

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WECA ATC RETIREMENT PLAN AND TRUST; 1b Three-digit plan number (PN): 333; 1c Effective date of plan: 04/01/1992; 2a Plan sponsor's name (employer, if for a single-employer plan): WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.; 2b Employer Identification Number (EIN): 94-0453910; 2c Plan Sponsor's telephone number: 916-453-0112; 2d Business code (see instructions): 238210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC. 3695 BLECKELY STREET MATHER, CA 95655-4133		3b Administrator's EIN 94-0453910
		3c Administrator's telephone number 916-453-0112
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	1052
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	796
6a(2) Total number of active participants at the end of the plan year	6a(2)	754
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits	6c	286
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1040
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	1040
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	899
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1040
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 **09/01/2024** and ending **08/31/2025**

A Name of plan WECA ATC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.	D Employer Identification Number (EIN) 94-0453910	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CAPFINANCIAL PARTNERS LLC CAPTRUST

4208 SIX FORKS ROAD
SUITE 1700
RALEIGH, NC 27609

26-0058143

(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?
27	INVESTMENT ADVISOR	76487	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)

BENEFIT RESOURCES, INC.

1545 RIVER PARK DRIVE, SUITE 325
SACRAMENTO, CA 95815

68-0198481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	34235	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)

WESTERN ELECTRICAL CONTRACTORS ASSO

3695 BLECKLEY STREET
MATHER, CA 95655-4133

94-0453910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	26973	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)

GILBERT ASSOCIATES

2880 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833

68-0037990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18057	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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 09/01/2024 and ending 08/31/2025	
A Name of plan WECA ATC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.	D Employer Identification Number (EIN) 94-0453910

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
a Total noninterest-bearing cash	1a	625869	960328
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	926405	985540
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6662	5788
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	166228	95528
(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)	14547140	17418167
(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	16272304	19465351
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	22402	9657
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2745	2801
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	25147	12458
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16247157	19452893

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)	5562032	
(B) Participants.....	2a(1)(B)		
(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)		5562032
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	476957	
(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)		476957
(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)	27828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		27828
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2487818	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2514320	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-26502
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1068532	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7108847

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3728750	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3728750
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)	26973	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18057	
(5) Investment advisory and investment management fees	2i(5)	76487	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	52844	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		174361
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3903111

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3205736
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: GILBERT CPAS

(2) EIN: 68-0037990

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 **09/01/2024** and ending **08/31/2025**

A Name of plan WECA ATC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.	D Employer Identification Number (EIN) 94-0453910	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 68-0278294

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2024** and ending **08/31/2025**

<p>A Name of plan WECA ATC RETIREMENT PLAN AND TRUST</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>333</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.</p>	<p>D Administrator's EIN 94-0453910</p>	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1ST LIGHT SALES CORP	82-4405547	0.00	0
A&G ELECTRIC	82-4260501	0.00	60

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

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

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AAA ELECTRICAL SOLUTIONS INC.	47-5580794	0.14	46463
ADDY ELECTRIC, INC	47-2425380	0.02	34633
AGILITECH	03-0433805	0.05	44269
ALEJO ELECTRIC INC.	82-1388960	0.02	105943
ALESSANDRO ELECTRIC, INC.	20-3974498	0.82	387484
AMBIENT ELECTRIC INC.	47-1113105	0.00	0
AMERICAN INCORPORATED	94-2233668	0.17	88010
AMERICAN SOLAR CORPORATION	20-8967063	0.00	0
AMPLE ELECTRIC, INC	48-1304748	0.00	34862

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANDRADE ELECTRIC	68-0074023	1.43	40709
APC ELECTRIC INC.	82-1776950	0.03	12972
ASTRAL ELECTRIC COMPANY	81-3146631	0.14	4027
AUBURN CONSTRUCTORS	68-0230575	1.21	194582
AVIDIDEX INDUSTRIES LLC	37-1480101	0.10	12024
B & H ELECTRIC, INC.	68-0305611	0.17	131332
BAHIA ELECTRIC INC.	83-1632685	0.00	28348
BAKERSFIELD ELECTRIC LLC	83-1074211	0.02	1248
BARNUM & CELILLO ELECTRIC, INC	68-0227342	4.25	476285

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELL ELECTRIC	77-0338115	0.00	35
BENJAMIN ELECTRIC	85-3066550	0.00	356
BLAKESLEE ELECTRIC, INC	94-2804366	0.77	187138
BLUM & SONS ELECTRIC INC.	77-0094331	0.10	34497
BMF ELECTRIC	45-4778006	0.00	3
BOSLEY ELECTRIC COMPANY	26-0122244	0.81	189721
BUDGET ELECTRIC	68-0025939	0.10	0
BUTTERFIELD ELECTRIC	68-0386175	0.15	192893
BVI SOLAR (BITTEREND VENTURES, INC.)	82-2964027	0.19	3205

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C10 FIRE INC	81-4707574	0.00	0
C3 ELECTRIC - CINQ 818 INC.	85-0959084	0.29	34868
CABAR ELECTRIC, INC	68-0070308	0.12	22340
CALIFORNIA SOLAR INTEGRATORS INC.	47-2667913	0.20	11738
CAPITOL VALLEY ELECTRIC	34-2032030	0.64	238179
CARNAHAN ELECTRIC LTD	68-0413148	0.26	22090
CERES RENEWABLES	93-4091608	0.07	10468
CHARLIE'S ELECTRIC	81-0951492	0.15	71336
CITADEL ELECTRIC	46-2386518	0.06	13429

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CMD ELECTRIC	86-2834290	0.73	151528
CML SECURITY	47-4326233	0.20	100516
COASTAL MOUNTAIN ELECTRIC	68-0116758	2.41	418764
COFFMAN SPECIALTIES, INC	33-0483378	0.01	10096
COLE ELECTRIC	85-2197646	0.42	82003
COMBINED ENERGY INC.	80-0890071	0.00	18695
COPELLO ELECTRIC COMPANY	51-0631629	0.03	10222
CORE ELECTRICAL SERVICES INC.	83-0765550	0.21	45052
CRAFTSMAN ELECTRIC LLC	87-2499759	0.00	32

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRI ELECTRIC	33-0790506	0.24	30241
CT ELECTRIC LLC	88-2557896	0.01	481
CURRENT ELECTRIC	33-0750148	0.04	3473
CW ELECTRIC	43-2105882	0.00	14312
DARR ELECTRICAL SERVICES	85-1498699	0.01	0
DARREL VARNI ELECTRIC, INC.	77-0552142	1.19	229508
DEL SUR ENERGY	33-1688435	0.00	3658
DELAO ELECTRIC INC	27-1240112	0.00	8893
DIAMOND ELECTRIC GROUP, INC.	84-2880297	0.04	70560

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DKS ELECTRIC, INC	46-2675197	0.39	83111
DORADO ELECTRIC INC.	92-2616292	0.03	0
DOUG WALL CONSTRUCTION	33-0777123	0.00	0
DUSTON DOUGHERTY ELECTRIC	92-1318877	0.04	2281
DYNAMIC ELECTRICAL CONTRACTING	26-2966031	2.46	349114
DYNASTY ELECTRIC INC.	84-4151366	0.00	0
EIG ELECTRICAL	27-0853429	0.00	365134
ELECTRICAL POWER SOURCE	46-4041204	0.03	14386
ELECTRICAL RELIABILITY SERVICES	94-1742896	3.18	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELECTRICAL SOLUTIONS PROVIDER	45-3021696	0.00	4447
ELECTRICON INC.	47-1952268	0.00	1555
ELIONE ENERGY INC	84-3367701	0.00	0
EMPIRE ELECTRICAL SOLUTIONS INC.	47-3069747	1.64	193456
ENDELOS ENERGY INC.	33-0857418	0.01	1254
ENERGY EFFICIENT SERVICES	47-2583348	0.05	9258
ENOVITY INC.	04-3657838	0.01	0
ERS	94-1742896	0.00	470136
ESI COMPANY	26-4093360	0.03	4124

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERGREEN INNOVATION GROUP	27-0853429	0.59	0
EYEP SOLUTIONS INC.	83-3117907	0.03	2230
FINELINE ELECTRIC INC.	46-2637580	0.02	724
FIREBOLT ELECTRICAL	85-3423517	0.05	53271
FLO-SERVICES, INC.	46-2730489	0.01	0
FORT BRAGG ELECTRIC INC.	94-2630912	0.06	17755
FREDRICKS ELECTRIC, INC.	95-3422573	0.03	1752
FRICKE ELECTRIC	02-0780412	0.05	13288
GARRAHAN ELECTRIC, INC	68-0422229	0.20	142656

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEM CONTRACTORS GROUP COMPANY	20-2966357	0.00	2105
GJR ELECTRIC	38-3925693	0.00	0
GLOBAL POWER GROUP, INC.	20-3688665	0.12	86827
GOLD ELECTRIC	94-3410460	0.73	90740
GRADY ELECTRIC, INC	26-3672734	0.01	2491
GUYOU CONSTRUCTION INC.	46-3763755	0.00	0
HANKINS ELECTRICAL CONTRACTING	30-0704117	0.00	11600
HELIX ELECTRIC OF NEVADA	36-4485672	0.02	10624
HELIX ELECTRIC, INC	33-0124909	13.80	2963818

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HGH ELECTRIC, INC	94-3330290	0.01	127605
HIGH VOLT ELECTRIC	61-1665689	0.04	46142
HUNTER ENERGY SOLUTIONS	46-3856535	0.03	0
HY-LANG ELECTRIC CALIFORNIA, INC	33-0170139	0.01	0
IMPACT ELECTRIC	83-3991090	0.00	0
IMPERIAL ELECTRIC SERVICE	81-3231569	0.16	947
INDUSTRIAL PRO POWER SERVICES	87-2400506	0.03	7960
INFINITY POWER SOLUTIONS INC.	86-2716447	0.10	23260
JMT ELECTRIC INC	84-4549791	0.05	4808

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Part II Participating Employer Information (Continued).

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JOHNSON ELECTRONICS	20-0920200	0.14	7004
JTE ELECTRICAL INC	84-3847261	0.16	193007
KAAVE ELECTRIC COMPANY LLC	85-0766643	1.22	164133
KDM ELECTRIC, INC	71-0956508	0.00	25271
KIBO & CO ELECTRICAL CORP.	27-0639896	0.29	83441
KNIGHTS' ELECTRIC INC.	94-2829529	0.74	180151
LANDERS ELECTRICAL CONTRACTING	87-4317409	0.00	809
LARGER ELECTRIC, INC.	26-2707913	0.11	5926
LEGENDARY ELECTRIC	82-5008047	0.18	14924

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTHOUSE ELECTRICAL INC.	76-0802966	1.78	206062
LIGHTMAN ELECTRIC	27-0170109	0.52	84783
M. BREY ELECTRIC, INC.	46-1020109	0.35	165059
MAC ELECTRIC	46-4199487	0.08	9267
MAC GC-ELECTRIC, INC.	20-3674376	0.31	85759
MADISON ELECTRIC INC.	33-1214544	0.06	67058
MANUFACTURERS LIGHTING SOLUTIONS INC	45-1804643	0.00	43411
MARK III ENGINEERING	27-0998726	0.28	212138
MCDONALD ELECTRIC, INC.	80-0525126	0.01	302

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MCDONNELL ELECTRIC	55-0834022	0.07	92910
MEADOW ELECTRIC	26-0142494	0.07	72059
MENDENHALL ELECTRIC	68-0328754	0.07	8486
MOUNTAIN ELECTRICAL CONSTRUCTION	94-2383987	0.02	1284
MPOWER ELECTRIC, INC.	82-3693458	0.29	18381
MSTALL ELECTRIC	99-2812995	0.02	5371
MY ELECTRCIAN INC	90-0650741	0.02	9520
NCI ELECTRIC	05-0613661	0.03	3052
NEIGHBOR ELECTRIC INC	45-5596255	0.01	0

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NEW ERA ELECTRIC	30-1232395	0.25	50176
NEW LEAF ELECTRIC, INC.	82-2713378	0.22	31332
NIZUK ELECTRICAL CONTRACTING	81-0703516	0.14	29752
NORTH COUNTY ELECTRIC	27-2130148	0.00	673
NORTHRIDGE ELECTRIC	26-0641900	0.00	63619
NORTH STATE ELECTRICAL CONTRACTORS	20-8066743	0.09	90179
OPTION ONE SOLAR	46-2684338	0.02	831
P&J ELECTRIC, INC.	16-1782916	0.62	71679
PACIFIC POWER & SYSTEMS	68-0439248	0.05	30581

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PASCHKE ELECTRIC	68-0224379	0.16	38420
PAVLETICH ELECTRIC, INC.	77-0412243	4.29	683610
PCN3	95-4535453	0.06	6704
PERFECTION ELECTRIC CO.	68-0145867	0.00	15345
PERKINS ELECTRIC	45-5446865	0.00	0
PIERCE ELECTRIC INC	26-0173181	0.06	11510
PINNICAL ELECTRIC INC.	26-3187531	0.03	8251
PLEMCO	20-0576301	0.00	1769
PMK PROFESSIONAL INC.	37-1622067	1.88	192860

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POWER DESIGN, INC.	65-0147539	0.01	33590
PRECISION ELECTRIC	33-0887448	0.03	3009
PRIME ELECTRICAL SERVICES INC.	71-0912205	0.42	88469
RAWLINGS ELECTRIC INC.	26-1237950	0.00	59984
RAYNOR ELECTRIC	94-2322428	0.00	15810
RCM ELECTRIC CO INC.	81-4387296	0.01	413
REX MOORE GROUP, INC.	68-0484232	21.50	2542957
REYFF ELECTRIC COMPANY	68-0399121	10.07	1715767
ROCK & SONS	94-3377747	0.05	5484

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ROLLIN ELECTRIC	81-3628892	0.30	24195
ROWAN ELECTRIC INC.	33-0788307	0.93	165554
ROYAL ELECTRIC	94-2422340	0.90	344374
RP CONTROLS	46-4002066	0.01	26794
SAN JOSE ELECTRIC	87-1713429	0.03	2558
SANDBAR	41-2162658	0.04	58224
SATTLER SOLAR, INC.	81-2354638	0.00	0
SCC ELECTRIC	93-2457022	0.03	13977
SCHRADER MECHANICAL, INC.	26-1635570	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SETPOINT CONTROL	04-3716470	0.05	6261
SHARP ELECTRIC	82-4234613	0.07	20197
SHARP ELECTRICAL SERVICES	83-1065630	0.03	67139
SIERRA COMMERCIAL LIGHTING, INC.	81-4760313	0.01	0
SIERRA DETENTION SYSTEMS, INC.	84-1469189	0.00	14086
SIERRA NEVADA ELECTRIC	20-4014888	0.01	0
SIERRA VALLEY ELECTRIC	94-2670733	0.02	5483
SMART CITY ELECTRIC GROUP	87-2272964	0.01	0
SPARK POWER	81-0950731	0.12	47935

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SPENCER ELECTRIC	27-2279668	0.04	9606
STRATEGIC INDUSTRY INC	26-1438395	1.53	186038
SUN LIGHT & POWER	94-2357077	0.02	1357
SUNUP SOLAR TECH SERVICES	47-1387427	0.00	116
SUPERIOR ELECTRICAL	47-2726348	0.04	4986
TDR ENTERPRISE	82-1694281	0.00	22927
TRI COUNTY ELECTRIC	35-2553614	0.83	128339
TYLER PARRISH LLC	87-2661936	0.00	0
UNIFIED RENEWABLES	99-0506364	0.01	372

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UPGRADE ELECTRICAL CONTRACTORS INC	82-1585158	0.00	0
VALLEY ELECTRIC	43-2012017	0.04	20922
VALLEY UNIQUE ELECTRIC, INC.	77-0048023	0.00	21554
VANDENBOS ELECTRIC	68-0251448	0.28	105334
VASKO ELECTRIC, INC	68-0053400	4.55	1201794
VE ELECTRIC, INC.	47-5657937	0.36	17056
VINE ELECTRIC INC.	37-1755440	0.01	72044
VOLK ELECTRIC	20-8496283	0.02	8801
WAHLUND CONSTRUCTION INC.	68-0388471	0.14	28212

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WECA, INC.	94-0453910	0.00	160757
WELLS ELECTRICAL	94-3323336	0.02	10012
WESTECH SYSTEMS, INC	77-0455720	0.49	99859
WESTERM ELECTRICAL CONTRACTING	82-2786391	0.03	4185
WHITEHEAD ELECTRICAL	01-0737686	0.03	4547
WISEROAD INDUSTRY LLC	93-1454262	0.00	0
WM LINN COMPANY	94-3380210	0.02	1357
YEOMAN ELECTRIC INC	84-2325845	0.13	9778
ZAPIAN ELECTRIC, INC.	26-2320831	0.02	1381

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

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

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

**WECA ATC RETIREMENT
PLAN AND TRUST**

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULES**

**YEARS ENDED
AUGUST 31, 2025 AND 2024**

WECA ATC RETIREMENT PLAN AND TRUST

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INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
WECA ATC Retirement Plan and Trust
Rancho Cordova, California**

Opinion

We have audited the accompanying financial statements of WECA ATC Retirement Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules 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 generally accepted auditing standards.

Board of Trustees
WECA ATC Retirement Plan and Trust
Page three

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.

Gilbert CPAs

GILBERT CPAs
Sacramento, California

February 24, 2026

WECA ATC RETIREMENT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AUGUST 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Cash	\$ 960,328	\$ 625,869
Investments, at fair value	17,513,696	14,713,365
Receivables:		
Employers' contributions	546,670	503,981
Related party	438,870	422,424
Prepaid expenses	<u>5,788</u>	<u>6,663</u>
TOTAL ASSETS	<u>19,465,352</u>	<u>16,272,302</u>
LIABILITIES:		
Accounts payable	8,495	9,094
Related party payables	<u>3,963</u>	<u>16,053</u>
TOTAL LIABILITIES	<u>12,458</u>	<u>25,147</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 19,452,894</u>	<u>\$ 16,247,155</u>

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

WECA ATC RETIREMENT PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED AUGUST 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	\$ 1,042,029	\$ 1,513,001
Interest and dividends	504,785	463,691
Total investment income	<u>1,546,814</u>	<u>1,976,692</u>
Less investment expenses	<u>76,487</u>	<u>66,670</u>
Net investment income	1,470,327	1,910,022
Employers' contributions	<u>5,562,032</u>	<u>4,612,112</u>
Net additions	<u>7,032,359</u>	<u>6,522,134</u>
DEDUCTIONS:		
Benefits paid to participants	3,728,750	3,049,844
Administrative expenses	<u>97,870</u>	<u>96,082</u>
Total deductions	<u>3,826,620</u>	<u>3,145,926</u>
Net increase	3,205,739	3,376,208
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>16,247,155</u>	<u>12,870,947</u>
End of year	<u>\$ 19,452,894</u>	<u>\$ 16,247,155</u>

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

WECA ATC RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of WECA (the Association) ATC Retirement Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering commercial apprentices of the WECA Apprenticeship and Training Program. There is no minimum age requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – The Plan is a multiple employer plan in which participating employers make an hourly retirement contribution based on the training level that has been attained by each apprentice in the training program.

Participant accounts – Each participant's account is credited with the employers' contributions based on the hours worked each plan year. Allocation of Plan earnings, losses, Plan expenses, and any appreciation or depreciation of the Plan assets are credited or charged to each participant based upon the balance in each account at the beginning of each Plan year and after benefits are paid and direct participant expenses are charged to separate participants. The Plan's investments are not participant directed.

Vesting – Each participant's account is vested 100% immediately.

Payment of benefits – On termination of service due to death, disability, or retirement, or if the participant is no longer an apprentice of the WECA Apprenticeship and Training Program, the participant may elect to receive a lump-sum payment of the amount equal to the value of the participant's account balance measured at the close of the Plan year and paid when administratively feasible following the close of the Plan year in which the termination occurs.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are stated at fair value determined by quoted market prices. Purchases and sales of securities are recorded on a trade-date basis, interest is recorded on the accrual basis, and dividends are recorded on the ex-dividend date.

Contributions receivable are recorded when invoices are issued and are presented in the statements of net assets available for benefits net of the allowance for uncollectible accounts. Contributions receivable are written off when they are determined to be uncollectible. The Plan's management believes no allowance is necessary as of August 31, 2025 and 2024.

Payment of benefits – Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

WECA ATC RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

Costs – The administrative expenses paid by the Plan consist of the following:

	<u>2025</u>	<u>2024</u>
Management fees paid to WECA (see Note 4)	\$ 26,973	\$ 23,871
Pension administration fees	34,235	34,452
Accounting fees	18,057	17,664
Liability insurance	11,575	11,450
Other	<u>7,030</u>	<u>8,645</u>
Total administrative expenses	<u>\$ 97,870</u>	<u>\$ 96,082</u>

Subsequent events have been reviewed through February 24, 2026, the date the financial statements were available to be issued. Management concluded that no material subsequent events have occurred since August 31, 2025 that require recognition or disclosure in the financial statements.

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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

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

Level 3 Inputs Inputs that are unobservable and significant to the fair value measurement.

3. INVESTMENTS

Investments consist of the following:

	<u>2025</u>	<u>2024</u>
Mutual funds – exchange traded funds	\$ 13,040,997	\$ 8,721,934
Mutual funds – equity funds	3,698,362	3,413,238
Mutual funds – fixed income	678,809	2,411,965
Cash and cash equivalents	<u>95,528</u>	<u>166,228</u>
Total investments	<u>\$ 17,513,696</u>	<u>\$ 14,713,365</u>

The Plan's investments are classified within Level 1 of the fair value hierarchy because they are valued at the net asset value based on quoted market prices of shares held by the Plan at year end. There have been no changes in the methodologies used at August 31, 2025 and 2024.

WECA ATC RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

Net increase in fair value of investments of \$1,042,029 includes \$26,503 net realized loss on investments sold during the year ended August 31, 2025. Net increase in fair value of investments of \$1,513,001 includes \$531,853 net realized gain on investments sold during the year ended August 31, 2024.

4. RELATED PARTY TRANSACTIONS

Related party receivables arise during the ordinary collection of trade accounts receivables and retirement benefits due. Related party receivables consist of the following:

	<u>2025</u>	<u>2024</u>
WECA Apprenticeship and Training Fund	\$ 438,735	\$ 368,948
WECA Health and Welfare Trust	135	48,553
Western Electrical Contractors Association	<u> </u>	<u>4,923</u>
Total related party receivables	<u>\$ 438,870</u>	<u>\$ 422,424</u>

Related party payables arise during the ordinary payments of administrative fees and collection of trade receivables from apprentice employers for related parties. Related party payables consist of the following:

	<u>2025</u>	<u>2024</u>
Western Electrical Contractors Association	\$ 3,963	\$ 2,351
WECA Health and Welfare Trust		12,000
WECA Apprenticeship Training Fund	<u> </u>	<u>1,702</u>
Total related party payables	<u>\$ 3,963</u>	<u>\$ 16,053</u>

The Plan paid management fees to the Western Electrical Contractors Association totaling \$26,973 and \$23,871 for the years ended August 31, 2025 and 2024, respectively.

5. PLAN TERMINATION

Although the Plan is intended as a long-range program, the Association or participating employers have the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

6. TAX STATUS

The Plan obtained its latest determination letter on February 16, 2005, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

WECA ATC RETIREMENT PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

The Plan has applied the accounting principles related to accounting for uncertainty in income taxes and has determined that there is no material impact on the financial statements. With some exceptions, the Plan is no longer subject to U.S. federal and state income tax examinations by tax authorities for years prior to 2021.

7. RISKS AND UNCERTAINTIES

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

The Plan minimizes credit risk associated with cash by periodically evaluating the credit quality of its primary financial institution. The balance at times may exceed federally insured limits. At August 31, 2025 and 2024, balances exceeded federally insured limits by \$1,431,985 and \$994,578, respectively. The Plan has not experienced any losses in such accounts, and management believes the Plan is not exposed to any significant credit risk related to cash.

8. RECONCILIATION TO FORM 5500

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 19,452,894	\$ 16,247,155
Rounding	<u>(1)</u>	<u>2</u>
Net assets available for benefits per the Form 5500	<u>\$ 19,452,893</u>	<u>\$ 16,247,157</u>

SUPPLEMENTAL SCHEDULES

WECA ATC RETIREMENT PLAN AND TRUST

**EMPLOYER IDENTIFICATION NUMBER 94-0453910
PLAN NUMBER 333**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AUGUST 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
CASH HELD BY BANK OF MARIN:				
	Cash, non-interest bearing	Cash	\$ 960,328	\$ 960,328
INVESTMENTS HELD BY CHARLES SCHWAB:				
*	Schwab Government Money Market, variable interest, 4.11% at August 31, 2025	81,302 shares	81,302	81,302
*	Schwab Money Market, variable interest, 0.05% at August 31, 2025	14,226 shares	14,226	14,226
Total interest bearing cash			<u>95,528</u>	<u>95,528</u>
	Capital Group Core Equity ETF	19,321 shares	645,693	745,984
	Capital Group Core Bond ETF	7,027 shares	181,929	185,302
	Capital Group Core Plus Income ETF	46,363 shares	1,060,443	1,046,877
	Capital Group Dividend Value ETF	17,894 shares	634,719	742,422
	Capital Group Global Growth Equity ETF	19,240 shares	586,294	629,725
	Capital Group Growth ETF	25,173 shares	779,464	1,064,566
	Capital Group International Focus Equity ETF	11,355 shares	274,167	319,643
	Capital Group New Geography Equity ETF	21,430 shares	553,251	631,328
	Capital Group US Small and Mid Cap ETF	15,242 shares	355,596	430,891
	Capital Group Short Duration Income ETF	43,497 shares	1,118,466	1,130,487
	Fidelity Enhanced International ETF	1,566 shares	48,071	53,729
	iShares Core S&P 500 ETF	1,463 shares	677,982	948,492
	iShares Core U.S. REIT ETF	7,325 shares	410,686	428,806
	JPMorgan Active Growth ETF	1,050 shares	78,057	93,482
	JPMorgan Core Plus Bond ETF	25,933 shares	1,202,322	1,224,427
	JPMorgan Ultra-Short Income ETF	20,607 shares	1,035,379	1,045,599
	PIMCO ETF Trust	39,357 shares	1,024,906	1,050,438
	T. Rowe Price Small-Mid Cap ETF	18,571 shares	580,277	643,857
	Vanguard Utilities Index Fund ETF	2,812 shares	434,858	513,724
	Vanguard Value Index Fund ETF	607 shares	104,883	111,215
	Vanguard Core Bond Fund	37,524 shares	768,359	678,809
	American Funds Europacific Growth F3	6,258 shares	420,663	389,521
	Fidelity Advisor Intl Cap App I	15,751 shares	408,266	589,856
	Goldman Sachs GQG Ptnrs Intl Opps Instl	36,373 shares	701,417	823,491
	GQG Partners Emerging Markets EquityInst	24,295 shares	449,341	414,713
	JPMorgan Large Growth I	8,577 shares	460,207	750,735
	Vanguard Equity Income Fund	7,491 shares	631,150	730,049
Total mutual funds			<u>15,626,846</u>	<u>17,418,168</u>
TOTAL INVESTMENTS			<u>\$ 16,682,702</u>	<u>\$ 18,474,024</u>

Column (a): *Denotes parties-in-interest

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► WECA ATC Retirement Plan and Trust
Employer Identification Number (EIN): ► 94-0453910 Three-digit plan number: 333
For the plan year beginning/ending: ► September 1, 2024/August 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Charles Schwab	Capital Gropu Short Duration Inc ETF: CGSD	843,654				843,654	853,174	9,520
Charles Schwab	Pimco Multisector Bond Actv ETF: PYLD	801,992				801,992	822,959	20,967
Charles Schwab	Pimco Income Instl: PIMIX		804,216		10	817,199	804,216	(12,983)
Charles Schwab	Pimco Moderate Doration Instl: PMDRX		868,483		10	884,464	868,483	(15,981)

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► WECA ATC Retirement Plan and Trust
 Employer Identification Number (EIN): ► 94-0453910 Three-digit plan number: 333
 For the plan year beginning/ending: ► September 1, 2024/August 31, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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