

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>WECA ATC HEALTH AND WELFARE PLAN</u>	1b Three-digit plan number (PN) ▶	<u>501</u>
	1c Effective date of plan	<u>03/05/1992</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.</u> <u>3695 BLECKELY STREET</u> <u>RANCHO CORDOVA, CA 95655</u>	2b Employer Identification Number (EIN)	<u>94-0453910</u>
	2c Plan Sponsor's telephone number	<u>916-453-0112</u>
	2d Business code (see instructions)	<u>813000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>03/20/2026</u>	<u>JAY TAYLOR</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	984
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	983
	6a(2)	1033
	6b	0
	6c	50
	6d	1083
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input 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 178857517

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;">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 **09/01/2024** and ending **08/31/2025**

<p>A Name of plan WECA ATC HEALTH AND WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.</p>	<p>D Employer Identification Number (EIN) 94-0453910</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
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	924920	1389	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 28196
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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
LOCKTON COMPANIES, LLC **777 SOUTH FIGUEROA STREET**
LOS ANGELES, CA 90017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	28061	BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES, LLC **635 BROADWAY, SUITE 100**
SONOMA, CA 95476

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	135	BONUS	3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(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)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

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)		0
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		7009854
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 **09/01/2024** and ending **08/31/2025**

A Name of plan WECA ATC HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
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)

WESTERN ELECTRICAL CONTRACTORS ASSO

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	ADMIN SERVICES	121848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISOLVED, INC.

38-2976613

(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	ADMIN SERVICES	15306	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAPFINANCIAL PARTNERS LLC

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	27340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	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 INC.

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	AUDIT/TAX SERVICES	24175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOCKTON COMPANIES, LLC

20-3354970

(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	BROKER	116417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	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

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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

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 HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	634206	679978
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	190524	634305
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	969482	484182
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4474912	4470816
(15) Other.....	1c(15)	560660	7726

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	6829784	6277007
Liabilities			
g Benefit claims payable.....	1g	1581550	1784632
h Operating payables.....	1h	66435	23843
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1647985	1808475
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5181799	4468532

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)	7189216	
(B) Participants.....	2a(1)(B)	279327	
(C) Others (including rollovers).....	2a(1)(C)	34327	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7502870
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	146757	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)	276630	
(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		-203082
d Total income. Add all income amounts in column (b) and enter total	2d		7723175

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7957298	
(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)		7957298
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)	331587	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	27487	
(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)	120070	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		479144
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8436442

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-713267
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 ASSOCIATES, INC.**

(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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 _____.

WECA HEALTH AND WELFARE TRUST

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

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

WECA HEALTH AND WELFARE TRUST

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INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
WECA Health and Welfare Trust
Rancho Cordova, California**

Opinion

We have audited the accompanying financial statements of WECA Health and Welfare 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 and benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations 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 and benefit obligations of the Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations 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 Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 Health and Welfare Trust
Page three

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

In our opinion, the information in the accompanying schedule 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

March 19, 2026

WECA HEALTH AND WELFARE TRUST

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

	<u>2025</u>	<u>2024</u>
ASSETS:		
Cash	\$ 484,182	\$ 969,482
Investments, at fair value	4,470,816	4,474,912
Employers' contributions receivable	679,978	634,206
Related party receivables	634,305	190,524
Prepaid expenses	<u>7,726</u>	<u>560,660</u>
TOTAL ASSETS	<u>6,277,007</u>	<u>6,829,784</u>
LIABILITIES:		
Accounts payable	4,544	
Related party payables	<u>19,299</u>	<u>66,435</u>
TOTAL LIABILITIES	<u>23,843</u>	<u>66,435</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>6,253,164</u>	<u>6,763,349</u>
BENEFIT OBLIGATIONS:		
Accrued hour bank obligations	<u>1,784,632</u>	<u>1,581,550</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 4,468,532</u>	<u>\$ 5,181,799</u>

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

WECA HEALTH AND WELFARE TRUST

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

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Employers' contributions	\$ 7,189,216	\$ 6,522,555
Apprentices' contributions	272,625	274,550
COBRA contributions	6,702	12,329
Other revenue	<u>34,327</u>	<u>122,212</u>
Total contributions	<u>7,502,870</u>	<u>6,931,646</u>
Investment income:		
Net realized and unrealized appreciation in fair value of investments	276,630	477,123
Interest and dividends	<u>146,757</u>	<u>150,642</u>
Total investment income	423,387	627,765
Less investment expenses	<u>(27,487)</u>	<u>(25,649)</u>
Net investment income	<u>395,900</u>	<u>602,116</u>
Net additions	<u>7,898,770</u>	<u>7,533,762</u>
DEDUCTIONS:		
Insurance expense	7,957,298	6,238,534
Administrative expenses	331,587	300,591
Unrelated business income tax expense	<u>120,070</u>	<u>44,441</u>
Total deductions	<u>8,408,955</u>	<u>6,583,566</u>
Net increase (decrease) in net assets available for benefits	(510,185)	950,196
CHANGES IN BENEFIT OBLIGATIONS:		
Increase in hour bank obligations	<u>(203,082)</u>	<u>(380,269)</u>
Increase (decrease) in excess of net assets available for benefits over benefit obligations	(713,267)	569,927
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS:		
Beginning of year	<u>5,181,799</u>	<u>4,611,872</u>
End of year	<u>\$ 4,468,532</u>	<u>\$ 5,181,799</u>

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

WECA HEALTH AND WELFARE TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of WECA (the Association) Health and Welfare 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 provides health and other benefits covering employees who are California commercial apprentices of the WECA Apprenticeship and Training Program. There are no minimum age or service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan also provides health and other benefits covering employees of the Association and Apprenticeship Training Fund. There are no minimum age requirements, and the health and other benefits are available following sixty days of continuous full-time employment. Employees are not eligible to accumulate eligibility credits for future coverage.

Benefits – The Plan provides health benefits (medical, hospital, surgical, major medical, vision, and dental), life insurance coverage, short and long-term disability benefits, and death benefits to full-time participants (with at least 130 hours of work in the industry per month) and to their beneficiaries and covered dependents.

The Plan also provides health benefits to participants during periods of unemployment, provided they have accumulated, in the current month or in prior months, credit amounts (expressed in hours) in excess of the hours required for current coverage. Unused accumulated eligibility credits coverage may be carried forward for up to four months coverage.

Health, disability, and death claims of active participants, dependents, and beneficiaries are processed by the insurance providers, but the responsibility for payments to insurance providers is retained by the Plan.

Contributions – The Plan is a multiple employer plan in which participating employers make an hourly contribution pursuant to the current rate set by the Association's Board of Directors.

Participants may contribute specified amounts, determined periodically by the Association's Board of Directors, to extend health and dental insurance coverage to eligible dependents.

Hour bank obligations – Hour bank obligations represent the accumulated eligibility credits (expressed in hours) multiplied by the current insurance premium rate.

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.

WECA HEALTH AND WELFARE TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

Contributions receivable are recorded when invoices are issued and are presented in the statements of net assets available for plan benefits and benefit obligations 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.

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.

Income taxes – Under applicable law and regulations, the Plan has been determined to be exempt from federal and California taxes on income. The Internal Revenue Service has classified the plan as a trust, which is exempt from federal taxes under Internal Revenue Code Section 501(c)(9).

However, the Plan is required to pay federal and state taxes on unrelated business income as defined by the Internal Revenue Code Section 512(e)(3)(E). Unrelated business income consists of the investment income earned on the excess of the net assets available for benefits over the required reserve balance allowable under the Internal Revenue Code.

The Plan obtained its latest determination letter on November 3, 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.

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.

Subsequent events have been reviewed through March 19, 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. |

WECA HEALTH AND WELFARE TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

3. INVESTMENTS

Investments consist of the following:

	<u>2025</u>	<u>2024</u>
Mutual funds – exchange traded funds	\$ 3,486,667	\$ 2,722,604
Mutual funds – equity funds	960,889	1,035,370
Mutual funds – fixed income		672,556
Cash and cash equivalents	<u>23,260</u>	<u>44,382</u>
Total investments	<u>\$ 4,470,816</u>	<u>\$ 4,474,912</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.

Net increase in fair value of investments of \$276,630 includes \$9,106 net realized gain on investments sold during the year ended August 31, 2025. Net increase in fair value of investments of \$477,123 includes \$173,395 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 health insurance benefits due. Related party receivables consist of the following:

	<u>2025</u>	<u>2024</u>
WECA Apprenticeship and Training Fund	\$ 630,378	\$ 167,781
Western Electrical Contractors Association	3,927	10,743
WECA ATC Retirement Plan and Trust	<u> </u>	<u>12,000</u>
Total related party receivables	<u>\$ 634,305</u>	<u>\$ 190,524</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	\$ 19,164	\$ 16,180
WECA ATC Retirement Plan and Trust	135	48,553
WECA Apprenticeship and Training Fund	<u> </u>	<u>1,702</u>
Total related party payables	<u>\$ 19,299</u>	<u>\$ 66,435</u>

The Plan paid management fees to the Western Electrical Contractors Association totaling \$121,848 and \$132,729 for the years ended August 31, 2025 and 2024, respectively.

WECA HEALTH AND WELFARE TRUST

NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2025 AND 2024

5. PLAN TERMINATION

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

6. 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 and benefit obligations.

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 \$234,057 and \$717,567, 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.

SUPPLEMENTAL SCHEDULE

WECA HEALTH AND WELFARE TRUST

EMPLOYER IDENTIFICATION NUMBER 68-0451534

PLAN NUMBER 501

**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	\$ 484,182	\$ 484,182
INVESTMENTS HELD BY CHARLES SCHWAB:				
*	Schwab money market fund, variable interest, 0.05% at August 31, 2025	23,260 shares	23,260	23,260
	Total interest bearing cash		<u>23,260</u>	<u>23,260</u>
	Capital Group Core Equity ETF	5,024 shares	168,122	193,977
	Capital Group Core Bond	8,438 shares	219,594	222,510
	Capital Group Core Plus	11,817 shares	270,751	266,828
	Capital Group Dividend	4,638 shares	164,649	192,431
	Capital Group Global Growth Equity ETF	4,957 shares	151,192	162,243
	Capital Group Growth ETF	6,372 shares	187,307	269,472
	Capital Group International Focus Equity	2,115 shares	34,346	59,537
	Capital Group New Geography Equity ETF	5,528 shares	142,624	162,855
	Capital Group US Small and Mid Cap ETF	3,947 shares	100,649	111,582
	Capital Group Short Duration Income ETF	11,020 shares	282,974	286,410
	Fidelity Enhanced International ETF	162 shares	4,494	5,558
	iShares Core S&P 500 ETF	368 shares	161,289	238,582
	iShares Core U.S. REIT ETF	1,863 shares	104,240	109,060
	JPMorgan Active Growth ETF	569 shares	44,608	50,658
	JPMorgan Core Plus Bond ETF	6,615 shares	302,231	312,327
	JPMorgan Ultra-Short Income ETF	5,216 shares	262,058	264,660
	PIMCO ETF Trust	10,025 shares	260,863	267,567
	T. Rowe Price Small-Mid Cap ETF	4,615 shares	144,634	160,002
	Vanguard Utilities Index Fund ETF	724 shares	108,671	132,268
	Vanguard Value Index Fund ETF	99 shares	16,859	18,139
	America Funds Europacific Growth F3	2,027 shares	104,555	126,164
	Fidelity Advisor Intl Cap App I	4,056 shares	100,992	151,880
	Goldman Sachs GQG Ptnrs Intl Opps Instl	9,506 shares	177,176	215,209
	GQG Partners Emerging Markets EquityInst	6,056 shares	113,297	103,369
	JPMorgan Large Cap Growth I	1,875 shares	99,706	164,126
	Vanguard Equity Income Fund	2,054 shares	157,260	200,142
	Total mutual funds		<u>3,885,141</u>	<u>4,447,556</u>
	TOTAL INVESTMENTS		<u>\$ 4,392,583</u>	<u>\$ 4,954,998</u>

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

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WECA ATC HEALTH AND WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>WESTERN ELECTRICAL CONTRACTORS ASSOCIATION, INC.</u></p> <p><u>3695 BLECKELY STREET</u> <u>RANCHO CORDOVA, CA 95655</u></p>	<p>1c Effective date of plan <u>03/05/1992</u></p> <p>2b Employer Identification Number (EIN) <u>94-0453910</u></p> <p>2c Plan Sponsor's telephone number <u>916-453-0112</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	<p style="font-size: 8pt;">DocuSigned by: <i>Jay Taylor</i></p> <p style="font-size: 12pt; font-family: cursive;">Jay Taylor</p>	3/20/2026	Jay Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	984
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	983
	6a(2)	1033
	6b	0
	6c	50
	6d	1083
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 000178857517

WECA HEALTH AND WELFARE TRUST

EMPLOYER IDENTIFICATION NUMBER 68-0451534

PLAN NUMBER 501

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

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	Cash, non-interest bearing	Cash	\$ 484,182	\$ 484,182
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	Total interest bearing cash		<u>23,260</u>	<u>23,260</u>
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	TOTAL INVESTMENTS		<u>\$ 4,392,583</u>	<u>\$ 4,954,998</u>

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

WECA Health and Welfare Plan

EIN#68-0451534

Trust Contributions detail from 9/1/24- 8/31/25

Name of Participating Employer	EIN	Amount	%
1st Light Sales Corp	82-4405547	675.00	0.01%
AAA Electrical Services Inc.	47-5580794	6,481.60	0.09%
AccuCurrent Inc.	87-4538799	10,642.50	0.15%
Adept Electrical Services Inc.	82-4519571	2,622.66	0.04%
Addy Electric, Inc.	47-2425380	4,489.89	0.06%
A&G Electric Inc.	82-4260501	11,956.50	0.17%
Agilitech (Innovative Engineering Systems)	03-0433805	25,124.43	0.35%
Alejo Electric Inc.	82-1388960	2,352.40	0.03%
Alessandro Electric, Inc.	20-3974498	192,290.25	2.67%
AMBIENT ELECTRIC INC	47-1113105	1,277.10	0.02%
American Incorporated	94-2233668	34,368.75	0.48%
American Solar Corporation	20-8967063	29.25	0.00%
Andrade Electric Inc.	68-0074023	24,353.27	0.34%
APC Electric Inc.	82-1776950	12,663.00	0.18%
Astral Electric Company	81-3146631	5,925.77	0.08%
Auburn Constructors	68-0230575	16,780.50	0.23%
Avidex Industries LLC	37-1480101	15,908.55	0.22%
B & H Electric	68-0305611	40,096.05	0.56%
Bahia Electric Inc.	83-1632685	117.00	0.00%
Bakersfield Electric LLC	83-1074211	15,391.23	0.21%
Barnum & Celillo Electric, Inc	68-0227342	88,864.27	1.24%
Barrier Solar	46-2462479	853.88	0.01%
Bear Electric	20-5889004	2,767.50	0.04%
Beardslee Electrical Concepts Inc.	83-3237629	1,045.67	0.01%
Bell Electric	77-0338115	3,476.25	0.05%
Benjamin Electric	85-3066550	886.50	0.01%
Bergelectric Corporation	95-1459684	1,164,451.94	16.20%
Blakeslee Electric, Inc	94-2804366	21,262.50	0.30%
Blum & Sons Electric, Inc.	77-0094331	38,067.91	0.53%
BMF Electric	45-4778006	479.25	0.01%
Bosley Electric Company	26-0122244	17,903.25	0.25%
Budget Electric	68-0025939	2,700.00	0.04%
Butterfield Electric	68-0386175	12,582.45	0.18%

BVI Solar (Bitterend Ventures Inc.)	82-2964027	6,839.62	0.10%
C10 Fire Inc	81-4707574	1,206.00	0.02%
C3 Electric	85-0959084	20,083.60	0.28%
Cabar Electric, Inc	68-0070308	22,729.05	0.32%
Cal-Electro	94-2590791	1,077.75	0.01%
California Solar Integrators Inc.	47-2667913	157,413.80	2.19%
Capitol Valley Electric	34-2032030	163,191.30	2.27%
Carnahan Electric Ltd	68-0413148	6,279.75	0.09%
Ceres Renewables	93-4091608	1,044.00	0.01%
Charlie's Electric	81-0951492	2,448.00	0.03%
CITADEL ELECTRIC	46-2386518	16,983.00	0.24%
CMD Electric	86-2834290	270,117.06	3.76%
CML Security	47-4326233	53,807.64	0.75%
Coastal Mountain Electric	68-0116758	34,206.75	0.48%
Coffman Specialties, Inc.	33-0483378	731.25	0.01%
Cole Electric LLC	85-2197646	15,502.64	0.22%
Combined Energy Inc.	80-0890071	1,507.50	0.02%
Copello Electric Company	51-0631629	3,363.75	0.05%
Core Electrical Services Inc.	83-0765550	63,009.00	0.88%
Craftsman Electric LLC	87-2499759	7,041.69	0.10%
CRI Electric	33-0790506	5,877.04	0.08%
CT Electric LLC	88-2557896	5,000.63	0.07%
Current Electric (Sandy Boyd Inc.)	33-0750148	14,502.76	0.20%
Darr Electrical Services	85-1498699	1,219.50	0.02%
Darrel Varni Electric, Inc.	77-0552142	17,043.75	0.24%
Delao Electric, Inc.	27-1240112	3,996.00	0.06%
Del Sur Energy	33-1688435	1,742.63	0.02%
Diamond Electric Group, Inc.	84-2880297	9,984.13	0.14%
DKS Electric, Inc.	46-2675197	10,262.25	0.14%
Dorado Electric Inc.	92-2616292	4,441.50	0.06%
Duston Dougherty Electric	92-1318877	936.00	0.01%
Dynamic Electrical Contracting	26-2966031	71,818.13	1.00%
Dynasty Electric Inc.	84-4151366	3,240.00	0.05%
E Electric	33-0777123	189.00	0.00%
Electrical & Plumbing Inc (EPI)	20-3348120	360.00	0.01%
Electrical Power Source	46-4041204	7,835.74	0.11%
Electrical Reliability Services	94-1742896	40,851.23	0.57%
Electrical Solutions Provider	45-3021696	6,417.00	0.09%
Elione Energy Inc	84-3367701	108.00	0.00%
Empire Electrical Solutions Inc	47-3069747	54,081.89	0.75%
Endelos Energy Inc	33-0857418	2,308.50	0.03%

Energy Efficient Services	47-2583348	7,083.00	0.10%
Enovity	04-3657838	2,533.50	0.04%
ESI Company	26-4093360	7,429.50	0.10%
Evergreen Innovation Group LLC	27-0853429	160,987.30	2.24%
EYEP Solutions Inc	83-3117907	7,371.00	0.10%
Far Electric, Inc.	47-3535742	3,829.50	0.05%
Ferrari Development	61-1573303	9,985.50	0.14%
Fineline Electric Inc.	46-2637580	11,039.81	0.15%
Firebolt Electrical	85-3423517	28,833.75	0.40%
First Edison Inc.	81-1144558	355.50	0.00%
Flo-Services Inc.	46-2730489	124.88	0.00%
Flux Electric	87-0970281	5,043.12	0.07%
Fort Bragg Electric Inc	94-2630912	16,848.90	0.23%
Fredricks Electric, Inc.	95-3422573	6,675.75	0.09%
Fricke Electric	02-0780412	17,397.00	0.24%
Future Energy	81-3573648	2,607.13	0.04%
Garrahan Electric, Inc	68-0422229	63,608.55	0.88%
GJR Electyric (L.G. Holdings)	38-3925693	774.00	0.01%
Global Power Group, Inc.	20-3688665	14,769.26	0.21%
Gold Electric	94-3410460	41,069.26	0.57%
Grady Electric Inc.	26-3672734	5,051.25	0.07%
Guyou Constructions Inc.	46-3763755	408.38	0.01%
H & D Electric	94-0431490	4,205.25	0.06%
Helix Electric of Nevada	36-4485672	1,386.00	0.02%
Helix Electric, Inc	33-0124909	1,411,187.15	19.63%
HGH Electric, Inc	94-3330290	852.75	0.01%
High Volt Electric (Eddie Kulukian)	61-1665689	8,458.89	0.12%
Hunter Energy Solutions	46-3856535	245.57	0.00%
Hy-Lang Electric California, Inc	33-0170139	913.50	0.01%
Impact Electric	83-3991090	108.00	0.00%
Imperial Electric Service	81-3231569	4,983.41	0.07%
Industrial Pro Power Services	87-2400506	3,262.64	0.05%
Infinity Power Solutions Inc.	86-2716447	44,318.23	0.62%
JD Electric Inc.	45-4812391	9,195.75	0.13%
JMT Electric Inc	84-4549791	9,346.50	0.13%
Johnson Electronics	20-0920200	8,681.69	0.12%
JTE Electrical Inc.	84-3847261	41,590.43	0.58%
Kaave Electric Company LLC	85-0766643	28,204.65	0.39%
KDM Electric Inc	71-0956508	256.50	0.00%
Kertel Communications Inc.	77-0169557	28,081.72	0.39%
Kibo Energy Services	27-0639896	10,080.00	0.14%

Knights' Electric, Inc	94-2829529	12,997.17	0.18%
Landers Electrical Contracting	87-4317409	1,584.00	0.02%
Larger Electric Inc.	26-2707913	8,470.49	0.12%
Legendary Electrical	82-5008047	2,479.50	0.03%
Lighthouse Electrical Inc.	76-0802966	31,236.98	0.43%
Lightman Electric	27-0170109	7,240.50	0.10%
M. Brey Electric, Inc.	46-1020109	13,041.45	0.18%
MAC Electric	46-4199487	4,128.90	0.06%
MAC GC-Electric Inc.	20-3674376	59,251.19	0.82%
Madison Electric Inc.	33-1214544	8,235.00	0.11%
Manufacturers Lighting Solutions Inc	45-1804643	535.50	0.01%
Mark III Engineering	27-0998726	72,155.26	1.00%
McDonald Electric Inc.	80-0525126	7,990.93	0.11%
McDonell Electric	55-0834022	10,004.64	0.14%
Meadow Electric	26-0142494	19,624.50	0.27%
Mendenhall Electric	68-0328754	14,508.00	0.20%
Merced Electric Company	87-1589849	1,077.75	0.01%
Mountain Electrical Construction	94-2383987	8,311.50	0.12%
MPower Electric, Inc.	82-3693458	8,379.00	0.12%
MSTALL Electric Inc.	99-2812995	3,456.00	0.05%
My Electrician Inc.	90-0650741	5,836.50	0.08%
NCI Electric	05-0613661	7,476.75	0.10%
Neighbor Electric Inc.	45-5596255	1,129.50	0.02%
New Era Electric LLC	30-1232395	87,330.03	1.21%
New Leaf Electric, Inc.	82-2713378	44,136.00	0.61%
Nizuk Electrical Contracting	81-0703516	20,209.50	0.28%
North County Electric Co.	27-2130148	1,309.51	0.02%
North State Electrical Contractors	20-8066743	30,057.75	0.42%
Option One Solar (Corp)	46-2684338	5,839.75	0.08%
P & J Electric	26-0641900	14,505.75	0.20%
Pacific Power & Systems	68-0439248	8,822.25	0.12%
Paschke Electric	68-0224379	40,660.88	0.57%
Pavletich Electric, Inc.	77-0412243	102,437.47	1.42%
PCN3	95-4535453	10,775.98	0.15%
Perkins Electric	45-5446865	1,030.50	0.01%
Pierce Electric Inc.	26-0173181	7,256.49	0.10%
Pinnical Electric Inc - C	26-3187531	4,194.00	0.06%
PMK Professional Inc.	37-1622067	31,950.00	0.44%
Power and Energy Electric	99-2090716	1,291.50	0.02%
Power Design, Inc.	65-0147539	1,264.50	0.02%
Precision Electric	33-0887448	6,876.00	0.10%

Prime Electrical Services Inc.	71-0912205	84,085.88	1.17%
RB Solutions Inc.	27-1039639	7,596.79	0.11%
RCM ELECTRIC CO INC	81-4387296	4,345.11	0.06%
Renewable Solar	81-2386947	1,615.47	0.02%
Retro-Tech Systems Inc.	36-3912716	8,401.50	0.12%
Retro-Tek Energy Services (San Diego)	20-5978501	4,628.25	0.06%
Rex Moore Group, Inc.	68-0484232	308,071.20	4.29%
Reyff Electric Company	68-0399121	199,393.14	2.77%
Roberts Electric Co Inc.	94-3235786	10,124.42	0.14%
Rock & Sons	94-3377747	13,918.50	0.19%
Rollin Electric	47-4095251	4,302.00	0.06%
Rowan Electric Inc.	33-0788307	27,020.25	0.38%
Royal Electric	94-2422340	200,244.44	2.79%
RP Controls	46-4002066	792.00	0.01%
Rural Solar Restoration LLC	85-2839215	1,790.29	0.02%
San Jose Electric	87-1713429	19,482.75	0.27%
Sandbar	41-2162658	17,094.98	0.24%
Sattler Solar Inc. DBA Sattler Engineering	81-2354638	1,050.67	0.01%
SCC Electric Inc.	93-2457022	6,077.25	0.08%
Schrader Mechanical, Inc.	26-1635570	394.16	0.01%
Setpoint Control Inc.	04-3716470	12,363.75	0.17%
Sharp Electric	82-4234613	34,040.34	0.47%
Sharp Electrical Services	83-1065630	7,222.50	0.10%
Siepker Electric, Inc.	82-1128754	2,173.50	0.03%
Sierra Commercial Lighting, Inc.	81-4760313	1,283.63	0.02%
Sierra Nevada Electric, Inc	20-4014888	2,877.77	0.04%
Sierra Valley Electric, Inc	94-2670733	3,379.50	0.05%
Sloan Electric LLC	88-1220158	6,410.26	0.09%
Smart City Electric Group Inc.	87-2272964	8,534.25	0.12%
SolarCraft Inc.	68-0106478	2,481.09	0.03%
Spark Power LLC	81-0950731	23,477.63	0.33%
Spencer Electric	27-2279668	4,700.25	0.07%
Strategic Industry Inc	26-1438395	36,164.26	0.50%
Sun Light & Power	94-2357077	37,594.17	0.52%
Sunup Solar Tech Service, Inc.	47-1387427	2,047.50	0.03%
Superior Electrical Technologies	47-2726348	8,143.88	0.11%
TDR Enterprise	82-1694281	8,644.50	0.12%
The Doctor of Electricity	33-0289604	6,927.75	0.10%
Tri-County Electric	35-2553614	14,745.35	0.21%
Tyler Parrish LLC	87-2661936	72.00	0.00%
Unified Renewables	99-0506364	10,629.05	0.15%

Upgrade Electric	82-1585158	452.25	0.01%
Valley Electric	43-2012017	3,314.25	0.05%
VandenBos Electric	68-0251448	78,372.00	1.09%
Vasko Electric, Inc	68-0053400	93,951.27	1.31%
VE Electric, Inc.	47-5657937	11,480.68	0.16%
Vine Electric Inc.	37-1755440	144.00	0.00%
Volk Electric	20-8496283	2,477.25	0.03%
Wahlund Contructions Inc.	68-0388471	42,933.38	0.60%
Wells Electrical Inc.	94-3323336	14,061.15	0.20%
Westech Systems, Inc	77-0455720	96,651.00	1.34%
Western Electrical Contracting Inc.	82-2786391	6,060.69	0.08%
Whitehead Electrical Systems Inc	01-0737686	9,362.25	0.13%
Wiseroad Industry LLC	93-1454262	3,361.50	0.05%
WM Linn	94-3380210	5,033.25	0.07%
Yeoman Electric Inc.	84-2325845	8,228.58	0.11%
Zapien Electric Inc	26-2320831	10,877.66	0.15%
Zel Electric Inc.	88-0798246	144.00	0.00%
Grand Total		7,189,216.38	100%
		7,189,216.38	

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