waterproofing	82-1459984	0.06%
Sequel Contractors, Inc.	95-4301424	0.12%
Servitek Electric, Inc.	82-3037776	0.05%
Showcase Concrete Corp.	33-0958892	0.03%
Sierra Pacific West, Inc.	33-0413431	0.21%
Sierra West Finish, Inc.	37-1502622	0.00%
Silver Creek Modular, LLC.	20-2097832	0.02%
Simmons & Wood, Inc.	95-2691955	0.04%
SJD&B, Inc.	47-3069377	0.00%
Sol Construction, Inc.	03-0380304	0.01%
Soltek Pacific Construction	20-4067188	6.77%
South Bay Fence, Inc.	95-2786168	0.05%
Southland Paving	33-0010538	4.39%

Spec Construction Co., Inc.	20-2587947	0.23%
Spooner's Woodworks, Inc.	33-0570373	0.29%
Starrett Construction, Inc.	33-0745477	0.09%
Stronghold Engineering	95-2074476	0.05%
Sudweeks Construction	51-0538646	0.01%
Sundt Construction	86-0366154	0.04%
SWCS, INC.	45-3075851	0.09%
Swinerton Builders	94-1499330	0.14%
T.B. Penick & Sons, Inc.	95-2056465	0.15%
T.E. Roberts, Inc.	33-0909536	0.51%
TC Construction Co., Inc.	95-3646005	0.37%
Team C Construction, Inc.	33-0945381	0.16%
Tech Builders, Inc	95-2139896	0.94%
Terra Pave, Inc	95-3903266	0.10%
The Van Dyke Corp	33-0000562	0.02%
Three Peaks Corp	27-1376483	0.23%
Thunder-Jones Contracting Group	33-0880971	0.18%
TK Construction	20-4179624	0.23%
Towne Drywall, Inc.	81-3976572	0.11%
Tri-Group Construction	33-0920975	0.15%
Trinity Grading, Inc.	68-0597142	0.07%
Tubbs Enterprises, Inc.	33-0729401	0.13%
Unique Building Group, Inc.	68-0508037	0.00%
United Paving Company	20-1940280	0.27%
Valley Pipeline Services	46-3475229	0.19%
Vandercook Construction	45-3851727	0.11%
Vasquez Construction Company	46-2605712	0.09%
West Coast Air Conditioning	95-2637747	0.23%
West Coast General Group, Inc.	82-0610429	0.39%
Western Foundation & Shoring	95-3866043	0.00%
Western Pump, Inc.	33-0312706	0.01%
Western Rim Constructors	33-0972744	3.22%
Western State Builders	85-2764804	1.75%
West-Tech Contracting, Inc.	33-0506018	0.49%
Wier Construction Corporation	33-0102010	0.45%
Wm. M. Perkins Company	33-0038141	0.07%
Wright Construction Engineering	46-5724187	0.02%
YBS Concrete, Inc.	80-0462448	0.06%
Zasueta Contracting, Inc.	33-0785642	0.01%
Zusser Company, Inc.	20-3016497	0.03%

**Associated General Contractors of America, San Diego Chapter, Inc.
Health and Welfare Trust Fund
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended March 31, 2025**

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
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Category 1: A single transaction within the plan year in excess of five percent of the current value of the plan assets

Purchases

Charles Schw ab	Allspring Core Plus Bond Instl	\$ 469,126	\$ -	\$ 469,126	\$ 469,126	\$ -
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Sales

Charles Schw ab	Blackrock Strategic Income	\$ -	\$ 470,496	\$ 453,027	\$ 470,496	\$ 17,469
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(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
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Category 3: Any transaction within the plan year involving securities of the same issuer if within the plan year any series of transactions with respect to such securities in the aggregate to more than 5 percent of the current value of the plan assets

Purchases

Charles Schw ab	Allspring Core Plus Bond Instl	\$ 469,126	\$ -	\$ 469,126	\$ 469,126	\$ -
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Sales

Charles Schw ab	Blackrock Strategic Income	\$ -	\$ 470,496	\$ 453,027	\$ 470,496	\$ 17,469
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