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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |
| 1a      | Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                                                                                                                                                                                                                                                                           | 1b Three-digit plan number (PN) ▶ 501                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                        | 1c Effective date of plan<br>10/01/1954                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN<br><br>P.O. BOX 231219<br>SAN DIEGO, CA 92194-0903 | 2b Employer Identification Number (EIN)<br>95-6035916<br><br>2c Plan Sponsor's telephone number<br>858-569-6322<br><br>2d Business code (see instructions)<br>238210 |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/15/2026 | JEREMY ABRAMS                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/15/2026 | ANDREW BERG                                                  |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 4471                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 4471<br><b>6a(2)</b> 4617<br><b>6b</b> 301<br><b>6c</b><br><b>6d</b> 4918<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 180                                                                                                                                                                                                                                                                                                      |

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

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

4A 4B 4D 4E 4Q

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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 11
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1340523 | 0000          | 104694                                | 200                                                                         | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 2013878 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1340523 | 0000          | 106987                                | 326                                                                         | 07/01/2024              | 06/01/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 1154857 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |         |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1461312 |               | 01978                                 | 8403                                                                        | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |         |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |         |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |         |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |         |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    | 2803625         |         |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |         |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 2803625 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |         |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |         |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |         |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> | 295617          |         |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |         |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |         |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |         |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |         |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |         |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 295617  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |         |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |         |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |         |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |         |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |         |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

| (a) Name of insurance carrier<br>HEALTH AND HUMAN RESOURCE CENTER, INC |               |                                       |                                                                             |                         |            |
|------------------------------------------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (b) EIN                                                                | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|                                                                        |               |                                       |                                                                             | (f) From                | (g) To     |
| 33-0052273                                                             | 60054         | 65069                                 | 3414                                                                        |                         | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 142598 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
VISION SERVICE PLAN

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1632821 |               | 00106078                              | 3050                                                                        | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |        |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |        |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |        |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |        |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 | 659768 |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |        |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 659768 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |        |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |        |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |        |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 | 84971  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |        |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |        |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |        |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |        |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |        |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 84971  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |        |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |        |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |        |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |        |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |        |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 744739 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

|                                                             |
|-------------------------------------------------------------|
| (a) Name of insurance carrier<br>DELTA DENTAL OF CALIFORNIA |
|-------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1461312 |               | 06900                                 | 308                                                                         | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 152158 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
DELTA DENTAL OF CALIFORNIA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-1461312 |               | 75524                                 | 64                                                                          | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

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

---

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

---

(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 22415 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |       |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

|                                                           |
|-----------------------------------------------------------|
| (a) Name of insurance carrier<br>NAVITUS HEALTH SOLUTIONS |
|-----------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-3608530 |               | N/A                                   | 8253                                                                        | 10/01/2024              | 09/30/2025 |

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

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

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

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

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

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

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

---

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

---

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

---

(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |         |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |         |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |         |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |         |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 | 4891563 |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |         |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 4891563 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |         |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |         |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |         |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 | 294614  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |         |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 | 3494    |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |         |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |         |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |         |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 298108  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |         |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |         |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |         |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |         |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |         |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 94-2649097 | 79413         | 15300                                 | 2743                                                                        | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

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

---

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

---

(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |        |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |        |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |        |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |        |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |        |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |        |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |        |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |        |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |        |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |        |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> | 127181          |        |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |        |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |        |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |        |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |        |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |        |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 127181 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |        |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |        |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |        |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |        |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |        |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |

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

1 Coverage Information:

(a) Name of insurance carrier  
METLIFE

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829 | 65978         | 5347618                               | 3484                                                                        | 04/01/2024              | 03/31/2025 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 205825 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                      |     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025             |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                         | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 95-4331852 | 62825         | 276191                                | 2659                                                                        | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |          |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |          |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |          |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |          |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    | 28570065        |          |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |          |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 28570065 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |          |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |          |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |          |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> | 735667          |          |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |          |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |          |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |          |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |          |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |          |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 735667   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |          |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |          |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |          |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |          |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

No

Yes

☒
- b

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

|                                                                                                            |                                                  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                  |
| FORT WASHINGTON                                                                                            | 303 BROADWAY, SUITE 1200<br>CINCINNATI, OH 45202 |
| 31-1301863                                                                                                 |                                                  |

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

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

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

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

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

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

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

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

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

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

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

---

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

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

SAN DIEGO ELECTRICAL ADMINISTRATION

72-1571046

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | PLAN ADMINISTRATOR                                                                                | 1943999                                                                | 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)

ANTHEM BLUE CROSS LIFE AND HEALTH C

3075 VANDERCAR WAY  
CINCINNATI, OH 45209

95-4331852

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 15<br>49 62      | BROKER                                                                                            | 735668                                                                 | 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)

LAQUER, URBAN, CLIFFORD, & HODGE LLP

95-4047729

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | ATTORNEY                                                                                          | 263213                                                                 | 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)

CHANGE HEALTHCARE (FKA TC 3 HEALTH)

74-3031728

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | SERVICE PROVIDER                                                                                  | 205197                                                                 | 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)

HORIZON ACTUARIAL SERVICES

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 157141                                                                 | 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)

FOUNDATION FOR MEDICAL CARE

95-2097207

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | SERVICE PROVIDER                                                                                  | 80245                                                                  | 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)

NEWTOWER MANAGEMENT, LLC

26-3796332

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT ADVISOR                                                                                | 40310                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CRYSTAL CLEAR RX

27-3009945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12                     | INSURANCE PROVIDER                                                                                | 30309                                                                  | 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)

CEDAR GATE

430 BEDFORD ST STE 175  
LEXINGTON, MA 02420

26-4710932

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | SERVICE PROVIDER                                                                                  | 28912                                                                  | 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)

ANY BUDGET PRINTING & MAILING

90-0050477

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36                     | PRINTING                                                                                          | 25586                                                                  | 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)

PKF SAN DIEGO

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

81-3391684

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 21600                                                                  | 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)

OPTUM NURSELINE SERVICES

41-1289245

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12                     | INSURANCE PROVIDER                                                                                | 20270                                                                  | 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)

DE FRANCE PRINTING

95-1973813

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36                     | PRINTING                                                                                          | 18860                                                                  | 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)

INVESTMENT MPERFORMANCE SERVICES

570 EAST YORK STREET  
SAVANNAH, GA 31401

58-2432390

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

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

U.S. BANK

31-0841368

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                               |                                                      |     |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                    |                                                      |     |
| A Name of plan<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN                                                | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN | D Employer Identification Number (EIN)<br>95-6035916 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                      |                 |                                                                                                      |
|----------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: BGO DIVERSIFIED - CLASS B    |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): NEW TOWER MANAGEMENT, LLC |                 |                                                                                                      |
| c EIN-PN 52-6218800-001                                              | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4627549 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BGO DIVERSIFIED - CLASS B    |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): US BANK                   |                 |                                                                                                      |
| c EIN-PN 31-0841368-001                                              | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2084241 |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                              |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                           |                 |                                                                                                      |
| c EIN-PN                                                             | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                              |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                           |                 |                                                                                                      |
| c EIN-PN                                                             | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                              |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                           |                 |                                                                                                      |
| c EIN-PN                                                             | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                              |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                           |                 |                                                                                                      |
| c EIN-PN                                                             | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                              |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                           |                 |                                                                                                      |
| c EIN-PN                                                             | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN</div>                                                                                                                                                                                                 | <div>B Three-digit plan number (PN)</div> <div>501</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN</div>                                                                                                                    | <div>D Employer Identification Number (EIN)</div> <div>95-6035916</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 304492                | 628519          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 3305728               | 4725315         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 3634338               | 4238658         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 4197388               | 1572250         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 829479                | 1393102         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 2743677               | 1651920         |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 12137161              | 6711790         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 2425                  | 2498            |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 27154688              | 20924052        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 31628459              | 33260329        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 161393                | 128900          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 31789852              | 33389229        |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | -4635164              | -12465177       |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 44442240   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1600711    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 46042951  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 489875     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 46605      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 536480    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 24594181   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 24364639   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 229542    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 1839179    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 1839179   |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | -1964275  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 15435     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 46699312  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 30830986 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 18928218 |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 49759204 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 1970025  |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 227039   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 2573057  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 4770121  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 54529325 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -7830013 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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.                                                                                                                        |                                     | <input checked="" type="checkbox"/> |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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



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## INDEPENDENT AUDITORS' REPORT

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

### **Opinion**

We have audited the accompanying financial statements of San Diego Electrical Health and Welfare Trust (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of San Diego Electrical Health and Welfare Trust as of September 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in plan benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments as of September 30, 2025, and transactions or series of transactions in excess of 5% of the current value of assets for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

San Diego, California  
July 10, 2026

*PKF San Diego, LLP*  
PKF San Diego, LLP

| ( a ) | ( b )<br>Identity of Issuer      | ( c )<br>Description of<br>Investment  | ( d )<br>Cost       | ( e )<br>Current Value |
|-------|----------------------------------|----------------------------------------|---------------------|------------------------|
|       | US Bank                          | US Treasury and short-term obligations | \$ 1,008,413        | \$ 1,020,237           |
|       | US Bank                          | U.S Government Securities              | 18,275              | 17,780                 |
|       | US Bank                          | Corporate Debt Instruments             | 1,624,585           | 1,651,920              |
|       | US Bank                          | Foreign Debt Instruments               | 370,631             | 372,864                |
|       | US Bank                          | Collective Investment Fund             | 1,225,591           | 2,084,241              |
|       | New Tower Management LLC         | Multi-Employer Property Trust          | 3,271,372           | 4,627,549              |
|       | AFL-CIO Housing Investment Trust | Mutual Fund                            | 2,800               | 2,498                  |
|       |                                  |                                        |                     |                        |
|       | TOTAL INVESTMENTS                |                                        | <u>\$ 7,521,667</u> | <u>\$ 9,777,089</u>    |

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
September 30, 2025 and 2024

|                                     | <u>2025</u>          | <u>2024</u>          |
|-------------------------------------|----------------------|----------------------|
| ASSETS                              |                      |                      |
| Investments, at fair value          | \$ 9,777,089         | \$ 19,012,232        |
| Employers' contributions receivable | 4,725,315            | 3,305,728            |
| Interest receivable                 | 32,197               | -                    |
| Cash and cash equivalents           | 6,383,861            | 4,831,139            |
| Other assets                        | <u>5,589</u>         | <u>5,589</u>         |
| Total assets                        | <u>20,924,051</u>    | <u>27,154,688</u>    |
| LIABILITIES                         |                      |                      |
| Accounts payable                    | <u>128,900</u>       | <u>161,393</u>       |
| Total liabilities                   | <u>128,900</u>       | <u>161,393</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u>\$ 20,795,151</u> | <u>\$ 26,993,295</u> |

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Years Ended September 30, 2025 and 2024

|                                                                     | <u>2025</u>          | <u>2024</u>          |
|---------------------------------------------------------------------|----------------------|----------------------|
| ADDITIONS                                                           |                      |                      |
| Investment income:                                                  |                      |                      |
| Net appreciation in fair value of investments                       | \$ 104,445           | \$ 223,174           |
| Interest                                                            | <u>536,480</u>       | <u>632,157</u>       |
|                                                                     | 640,925              | 855,331              |
| Less investment expenses                                            | <u>64,898</u>        | <u>95,077</u>        |
| Net investment income                                               | 576,027              | 760,254              |
| Contributions:                                                      |                      |                      |
| Employers' contributions                                            | 44,442,240           | 42,139,632           |
| Participants' contributions                                         | <u>1,600,711</u>     | <u>1,519,000</u>     |
| Total contributions                                                 | 46,042,951           | 43,658,632           |
| Other income                                                        | <u>15,435</u>        | <u>3,761</u>         |
| Total additions                                                     | <u>46,634,413</u>    | <u>44,422,647</u>    |
| DEDUCTIONS                                                          |                      |                      |
| Payments for active and retired participants' benefits and premiums | 48,127,334           | 43,341,808           |
| Administrative office expenses                                      | 1,970,025            | 1,618,621            |
| Other operating expenses                                            | <u>2,735,198</u>     | <u>2,663,238</u>     |
| Total deductions                                                    | <u>52,832,557</u>    | <u>47,623,667</u>    |
| Net decrease                                                        | (6,198,144)          | (3,201,020)          |
| NET ASSETS AVAILABLE FOR BENEFITS                                   |                      |                      |
| Beginning of year                                                   | <u>26,993,295</u>    | <u>30,194,315</u>    |
| End of year                                                         | <u>\$ 20,795,151</u> | <u>\$ 26,993,295</u> |

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
September 30, 2025 and 2024

|                                                                                           | <u>2025</u>                 | <u>2024</u>                 |
|-------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Amounts currently payable to or for participants,<br>beneficiaries, and dependents:       |                             |                             |
| Health claims and premiums payable                                                        | <u>\$ 1,590,329</u>         | <u>\$ 1,476,459</u>         |
| Other obligations for current benefit coverage,<br>at present value of estimated amounts: |                             |                             |
| Health claims incurred but not reported                                                   | 4,918,000                   | 4,590,000                   |
| Future benefits based on participants'<br>accumulated eligibility                         | <u>26,752,000</u>           | <u>25,562,000</u>           |
|                                                                                           | <u>31,670,000</u>           | <u>30,152,000</u>           |
| Total obligations other than postretirement<br>benefit obligations                        | <u>33,260,329</u>           | <u>31,628,459</u>           |
| Postretirement benefit obligations,<br>net of amounts currently payable:                  |                             |                             |
| Retired participants, net of contributions                                                | 7,151,240                   | 7,628,855                   |
| Other participants fully eligible for benefits                                            | 8,149,234                   | 8,847,396                   |
| Participants not yet fully eligible for benefits                                          | <u>18,756,865</u>           | <u>16,527,356</u>           |
|                                                                                           | <u>34,057,339</u>           | <u>33,003,607</u>           |
| PLAN'S TOTAL BENEFIT OBLIGATIONS                                                          | <u><u>\$ 67,317,668</u></u> | <u><u>\$ 64,632,066</u></u> |

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
For the Years Ended September 30, 2025 and 2024

|                                                                                           | <u>2025</u>          | <u>2024</u>          |
|-------------------------------------------------------------------------------------------|----------------------|----------------------|
| Amounts currently payable to or for<br>participants, beneficiaries, and dependents:       |                      |                      |
| Balance at beginning of year                                                              | \$ 1,476,459         | \$ 767,992           |
| Claims reported and approved for payment                                                  | 48,241,204           | 44,050,275           |
| Claims paid                                                                               | <u>(48,127,334)</u>  | <u>(43,341,808)</u>  |
| Balance at end of year                                                                    | <u>1,590,329</u>     | <u>1,476,459</u>     |
| Other obligations for current benefit coverage,<br>at present value of estimated amounts: |                      |                      |
| Balance at beginning of year                                                              | 30,152,000           | 27,364,000           |
| Net change during year:                                                                   |                      |                      |
| Health claims incurred but not reported                                                   | 328,000              | 188,000              |
| Future benefits based on participants'<br>accumulated eligibility                         | <u>1,190,000</u>     | <u>2,600,000</u>     |
| Balance at end of year                                                                    | <u>31,670,000</u>    | <u>30,152,000</u>    |
| Postretirement benefit obligations,<br>net of amounts currently payable:                  |                      |                      |
| Balance at beginning of year                                                              | 33,003,607           | 27,132,444           |
| Increase (decrease) in postretirement benefits<br>attributed to:                          |                      |                      |
| Benefits earned and interest on the<br>net benefit obligation                             | 1,369,992            | 1,278,448            |
| Change in retired participant contribution rates                                          | (2,409,025)          | (120,515)            |
| Experience (gain)/loss                                                                    | 5,508,678            | -                    |
| Changes in actuarial assumptions                                                          | <u>(3,415,913)</u>   | <u>4,713,230</u>     |
| Balance at end of year                                                                    | <u>34,057,339</u>    | <u>33,003,607</u>    |
| PLAN'S TOTAL BENEFIT OBLIGATIONS<br>AT END OF YEAR                                        | <u>\$ 67,317,668</u> | <u>\$ 64,632,066</u> |

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 1 - DESCRIPTION OF THE TRUST

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

General

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

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

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

NOTE 2 - DESCRIPTION OF THE PLAN

Benefits

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

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

Contributions

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 2 - DESCRIPTION OF THE PLAN (Continued)

Postretirement Benefits

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

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash and Cash Equivalents

For financial statement purposes, the Trust considers all highly liquid investments and money market accounts purchased with an original maturity date of three months or less to be cash equivalents. The Trust maintains cash balances at various financial institutions. Accounts at these institutions are secured by the Federal Deposit Insurance Corporation up to legal limits. At times, balances may exceed federally insured limits. The Trust has not experienced any losses in such accounts. The Trust Administrator believes that the Trust is not exposed to any significant credit risk with respect to its cash balances.

Employers' Contributions

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

Income Taxes

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

Estimated Health Claims Incurred But Not Reported

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimated Future Benefits Based on Participants' Accumulated Eligibility

The Trust is required to provide benefits to certain active participants, if such participants have accumulated credit amounts (expressed as reserve hours) in excess of the hours required for current coverage. Under the Plan, up to 1,000 hours may be accumulated for future coverage. The estimated liability is based on an estimate of the average cost of benefits provided extended by reserve hours accumulated. The effect of a one percentage point increase in assumed health care cost trend rate would increase the net postretirement benefit obligation as of September 30, 2025 and 2024 by approximately \$5,360,000 and \$5,061,000, respectively.

Allowance for Extraordinary Claims

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

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

Postretirement Benefits

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

For the 2025 valuation, the weighted average discount rate was changed from 4.75% per annum to 5.50% per annum; compounded annually. For the 2024 valuation, the weighted average discount rate was changed from 5.75% per annum to 4.75% per annum; compounded annually.

For the 2025 and 2024 valuations, the retiree contributions in any given year were assumed to be 50% of trended medical benefit costs for the year. The reason behind this actuarial assumption is that while the Trustee's policy states the cost of health and welfare benefits for retired participants will be borne by the active and retired participant's contributions, in actuality, an accumulated postretirement benefit obligation exists due to: (1) the benefit obligation reflecting the future postretirement benefits for current active employees, while those employees' current contributions are being used to fund current retirees' benefits; and (2) retiree contributions are calculated and set each year to cover 50% of expected costs, with the remaining 50% of benefit costs making up the benefit obligation as of September 30, 2025 and 2024.

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Postretirement Benefits (Continued)

The following were other significant assumptions used in the valuations as of September 30, 2025 and 2024:

|                                |                                                                     |
|--------------------------------|---------------------------------------------------------------------|
| Weighted-average discount rate | 5.50% per annum (2025); 4.75% per annum (2024); compounded annually |
| Mortality                      | RP 2000 Blue Collar Table<br>separate male and female rates         |
| Retirement Age                 | 65 years                                                            |
| Actuarial Cost Method          | Projected Unit Credit Cost                                          |
| Assumed Participation Rate     | 33%                                                                 |

For measurement purposes, a 6% (post-age 65) and 8% (pre-age 65) annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025 and 2024 for pre-age 65 benefits and post-age 65 benefits, respectively; the pre-age 65 rate is assumed to decrease by 0.5% percent each year until 2031, then remains at 5% thereafter, while the post-age 65 rate decreases to 5% in 2026 and remains as such thereafter.

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

Stop-Loss Recoveries

The Plan nets stop-loss recoveries against benefit payments on the statements of changes in net assets available for benefits and received \$585,280 and \$328,246 for the years ended September 30, 2025 and 2024, respectively.

Investment Valuation and Income Recognition

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

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

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

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

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Concentration of Credit Risk

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

Plan Termination

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

Estimates

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

NOTE 4 - RISKS AND UNCERTAINTIES

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

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

**NOTE 5 - INVESTMENTS**

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

| Description                            | September 30,<br>2025 | Fair Value Measurements at Reporting Date Using                         |                                                     |                                                 |
|----------------------------------------|-----------------------|-------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
|                                        |                       | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable Inputs<br>(Level 3) |
| US Treasury and short-term obligations | \$ 17,780             | \$ -                                                                    | \$ 17,780                                           | \$ -                                            |
| Bonds and notes                        | 1,651,920             | -                                                                       | 1,651,920                                           | -                                               |
| Government obligations                 | 1,393,102             | -                                                                       | 1,393,102                                           | -                                               |
| Mutual funds                           | 2,498                 | 2,498                                                                   | -                                                   | -                                               |
| Collective trust fund                  | 2,084,240             | -                                                                       | 2,084,240                                           | -                                               |
| Total assets at fair value             | 5,149,540             | \$ 2,498                                                                | \$ 5,147,042                                        | \$ -                                            |
| Investments at net asset value (a)     | 4,627,549             |                                                                         |                                                     |                                                 |
| Total investments                      | <u>\$ 9,777,089</u>   |                                                                         |                                                     |                                                 |

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

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

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

**NOTE 5 - INVESTMENTS (Continued)**

The investment strategies, unfunded commitments, and significant terms of redemption for the investments valued at net asset value are as follows as of September 30, 2025:

|                                      | 2025<br>Fair value | 2024<br>Fair value | Unfunded<br>commitments | Redemption<br>Frequency | Redemption<br>Notice |
|--------------------------------------|--------------------|--------------------|-------------------------|-------------------------|----------------------|
| BGO Diversified US Property Fund, LP | \$ 4,627,549       | \$ 4,824,178       | None                    | Quarterly               | 45 Days              |

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

**NOTE 6 - RELATED PARTY TRANSACTIONS**

The Trust shares common expenses with San Diego Electrical Pension Trust (the "Pension Trust") and NECA/IBEW Drug-Free Workforce Program Trust ("Drug-free Trust"). The Pension Trust, Drug-free Trust and the Trust are administered together by the Trust Administrator. Common overhead costs are allocated based on the presumed utilization of funds, space allocation percentage (for rent and utilities) and certain percentages as determined by the Trust Administrator. Additionally, the Trust entered into an agreement whereby the Trust Administrator would provide all administrative functions to the Trust and the Trust would reimburse the Trust Administrator for these costs on a monthly basis. These amounts include office rent, personnel salaries and other administrative and overhead costs. Amounts paid to the Trust Administrator for the years ended September 30, 2025 and 2024 amounted to \$1,970,025 and \$1,618,621, respectively, and is presented as administrative office expenses.

**NOTE 7 - TAX STATUS**

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

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Trust Administrator has analyzed the tax positions taken by the Trust, and has concluded that as of September 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 7 – TAX STATUS (Continued)

of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Trust Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at September 30, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is derived from a portion of incoming employer contributions and scheduled monthly deductions from retiree benefit payments. The sufficiency of both Employer contributions and scheduled monthly deductions is monitored by the Board of Trustees.

NOTE 9 - AMENDMENTS

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

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

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

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

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

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

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

NOTE 9 - AMENDMENTS (Continued)

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

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

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

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

|                                                                   | <u>September 30, 2025</u> | <u>September 30, 2024</u> |
|-------------------------------------------------------------------|---------------------------|---------------------------|
| Net assets available for benefits<br>per the financial statements | \$ 20,795,151             | \$ 26,993,295             |
| Less: Plan's claims and<br>premiums payable                       | <u>(33,260,329)</u>       | <u>(31,628,459)</u>       |
| Net deficit - Form 5500                                           | <u>\$ (12,465,178)</u>    | <u>\$ (4,635,164)</u>     |

SAN DIEGO ELECTRICAL HEALTH AND WELFARE TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
September 30, 2025 and 2024

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

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

|                                                                     | October 1, 2024<br>to<br>September 30, 2025 | October 1, 2023<br>to<br>September 30, 2024 |
|---------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| Benefits paid to or for participants per the financial statements   | \$ 48,127,334                               | \$ 43,341,808                               |
| Add: Benefit obligations currently payable at end of year           | 33,260,329                                  | 31,628,459                                  |
| Less: Benefit obligations currently payable at beginning of year    | <u>(31,628,459)</u>                         | <u>(28,131,992)</u>                         |
| Total benefit payments and payments to provide benefits - Form 5500 | <u>\$ 49,759,204</u>                        | <u>\$ 46,838,275</u>                        |

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

NOTE 11 - SUBSEQUENT EVENTS

The following Plan amendments were adopted by the Board of Trustees subsequent to year end:

- Amendment No. 40, adopted November 20, 2025, which formalized the Board's decision to continue excluding gender affirming care from coverage from the Plan.
- Amendment No. 41, adopted November 20, 2025, which reduces the reserve bank hours maximum from 1,000 hours down to 560 hours effective January 1, 2026.
- Amendment No. 42, adopted January 15, 2026, which formalized the Board's decision to allow for two routine ultrasounds per pregnancy, effective February 1, 2026.
- Amendment No. 43, adopted March 19, 2026, which represented a revision to Amendment No. 35 regarding exclusions for gene and cellular therapy, to clarify what was not covered. The new language now excludes all types of gene and cellular therapy, services, treatments, expenses, medications, and products, whether administered by a healthcare provider or self-administered.

Trust management has evaluated subsequent events, as defined by FASB ASC 855 *Subsequent Events*, through the date that the financial statements were available to be issued on July 10, 2026.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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 **10/01/2024** and ending **09/30/2025**

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

**Part II Basic Plan Information** - enter all requested information

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN</b>                                                                                                                                                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan<br><b>10/01/1954</b>                                                                                                                                                    |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>SAN DIEGO ELECTRICAL HEALTH AND WELFARE PLAN</b><br><br><b>P.O. BOX 231219</b><br><br><b>SAN DIEGO CA 92194-0903</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>95-6035916</b><br><b>2c</b> Plan Sponsor's telephone number<br><b>(858) 569-6322</b><br><b>2d</b> Business code (see instructions)<br><b>238210</b> |

**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.

|                  |                                                                                     |                   |                                                              |
|------------------|-------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <b>07/15/2026</b> | <b>JEREMY ABRAMS</b>                                         |
|                  | Signature of plan administrator                                                     | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | <b>07/15/2026</b> | <b>ANDREW BERG</b>                                           |
|                  | Signature of employer/plan sponsor                                                  | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                   |                                                              |
|                  | 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

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Period from October 1, 2024 to September 30, 2025

| DATE                                                | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|-----------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE                              |                 |                      |               |                     | 7,062,896.86      |                     |                       |
| COMPARATIVE VALUE (5%)                              |                 |                      |               |                     | 353,144.84        |                     |                       |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE |                 |                      |               |                     |                   |                     |                       |
| Issue: 31846V542 - First Am Treas Ob Fd Cl Z        |                 |                      |               |                     |                   |                     |                       |
| 10/17/2024                                          | B               | 510,111.120          | 1.0000        |                     | - 510,111 *       | 510,111             |                       |
| 10/17/2024                                          | S               | - 610,000.000        | 1.0000        |                     | 610,000 *         | 610,000             |                       |
| 12/16/2024                                          | B               | 598,964.420          | 1.0000        |                     | - 598,964 *       | 598,964             |                       |
| 12/18/2024                                          | S               | - 750,000.000        | 1.0000        |                     | 750,000 *         | 750,000             |                       |
| 05/14/2025                                          | B               | 1,771,307.330        | 1.0000        |                     | - 1,771,307 *     | 1,771,307           |                       |
| 05/23/2025                                          | S               | - 1,398,012.870      | 1.0000        |                     | 1,398,013 *       | 1,398,013           |                       |
| 07/22/2025                                          | B               | 1,056,323.950        | 1.0000        |                     | - 1,056,324 *     | 1,056,324           |                       |
| 07/22/2025                                          | S               | - 1,199,861.280      | 1.0000        |                     | 1,199,861 *       | 1,199,861           |                       |
| Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26   |                 |                      |               |                     |                   |                     |                       |
| 12/16/2024                                          | S               | - 600,000.000        | .9982         |                     | 598,896 *         | 595,575             | 3,322                 |
| 05/14/2025                                          | S               | - 485,000.000        | 1.0001        |                     | 485,036 *         | 481,423             | 3,613                 |
| Issue: 91282CHN4 - U S Treasury Nt 4.750% 7/31/25   |                 |                      |               |                     |                   |                     |                       |
| 10/07/2024                                          | S               | - 1,131,000.000      | 1.0043        |                     | 1,135,856 *       | 1,126,815           | 9,041                 |
| Issue: 91282CLH2 - U S Treasury Nt 3.750% 8/31/26   |                 |                      |               |                     |                   |                     |                       |
| 10/07/2024                                          | B               | 825,000.000          | .9979         |                     | - 823,295 *       | 823,295             |                       |
| 04/16/2025                                          | S               | - 825,000.000        | .9972         |                     | 822,677 *         | 823,295             | - 618                 |
| Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26  |                 |                      |               |                     |                   |                     |                       |

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Period from October 1, 2024 to September 30, 2025

## FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE               | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|--------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 04/16/2025         | B               | 825,000.000          | 1.0059        |                     | - 829,869 *       | 829,869             |                       |
| <b>GRAND TOTAL</b> |                 |                      |               | <b>0</b>            | <b>12,590,209</b> | <b>12,574,852</b>   | <b>15,358</b>         |

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

Broker: Barclays Capital Inc. Fixed In

|            |                                              |                                 |        |  |          |        |         |
|------------|----------------------------------------------|---------------------------------|--------|--|----------|--------|---------|
| 02/12/2025 | Issue: 19828AAB3 - Columbia Pipelines<br>B   | 6.042% 8/15/28<br>75,000.000    | 1.0264 |  | - 76,982 | 76,982 |         |
| 03/06/2025 | Issue: 20030NCS8 - Comcast Corp<br>S         | 3.950% 10/15/25<br>- 67,000.000 | .9974  |  | 66,822   | 75,370 | - 8,548 |
| 05/14/2025 | Issue: 78016EZT7 - Royal Bk Cda Mtn<br>S     | 1.150% 7/14/26<br>- 50,000.000  | .9634  |  | 48,171   | 49,983 | - 1,813 |
| 07/22/2025 | Issue: 78016EZT7 - Royal Bk Cda Mtn<br>S     | 1.150% 7/14/26<br>- 19,000.000  | .9690  |  | 18,411   | 18,994 | - 583   |
| 07/22/2025 | Issue: 06406RBQ9 - Bank New York Mtn<br>S    | 4.947% 4/26/27<br>- 21,000.000  | 1.0036 |  | 21,076   | 20,870 | 206     |
| 07/22/2025 | Issue: 19828AAB3 - Columbia Pipelines<br>S   | 6.042% 8/15/28<br>- 20,000.000  | 1.0409 |  | 20,819   | 20,529 | 290     |
| 07/22/2025 | Issue: 06368L3K0 - Bank Montreal Mtn<br>S    | 5.370% 6/04/27<br>- 27,000.000  | 1.0195 |  | 27,527   | 27,000 | 527     |
| 07/22/2025 | Issue: 830867AB3 - Skymiles Ip Ltd<br>S      | 9.2405% 10/20/28<br>- 9,000.000 | 1.0031 |  | 9,028    | 8,989  | 39      |
| 07/22/2025 | Issue: 857449AC6 - State Street Bank<br>S    | 4.594% 11/25/26<br>- 23,000.000 | 1.0061 |  | 23,139   | 23,000 | 139     |
| 07/22/2025 | Issue: 44891ACG0 - Hyundai Cap Amer Mtn<br>S | 5.650% 6/26/26<br>- 21,000.000  | 1.0092 |  | 21,193   | 21,027 | 166     |
| 07/22/2025 | Issue: 341081GK7 - Florida Pwr Lt Co<br>S    | 5.050% 4/01/28<br>- 13,000.000  | 1.0228 |  | 13,296   | 13,328 | - 32    |

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Period from October 1, 2024 to September 30, 2025

# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                            | BOUGHT/<br>SOLD                         | SHARES/<br>PAR VALUE            | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|-------------------------------------------------|-----------------------------------------|---------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/22/2025                                      | Issue: 571676AX3 - Mars Inc<br>S        | 4.600% 3/01/28<br>- 15,000.000  | 1.0070        |                     | 15,104            | 15,000              | 105                   |
| <b>Total For Barclays Capital Inc. Fixed In</b> |                                         |                                 |               | <b>0</b>            | <b>361,568</b>    | <b>371,072</b>      | <b>- 9,504</b>        |
| Broker: Bmo Capital Markets Corp/Bonds          |                                         |                                 |               |                     |                   |                     |                       |
| 10/15/2024                                      | Issue: 91282CHK0 - U S Treasury Nt<br>S | 4.000% 6/30/28<br>- 205,000.000 | 1.0042        |                     | 205,856           | 200,709             | 5,147                 |
| 12/16/2024                                      | Issue: 91282CHH7 - U S Treasury Nt<br>S | 4.125% 6/15/26<br>- 600,000.000 | .9982         |                     | 598,896 *         | 595,575             | 3,322                 |
| 05/14/2025                                      | Issue: 91282CKP5 - U S Treasury Nt<br>S | 4.625% 4/30/29<br>- 300,000.000 | 1.0206        |                     | 306,175           | 310,876             | - 4,701               |
| 05/14/2025                                      | Issue: 91282CHH7 - U S Treasury Nt<br>S | 4.125% 6/15/26<br>- 485,000.000 | 1.0001        |                     | 485,036 *         | 481,423             | 3,613                 |
| 05/14/2025                                      | Issue: 91282CJV4 - U S Treasury Nt<br>S | 4.250% 1/31/26<br>- 50,000.000  | 1.0001        |                     | 50,006            | 49,998              | 7                     |
| 05/14/2025                                      | Issue: 91282CKB6 - U S Treasury Nt<br>S | 4.625% 2/28/26<br>- 50,000.000  | 1.0032        |                     | 50,162            | 49,758              | 404                   |
| 07/09/2025                                      | Issue: 91282CNG2 - U S Treasury Nt<br>B | 4.000% 5/31/30<br>300,000.000   | 1.0011        |                     | - 300,317         | 300,317             |                       |
| 07/22/2025                                      | Issue: 91282CNG2 - U S Treasury Nt<br>S | 4.000% 5/31/30<br>- 25,000.000  | 1.0046        |                     | 25,115            | 25,026              | 89                    |
| <b>Total For Bmo Capital Markets Corp/Bonds</b> |                                         |                                 |               | <b>0</b>            | <b>2,021,563</b>  | <b>2,013,682</b>    | <b>7,881</b>          |

Broker: Bnp Paribas Securities Bond

|            |                                         |                               |       |  |           |         |  |
|------------|-----------------------------------------|-------------------------------|-------|--|-----------|---------|--|
| 10/15/2024 | Issue: 91282CLN9 - U S Treasury Nt<br>B | 3.500% 9/30/29<br>205,000.000 | .9827 |  | - 201,461 | 201,461 |  |
|------------|-----------------------------------------|-------------------------------|-------|--|-----------|---------|--|

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Period from October 1, 2024 to September 30, 2025

## FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                         | BOUGHT/<br>SOLD                              | SHARES/<br>PAR VALUE             | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|----------------------------------------------|----------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/22/2025                                   | Issue: 91282CFU0 - U S Treasury Nt<br>S      | 4.125% 10/31/27<br>- 100,000.000 | 1.0065        |                     | 100,648           | 99,629              | 1,019                 |
| 07/22/2025                                   | Issue: 91282CME8 - U S Treasury Nt<br>S      | 4.250% 12/31/26<br>- 125,000.000 | 1.0040        |                     | 125,498           | 125,738             | - 240                 |
| 07/22/2025                                   | Issue: 91282CLN9 - U S Treasury Nt<br>S      | 3.500% 9/30/29<br>- 50,000.000   | .9860         |                     | 49,301            | 48,636              | 665                   |
| <b>Total For Bnp Paribas Securities Bond</b> |                                              |                                  |               | <b>0</b>            | <b>476,908</b>    | <b>475,464</b>      | <b>1,444</b>          |
| Broker: BofA Securities, Inc.                |                                              |                                  |               |                     |                   |                     |                       |
| 03/14/2025                                   | Issue: 25470DAR0 - Discovery<br>S            | 3.950% 3/20/28<br>- 84,000.000   | .9547         |                     | 80,192            | 78,874              | 1,318                 |
| 05/14/2025                                   | Issue: 02665WEV9 - American Honda Mtn<br>S   | 5.650% 11/15/28<br>- 50,000.000  | 1.0296        |                     | 51,480            | 51,577              | - 97                  |
| 05/14/2025                                   | Issue: 857449AC6 - State Street Bank<br>S    | 4.594% 11/25/26<br>- 65,000.000  | 1.0043        |                     | 65,278            | 65,000              | 278                   |
| 05/14/2025                                   | Issue: 13607L8C0 - Canadian Imperial Bk<br>S | 5.237% 6/28/27<br>- 60,000.000   | 1.0128        |                     | 60,769            | 60,000              | 769                   |
| 05/14/2025                                   | Issue: 571676AX3 - Mars Inc<br>S             | 4.600% 3/01/28<br>- 35,000.000   | 1.0020        |                     | 35,070            | 35,000              | 71                    |
| 05/23/2025                                   | Issue: 91282CME8 - U S Treasury Nt<br>S      | 4.250% 12/31/26<br>- 100,000.000 | 1.0031        |                     | 100,308           | 100,590             | - 282                 |
| 07/09/2025                                   | Issue: 91282CME8 - U S Treasury Nt<br>S      | 4.250% 12/31/26<br>- 300,000.000 | 1.0034        |                     | 301,007           | 301,771             | - 764                 |
| 07/22/2025                                   | Issue: 403949AP5 - HF Sinclair Corp<br>S     | 6.375% 4/15/27<br>- 12,000.000   | 1.0099        |                     | 12,118            | 12,071              | 48                    |
| 07/22/2025                                   | Issue: 31677QBV0 - Fifth Third Bk Mtn<br>S   | 5.15048% 1/28/28<br>- 13,000.000 | .9986         |                     | 12,982            | 13,000              | - 18                  |

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Period from October 1, 2024 to September 30, 2025

# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                           | BOUGHT/<br>SOLD                              | SHARES/<br>PAR VALUE             | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------------------------------|----------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/22/2025                                     | Issue: 86787XAA3 - Suntrust Capital<br>S     | 5.25794% 5/15/27<br>- 19,000.000 | .9910         |                     | 18,829            | 18,449              | 380                   |
| 09/02/2025                                     | Issue: 91282CFU0 - U S Treasury Nt<br>B      | 4.125% 10/31/27<br>200,000.000   | 1.0104        |                     | - 202,087         | 202,087             |                       |
| <b>Total For BofA Securities, Inc.</b>         |                                              |                                  |               | <b>0</b>            | <b>940,120</b>    | <b>938,419</b>      | <b>1,703</b>          |
| Broker: BofA Securities, Inc./Fxd Inc          |                                              |                                  |               |                     |                   |                     |                       |
| 11/25/2024                                     | Issue: 92564RAD7 - Vici Properties Note<br>B | 3.750% 2/15/27<br>100,000.000    | .9662         |                     | - 96,616          | 96,616              |                       |
| 05/14/2025                                     | Issue: 6174468V4 - Morgan Stanley<br>S       | 0.985% 12/10/26<br>- 169,000.000 | .9777         |                     | 165,228           | 157,432             | 7,796                 |
| 07/22/2025                                     | Issue: 06051GJS9 - Bk Of America Mtn<br>S    | 1.734% 7/22/27<br>- 16,000.000   | .9724         |                     | 15,558            | 16,239              | - 681                 |
| 07/22/2025                                     | Issue: 91159HHR4 - US Bancorp Mtn<br>S       | 3.150% 4/27/27<br>- 35,000.000   | .9820         |                     | 34,369            | 33,526              | 843                   |
| 07/22/2025                                     | Issue: 89236TNG6 - Toyota Mtr Cr Mtn<br>S    | 4.500% 5/14/27<br>- 24,000.000   | 1.0052        |                     | 24,126            | 23,989              | 136                   |
| 07/22/2025                                     | Issue: 46625HJZ4 - Jpmorgan Chase Co<br>S    | 4.125% 12/15/26<br>- 19,000.000  | .9975         |                     | 18,952            | 18,483              | 469                   |
| 07/22/2025                                     | Issue: 437076CV2 - Home Depot Inc<br>S       | 4.950% 9/30/26<br>- 21,000.000   | 1.0086        |                     | 21,181            | 21,077              | 104                   |
| 07/22/2025                                     | Issue: 24422EWK1 - Deere John Mtn<br>S       | 4.150% 9/15/27<br>- 21,000.000   | 1.0006        |                     | 21,012            | 20,654              | 357                   |
| 07/22/2025                                     | Issue: 74977RDN1 - Cooperatieve Mtn<br>S     | 3.649% 4/06/28<br>- 12,000.000   | .9863         |                     | 11,836            | 11,833              | 2                     |
| <b>Total For BofA Securities, Inc./Fxd Inc</b> |                                              |                                  |               | <b>0</b>            | <b>408,878</b>    | <b>399,849</b>      | <b>9,026</b>          |

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Schedule H, line 4j - Schedule of Reportable Transactions  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

| DATE                                           | BOUGHT/<br>SOLD                           | SHARES/<br>PAR VALUE              | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------------------------------|-------------------------------------------|-----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Broker: Citigroup Global Markets Inc.          |                                           |                                   |               |                     |                   |                     |                       |
| 10/07/2024                                     | Issue: 91282CHN4 - U S Treasury Nt<br>S   | 4.750% 7/31/25<br>- 1,131,000.000 | 1.0043        |                     | 1,135,856 *       | 1,126,815           | 9,041                 |
| 10/07/2024                                     | Issue: 91282CKP5 - U S Treasury Nt<br>B   | 4.625% 4/30/29<br>300,000.000     | 1.0363        |                     | - 310,876         | 310,876             |                       |
| 10/07/2024                                     | Issue: 91282CLH2 - U S Treasury Nt<br>B   | 3.750% 8/31/26<br>825,000.000     | .9979         |                     | - 823,295 *       | 823,295             |                       |
| 10/17/2024                                     | Issue: 91282CKB6 - U S Treasury Nt<br>S   | 4.625% 2/28/26<br>- 250,000.000   | 1.0073        |                     | 251,816           | 248,790             | 3,026                 |
| 04/16/2025                                     | Issue: 91282CME8 - U S Treasury Nt<br>B   | 4.250% 12/31/26<br>825,000.000    | 1.0059        |                     | - 829,869 *       | 829,869             |                       |
| 05/14/2025                                     | Issue: 46625HJZ4 - Jpmorgan Chase Co<br>S | 4.125% 12/15/26<br>- 50,000.000   | .9941         |                     | 49,706            | 48,639              | 1,068                 |
| 08/07/2025                                     | Issue: 91282CME8 - U S Treasury Nt<br>S   | 4.250% 12/31/26<br>- 300,000.000  | 1.0054        |                     | 301,628           | 301,771             | - 143                 |
| 09/30/2025                                     | Issue: 91282CMW8 - U S Treasury Nt<br>B   | 3.750% 4/15/28<br>35,000.000      | 1.0028        |                     | - 35,099          | 35,099              |                       |
| <b>Total For Citigroup Global Markets Inc.</b> |                                           |                                   |               | <b>0</b>            | <b>3,738,145</b>  | <b>3,725,154</b>    | <b>12,992</b>         |

Broker: Goldman Sachs & Co. LLC

|            |                                              |                                  |        |  |          |         |       |
|------------|----------------------------------------------|----------------------------------|--------|--|----------|---------|-------|
| 10/17/2024 | Issue: 91282CFU0 - U S Treasury Nt<br>S      | 4.125% 10/31/27<br>- 250,000.000 | 1.0081 |  | 252,030  | 249,073 | 2,958 |
| 11/25/2024 | Issue: 03027XAJ9 - American Tower Corp<br>S  | 4.400% 2/15/26<br>- 79,000.000   | .9932  |  | 78,464   | 77,693  | 771   |
| 02/03/2025 | Issue: 91282CJV4 - U S Treasury Nt<br>B      | 4.250% 1/31/26<br>50,000.000     | .0000  |  | - 49,998 | 49,998  |       |
| 02/12/2025 | Issue: 92564RAD7 - Vici Properties Note<br>S | 3.750% 2/15/27<br>- 100,000.000  | .9725  |  | 97,246   | 96,616  | 630   |

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# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                         | BOUGHT/<br>SOLD                                              | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|----------------------------------------------|--------------------------------------------------------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 05/14/2025                                   | Issue: 92564RAB1 - Vici Properties Note 4.625% 12/01/29<br>S | - 50,000.000         | .9658         |                     | 48,289            | 48,074              | 215                   |
| 05/14/2025                                   | Issue: 341081GK7 - Florida Pwr Lt Co 5.050% 4/01/28<br>S     | - 45,000.000         | 1.0206        |                     | 45,927            | 46,135              | - 207                 |
| 07/22/2025                                   | Issue: 17252MAR1 - Cintas Corp 4.200% 5/01/28<br>S           | - 20,000.000         | 1.0014        |                     | 20,028            | 19,974              | 53                    |
| 07/22/2025                                   | Issue: 709599BY9 - Penske Truck L P 5.350% 1/12/27<br>S      | - 21,000.000         | 1.0100        |                     | 21,209            | 20,978              | 231                   |
| 07/22/2025                                   | Issue: 20030NCS8 - Comcast Corp 3.950% 10/15/25<br>S         | - 13,000.000         | .9980         |                     | 12,974            | 14,624              | - 1,650               |
| 07/22/2025                                   | Issue: 55609NAC2 - MacQuarie Airfinance 6.400% 3/26/29<br>S  | - 11,000.000         | 1.0418        |                     | 11,460            | 11,564              | - 104                 |
| <b>Total For Goldman Sachs &amp; Co. LLC</b> |                                                              |                      |               | <b>0</b>            | <b>637,625</b>    | <b>634,729</b>      | <b>2,897</b>          |

Broker: Morgan Stanley & Co. LLC

|            |                                                             |               |        |  |           |         |         |
|------------|-------------------------------------------------------------|---------------|--------|--|-----------|---------|---------|
| 11/25/2024 | Issue: 857449AC6 - State Street Bank 4.594% 11/25/26<br>B   | 150,000.000   | 1.0000 |  | - 150,000 | 150,000 |         |
| 02/13/2025 | Issue: 91282CLN9 - U S Treasury Nt 3.500% 9/30/29<br>B      | 150,000.000   | .9590  |  | - 143,854 | 143,854 |         |
| 02/26/2025 | Issue: 44644MAK7 - Huntington Nationa 1.24481% 4/12/28<br>B | 175,000.000   | 1.0000 |  | - 175,000 | 175,000 |         |
| 03/12/2025 | Issue: 571676AX3 - Mars Inc 4.600% 3/01/28<br>B             | 90,000.000    | .0000  |  | - 89,999  | 89,999  |         |
| 04/16/2025 | Issue: 91282CLH2 - U S Treasury Nt 3.750% 8/31/26<br>S      | - 825,000.000 | .9972  |  | 822,677 * | 823,295 | - 618   |
| 05/14/2025 | Issue: 06051GJS9 - Bk Of America Mtn 1.734% 7/22/27<br>S    | - 40,000.000  | .9645  |  | 38,581    | 40,597  | - 2,016 |

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### FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                               | BOUGHT/<br>SOLD                            | SHARES/<br>PAR VALUE             | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------------------|--------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 05/14/2025                         | Issue: 06368L3K0 - Bank Montreal Mtn<br>S  | 5.370% 6/04/27<br>- 55,000.000   | 1.0165        |                     | 55,906            | 55,000              | 906                   |
| 05/14/2025                         | Issue: 44644MAK7 - Huntington Nationa<br>S | 1.24481% 4/12/28<br>- 75,000.000 | .9997         |                     | 74,978            | 75,000              | - 23                  |
| 07/22/2025                         | Issue: 44644MAK7 - Huntington Nationa<br>S | 1.24481% 4/12/28<br>- 35,000.000 | 1.0070        |                     | 35,244            | 35,000              | 244                   |
| Total For Morgan Stanley & Co. LLC |                                            |                                  |               | 0                   | 1,586,239         | 1,587,745           | - 1,507               |
| GRAND TOTAL                        |                                            |                                  |               | 0                   | 10,171,046        | 10,146,114          | 24,932                |

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

|                                              |   |             |        |  |             |         |  |
|----------------------------------------------|---|-------------|--------|--|-------------|---------|--|
| Issue: 31846V542 - First Am Treas Ob Fd Cl Z |   |             |        |  |             |         |  |
| 10/01/2024                                   | B | 2,424.000   | 1.0000 |  | - 2,424     | 2,424   |  |
| 10/02/2024                                   | B | 218.020     | 1.0000 |  | - 218       | 218     |  |
| 10/07/2024                                   | B | 2,417.460   | 1.0000 |  | - 2,417     | 2,417   |  |
| 10/15/2024                                   | B | 12,321.190  | 1.0000 |  | - 12,321    | 12,321  |  |
| 10/15/2024                                   | B | 212.050     | 1.0000 |  | - 212       | 212     |  |
| 10/16/2024                                   | B | 79,267.870  | 1.0000 |  | - 79,268    | 79,268  |  |
| 10/17/2024                                   | B | 510,111.120 | 1.0000 |  | - 510,111 * | 510,111 |  |
| 10/21/2024                                   | B | 82.500      | 1.0000 |  | - 83        | 83      |  |
| 10/21/2024                                   | B | 100,392.820 | 1.0000 |  | - 100,393   | 100,393 |  |
| 10/23/2024                                   | B | 10.930      | 1.0000 |  | - 11        | 11      |  |
| 10/25/2024                                   | B | 1,350.940   | 1.0000 |  | - 1,351     | 1,351   |  |

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

| DATE       | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/28/2024 | B               | 3,504.330            | 1.0000        |                     | - 3,504           | 3,504               |                       |
| 10/30/2024 | B               | 3,707.730            | 1.0000        |                     | - 3,708           | 3,708               |                       |
| 10/31/2024 | B               | 13,125.000           | 1.0000        |                     | - 13,125          | 13,125              |                       |
| 11/04/2024 | B               | 645.760              | 1.0000        |                     | - 646             | 646                 |                       |
| 11/15/2024 | B               | 5,244.700            | 1.0000        |                     | - 5,245           | 5,245               |                       |
| 11/19/2024 | B               | 1,627.500            | 1.0000        |                     | - 1,628           | 1,628               |                       |
| 11/22/2024 | B               | 78,880.310           | 1.0000        |                     | - 78,880          | 78,880              |                       |
| 12/02/2024 | B               | 3,324.340            | 1.0000        |                     | - 3,324           | 3,324               |                       |
| 12/03/2024 | B               | 875.390              | 1.0000        |                     | - 875             | 875                 |                       |
| 12/04/2024 | B               | 4,161.750            | 1.0000        |                     | - 4,162           | 4,162               |                       |
| 12/10/2024 | B               | 832.330              | 1.0000        |                     | - 832             | 832                 |                       |
| 12/16/2024 | B               | 28,749.010           | 1.0000        |                     | - 28,749          | 28,749              |                       |
| 12/16/2024 | B               | 598,964.420          | 1.0000        |                     | - 598,964 *       | 598,964             |                       |
| 12/26/2024 | B               | 5,901.220            | 1.0000        |                     | - 5,901           | 5,901               |                       |
| 12/30/2024 | B               | 3,142.200            | 1.0000        |                     | - 3,142           | 3,142               |                       |
| 01/03/2025 | B               | 583.620              | 1.0000        |                     | - 584             | 584                 |                       |
| 01/13/2025 | B               | 5,065.000            | 1.0000        |                     | - 5,065           | 5,065               |                       |
| 01/14/2025 | B               | 690.000              | 1.0000        |                     | - 690             | 690                 |                       |
| 01/15/2025 | B               | 3,310.440            | 1.0000        |                     | - 3,310           | 3,310               |                       |
| 01/16/2025 | B               | 85,839.460           | 1.0000        |                     | - 85,839          | 85,839              |                       |
| 01/21/2025 | B               | 392.880              | 1.0000        |                     | - 393             | 393                 |                       |
| 01/22/2025 | B               | 867.000              | 1.0000        |                     | - 867             | 867                 |                       |

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

| DATE       | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 01/22/2025 | B               | 10.870               | 1.0000        |                     | - 11              | 11                  |                       |
| 01/24/2025 | B               | 50,138.680           | 1.0000        |                     | - 50,139          | 50,139              |                       |
| 01/27/2025 | B               | 77,921.520           | 1.0000        |                     | - 77,922          | 77,922              |                       |
| 01/28/2025 | B               | 33,180.150           | 1.0000        |                     | - 33,180          | 33,180              |                       |
| 02/04/2025 | B               | 333.290              | 1.0000        |                     | - 333             | 333                 |                       |
| 02/18/2025 | B               | 4,572.540            | 1.0000        |                     | - 4,573           | 4,573               |                       |
| 02/20/2025 | B               | 160,363.330          | 1.0000        |                     | - 160,363         | 160,363             |                       |
| 02/25/2025 | B               | 1,324.680            | 1.0000        |                     | - 1,325           | 1,325               |                       |
| 02/28/2025 | B               | 16,625.000           | 1.0000        |                     | - 16,625          | 16,625              |                       |
| 03/03/2025 | B               | 799.650              | 1.0000        |                     | - 800             | 800                 |                       |
| 03/04/2025 | B               | 378.390              | 1.0000        |                     | - 378             | 378                 |                       |
| 03/06/2025 | B               | 67,859.000           | 1.0000        |                     | - 67,859          | 67,859              |                       |
| 03/10/2025 | B               | 1,515.710            | 1.0000        |                     | - 1,516           | 1,516               |                       |
| 03/14/2025 | B               | 81,795.980           | 1.0000        |                     | - 81,796          | 81,796              |                       |
| 03/17/2025 | B               | 4,469.990            | 1.0000        |                     | - 4,470           | 4,470               |                       |
| 03/25/2025 | B               | 1,313.930            | 1.0000        |                     | - 1,314           | 1,314               |                       |
| 03/26/2025 | B               | 1,344.000            | 1.0000        |                     | - 1,344           | 1,344               |                       |
| 03/31/2025 | B               | 8,192.500            | 1.0000        |                     | - 8,193           | 8,193               |                       |
| 04/01/2025 | B               | 2,424.000            | 1.0000        |                     | - 2,424           | 2,424               |                       |
| 04/02/2025 | B               | 277.800              | 1.0000        |                     | - 278             | 278                 |                       |
| 04/14/2025 | B               | 1,089.210            | 1.0000        |                     | - 1,089           | 1,089               |                       |
| 04/15/2025 | B               | 3,662.530            | 1.0000        |                     | - 3,663           | 3,663               |                       |

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| DATE       | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 04/15/2025 | B               | 55,325.150           | 1.0000        |                     | - 55,325          | 55,325              |                       |
| 04/21/2025 | B               | 382.250              | 1.0000        |                     | - 382             | 382                 |                       |
| 04/25/2025 | B               | 1,351.200            | 1.0000        |                     | - 1,351           | 1,351               |                       |
| 04/28/2025 | B               | 4,150.900            | 1.0000        |                     | - 4,151           | 4,151               |                       |
| 04/29/2025 | B               | 71,437.570           | 1.0000        |                     | - 71,438          | 71,438              |                       |
| 04/30/2025 | B               | 16,832.730           | 1.0000        |                     | - 16,833          | 16,833              |                       |
| 05/14/2025 | B               | 1,771,307.330        | 1.0000        |                     | - 1,771,307 *     | 1,771,307           |                       |
| 05/27/2025 | B               | 103,939.580          | 1.0000        |                     | - 103,940         | 103,940             |                       |
| 06/02/2025 | B               | 3,774.070            | 1.0000        |                     | - 3,774           | 3,774               |                       |
| 06/03/2025 | B               | 2,318.320            | 1.0000        |                     | - 2,318           | 2,318               |                       |
| 06/04/2025 | B               | 2,685.000            | 1.0000        |                     | - 2,685           | 2,685               |                       |
| 06/06/2025 | B               | 50.000               | 1.0000        |                     | - 50              | 50                  |                       |
| 06/16/2025 | B               | 2,722.840            | 1.0000        |                     | - 2,723           | 2,723               |                       |
| 06/26/2025 | B               | 4,558.230            | 1.0000        |                     | - 4,558           | 4,558               |                       |
| 06/30/2025 | B               | 16,977.350           | 1.0000        |                     | - 16,977          | 16,977              |                       |
| 07/02/2025 | B               | 392.390              | 1.0000        |                     | - 392             | 392                 |                       |
| 07/14/2025 | B               | 2,489.000            | 1.0000        |                     | - 2,489           | 2,489               |                       |
| 07/15/2025 | B               | 3,190.170            | 1.0000        |                     | - 3,190           | 3,190               |                       |
| 07/15/2025 | B               | 278.950              | 1.0000        |                     | - 279             | 279                 |                       |
| 07/16/2025 | B               | 61,046.870           | 1.0000        |                     | - 61,047          | 61,047              |                       |
| 07/21/2025 | B               | 392.720              | 1.0000        |                     | - 393             | 393                 |                       |
| 07/22/2025 | B               | 1,056,323.950        | 1.0000        |                     | - 1,056,324 *     | 1,056,324           |                       |

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| DATE                  | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/23/2025            | B               | 11.030               | 1.0000        |                     | - 11              | 11                  |                       |
| 07/28/2025            | B               | 481.710              | 1.0000        |                     | - 482             | 482                 |                       |
| 08/01/2025            | B               | 672.000              | 1.0000        |                     | - 672             | 672                 |                       |
| 08/04/2025            | B               | 308.030              | 1.0000        |                     | - 308             | 308                 |                       |
| 08/07/2025            | B               | 302,944.480          | 1.0000        |                     | - 302,944         | 302,944             |                       |
| 08/15/2025            | B               | 3,559.170            | 1.0000        |                     | - 3,559           | 3,559               |                       |
| 08/20/2025            | B               | 35,148.020           | 1.0000        |                     | - 35,148          | 35,148              |                       |
| 08/26/2025            | B               | 1,358.000            | 1.0000        |                     | - 1,358           | 1,358               |                       |
| 09/03/2025            | B               | 875.360              | 1.0000        |                     | - 875             | 875                 |                       |
| 09/05/2025            | B               | 15,027.130           | 1.0000        |                     | - 15,027          | 15,027              |                       |
| 09/08/2025            | B               | 1,123.020            | 1.0000        |                     | - 1,123           | 1,123               |                       |
| 09/15/2025            | B               | 3,527.600            | 1.0000        |                     | - 3,528           | 3,528               |                       |
| 09/22/2025            | B               | 37,000.000           | 1.0000        |                     | - 37,000          | 37,000              |                       |
| 09/22/2025            | B               | 637.380              | 1.0000        |                     | - 637             | 637                 |                       |
| 09/26/2025            | B               | 992.000              | 1.0000        |                     | - 992             | 992                 |                       |
| <b>Total For Buys</b> |                 |                      |               | <b>0</b>            | <b>5,663,427</b>  | <b>5,663,427</b>    | <b>0</b>              |
| 10/17/2024            | S               | - 610,000.000        | 1.0000        |                     | 610,000 *         | 610,000             |                       |
| 11/25/2024            | S               | - 166,754.430        | 1.0000        |                     | 166,754           | 166,754             |                       |
| 12/18/2024            | S               | - 750,000.000        | 1.0000        |                     | 750,000 *         | 750,000             |                       |
| 01/09/2025            | S               | - 50,000.000         | 1.0000        |                     | 50,000            | 50,000              |                       |
| 01/28/2025            | S               | - 50,000.000         | 1.0000        |                     | 50,000            | 50,000              |                       |

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

| DATE                   | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 02/03/2025             | S               | - 49,102.320         | 1.0000        |                     | 49,102            | 49,102              |                       |
| 02/12/2025             | S               | - 77,179.640         | 1.0000        |                     | 77,180            | 77,180              |                       |
| 02/13/2025             | S               | - 70,801.350         | 1.0000        |                     | 70,801            | 70,801              |                       |
| 02/26/2025             | S               | - 173,132.750        | 1.0000        |                     | 173,133           | 173,133             |                       |
| 03/12/2025             | S               | - 89,999.100         | 1.0000        |                     | 89,999            | 89,999              |                       |
| 04/16/2025             | S               | - 13,208.030         | 1.0000        |                     | 13,208            | 13,208              |                       |
| 04/22/2025             | S               | - 59,874.000         | 1.0000        |                     | 59,874            | 59,874              |                       |
| 05/02/2025             | S               | - 74,488.860         | 1.0000        |                     | 74,489            | 74,489              |                       |
| 05/15/2025             | S               | - 86,420.460         | 1.0000        |                     | 86,420            | 86,420              |                       |
| 05/23/2025             | S               | - 1,398,012.870      | 1.0000        |                     | 1,398,013 *       | 1,398,013           |                       |
| 05/27/2025             | S               | - 100,559.970        | 1.0000        |                     | 100,560           | 100,560             |                       |
| 05/28/2025             | S               | - 300,000.000        | 1.0000        |                     | 300,000           | 300,000             |                       |
| 07/08/2025             | S               | - 49,772.260         | 1.0000        |                     | 49,772            | 49,772              |                       |
| 07/09/2025             | S               | - 277.470            | 1.0000        |                     | 277               | 277                 |                       |
| 07/22/2025             | S               | - 1,199,861.280      | 1.0000        |                     | 1,199,861 *       | 1,199,861           |                       |
| 08/11/2025             | S               | - 13,995.660         | 1.0000        |                     | 13,996            | 13,996              |                       |
| 08/25/2025             | S               | - 64,927.200         | 1.0000        |                     | 64,927            | 64,927              |                       |
| 08/29/2025             | S               | - 4,320.750          | 1.0000        |                     | 4,321             | 4,321               |                       |
| 09/02/2025             | S               | - 203,444.760        | 1.0000        |                     | 203,445           | 203,445             |                       |
| 09/30/2025             | S               | - 28,903.260         | 1.0000        |                     | 28,903            | 28,903              |                       |
| <b>Total For Sells</b> |                 |                      |               | <b>0</b>            | <b>5,685,035</b>  | <b>5,685,035</b>    | <b>0</b>              |

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# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                               | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|----------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total First Am Treas Ob Fd Cl Z                    |                 |                      |               | 0                   | 11,348,462        | 11,348,462          | 0                     |
| Issue: 91282CFU0 - U S Treasury Nt 4.125% 10/31/27 |                 |                      |               |                     |                   |                     |                       |
| 09/02/2025                                         | B               | 200,000.000          | 1.0104        |                     | - 202,087         | 202,087             |                       |
| Total For Buys                                     |                 |                      |               | 0                   | 202,087           | 202,087             | 0                     |
| 10/17/2024                                         | S               | - 250,000.000        | 1.0081        |                     | 252,030           | 249,073             | 2,958                 |
| 07/22/2025                                         | S               | - 100,000.000        | 1.0065        |                     | 100,648           | 99,629              | 1,019                 |
| Total For Sells                                    |                 |                      |               | 0                   | 352,678           | 348,702             | 3,977                 |
| Total U S Treasury Nt 4.125% 10/31/27              |                 |                      |               | 0                   | 554,765           | 550,789             | 3,977                 |
| Issue: 91282CHH7 - U S Treasury Nt 4.125% 6/15/26  |                 |                      |               |                     |                   |                     |                       |
| 12/16/2024                                         | S               | - 600,000.000        | .9982         |                     | 598,896 *         | 595,575             | 3,322                 |
| 05/14/2025                                         | S               | - 485,000.000        | 1.0001        |                     | 485,036 *         | 481,423             | 3,613                 |
| Total For Sells                                    |                 |                      |               | 0                   | 1,083,932         | 1,076,998           | 6,935                 |
| Total U S Treasury Nt 4.125% 6/15/26               |                 |                      |               | 0                   | 1,083,932         | 1,076,998           | 6,935                 |
| Issue: 91282CHN4 - U S Treasury Nt 4.750% 7/31/25  |                 |                      |               |                     |                   |                     |                       |
| 10/07/2024                                         | S               | - 1,131,000.000      | 1.0043        |                     | 1,135,856 *       | 1,126,815           | 9,041                 |

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# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                              | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|---------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Sells                                   |                 |                      |               | 0                   | 1,135,856         | 1,126,815           | 9,041                 |
| Issue: 91282CKP5 - U S Treasury Nt 4.625% 4/30/29 |                 |                      |               |                     |                   |                     |                       |
| 10/07/2024                                        | B               | 300,000.000          | 1.0363        |                     | - 310,876         | 310,876             |                       |
| Total For Buys                                    |                 |                      |               | 0                   | 310,876           | 310,876             | 0                     |
| 05/14/2025                                        | S               | - 300,000.000        | 1.0206        |                     | 306,175           | 310,876             | - 4,701               |
| Total For Sells                                   |                 |                      |               | 0                   | 306,175           | 310,876             | - 4,701               |
| Total U S Treasury Nt 4.625% 4/30/29              |                 |                      |               | 0                   | 617,051           | 621,752             | - 4,701               |
| Issue: 91282CLH2 - U S Treasury Nt 3.750% 8/31/26 |                 |                      |               |                     |                   |                     |                       |
| 10/07/2024                                        | B               | 825,000.000          | .9979         |                     | - 823,295 *       | 823,295             |                       |
| Total For Buys                                    |                 |                      |               | 0                   | 823,295           | 823,295             | 0                     |
| 04/16/2025                                        | S               | - 825,000.000        | .9972         |                     | 822,677 *         | 823,295             | - 618                 |
| Total For Sells                                   |                 |                      |               | 0                   | 822,677           | 823,295             | - 618                 |
| Total U S Treasury Nt 3.750% 8/31/26              |                 |                      |               | 0                   | 1,645,972         | 1,646,590           | - 618                 |
| Issue: 91282CLN9 - U S Treasury Nt 3.500% 9/30/29 |                 |                      |               |                     |                   |                     |                       |
| 10/15/2024                                        | B               | 205,000.000          | .9827         |                     | - 201,461         | 201,461             |                       |

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# FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                               | BOUGHT/<br>SOLD | SHARES/<br>PAR VALUE | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|----------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 02/13/2025                                         | B               | 150,000.000          | .9590         |                     | - 143,854         | 143,854             |                       |
| <b>Total For Buys</b>                              |                 |                      |               | <b>0</b>            | <b>345,315</b>    | <b>345,315</b>      | <b>0</b>              |
| 07/22/2025                                         | S               | - 50,000.000         | .9860         |                     | 49,301            | 48,636              | 665                   |
| <b>Total For Sells</b>                             |                 |                      |               | <b>0</b>            | <b>49,301</b>     | <b>48,636</b>       | <b>665</b>            |
| <b>Total U S Treasury Nt 3.500% 9/30/29</b>        |                 |                      |               | <b>0</b>            | <b>394,616</b>    | <b>393,951</b>      | <b>665</b>            |
| Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26 |                 |                      |               |                     |                   |                     |                       |
| 04/16/2025                                         | B               | 825,000.000          | 1.0059        |                     | - 829,869 *       | 829,869             |                       |
| <b>Total For Buys</b>                              |                 |                      |               | <b>0</b>            | <b>829,869</b>    | <b>829,869</b>      | <b>0</b>              |
| 05/23/2025                                         | S               | - 100,000.000        | 1.0031        |                     | 100,308           | 100,590             | - 282                 |
| 07/09/2025                                         | S               | - 300,000.000        | 1.0034        |                     | 301,007           | 301,771             | - 764                 |
| 07/22/2025                                         | S               | - 125,000.000        | 1.0040        |                     | 125,498           | 125,738             | - 240                 |
| 08/07/2025                                         | S               | - 300,000.000        | 1.0054        |                     | 301,628           | 301,771             | - 143                 |
| <b>Total For Sells</b>                             |                 |                      |               | <b>0</b>            | <b>828,441</b>    | <b>829,870</b>      | <b>- 1,429</b>        |
| <b>Total U S Treasury Nt 4.250% 12/31/26</b>       |                 |                      |               | <b>0</b>            | <b>1,658,310</b>  | <b>1,659,739</b>    | <b>- 1,429</b>        |
| <b>GRAND TOTAL</b>                                 |                 |                      |               | <b>0</b>            | <b>18,438,964</b> | <b>18,425,096</b>   | <b>13,870</b>         |

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Schedule H, line 4j - Schedule of Reportable Transactions  
San Diego Electrical Health and Welfare Trust  
EIN#95-6035916  
FYE 9/30/2025  
PLAN#001



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### FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE                                                                       | BOUGHT/<br>SOLD                         | SHARES/<br>PAR VALUE            | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|----------------------------------------------------------------------------|-----------------------------------------|---------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| <b>CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE</b> |                                         |                                 |               |                     |                   |                     |                       |
| Broker: Bmo Capital Markets Corp/Bonds                                     |                                         |                                 |               |                     |                   |                     |                       |
| 10/15/2024                                                                 | Issue: 91282CHK0 - U S Treasury Nt<br>S | 4.000% 6/30/28<br>- 205,000.000 | 1.0042        |                     | 205,856           | 200,709             | 5,147                 |
| 12/16/2024                                                                 | Issue: 91282CHH7 - U S Treasury Nt<br>S | 4.125% 6/15/26<br>- 600,000.000 | .9982         |                     | 598,896 *         | 595,575             | 3,322                 |
| 05/14/2025                                                                 | Issue: 91282CKP5 - U S Treasury Nt<br>S | 4.625% 4/30/29<br>- 300,000.000 | 1.0206        |                     | 306,175           | 310,876             | - 4,701               |
| 05/14/2025                                                                 | Issue: 91282CHH7 - U S Treasury Nt<br>S | 4.125% 6/15/26<br>- 485,000.000 | 1.0001        |                     | 485,036 *         | 481,423             | 3,613                 |
| 05/14/2025                                                                 | Issue: 91282CJV4 - U S Treasury Nt<br>S | 4.250% 1/31/26<br>- 50,000.000  | 1.0001        |                     | 50,006            | 49,998              | 7                     |
| 05/14/2025                                                                 | Issue: 91282CKB6 - U S Treasury Nt<br>S | 4.625% 2/28/26<br>- 50,000.000  | 1.0032        |                     | 50,162            | 49,758              | 404                   |
| 07/09/2025                                                                 | Issue: 91282CNG2 - U S Treasury Nt<br>B | 4.000% 5/31/30<br>300,000.000   | 1.0011        |                     | - 300,317         | 300,317             |                       |
| 07/22/2025                                                                 | Issue: 91282CNG2 - U S Treasury Nt<br>S | 4.000% 5/31/30<br>- 25,000.000  | 1.0046        |                     | 25,115            | 25,026              | 89                    |
| <b>Total For Bmo Capital Markets Corp/Bonds</b>                            |                                         |                                 |               | <b>0</b>            | <b>2,021,563</b>  | <b>2,013,682</b>    | <b>7,881</b>          |

Broker: Citigroup Global Markets Inc.

|            |                                         |                                   |        |  |             |           |       |
|------------|-----------------------------------------|-----------------------------------|--------|--|-------------|-----------|-------|
| 10/07/2024 | Issue: 91282CHN4 - U S Treasury Nt<br>S | 4.750% 7/31/25<br>- 1,131,000.000 | 1.0043 |  | 1,135,856 * | 1,126,815 | 9,041 |
| 10/07/2024 | Issue: 91282CKP5 - U S Treasury Nt<br>B | 4.625% 4/30/29<br>300,000.000     | 1.0363 |  | - 310,876   | 310,876   |       |
| 10/07/2024 | Issue: 91282CLH2 - U S Treasury Nt<br>B | 3.750% 8/31/26<br>825,000.000     | .9979  |  | - 823,295 * | 823,295   |       |

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| DATE                                           | BOUGHT/<br>SOLD                           | SHARES/<br>PAR VALUE             | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------------------------------|-------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/17/2024                                     | Issue: 91282CKB6 - U S Treasury Nt<br>S   | 4.625% 2/28/26<br>- 250,000.000  | 1.0073        |                     | 251,816           | 248,790             | 3,026                 |
| 04/16/2025                                     | Issue: 91282CME8 - U S Treasury Nt<br>B   | 4.250% 12/31/26<br>825,000.000   | 1.0059        |                     | - 829,869 *       | 829,869             |                       |
| 05/14/2025                                     | Issue: 46625HJZ4 - Jpmorgan Chase Co<br>S | 4.125% 12/15/26<br>- 50,000.000  | .9941         |                     | 49,706            | 48,639              | 1,068                 |
| 08/07/2025                                     | Issue: 91282CME8 - U S Treasury Nt<br>S   | 4.250% 12/31/26<br>- 300,000.000 | 1.0054        |                     | 301,628           | 301,771             | - 143                 |
| 09/30/2025                                     | Issue: 91282CMW8 - U S Treasury Nt<br>B   | 3.750% 4/15/28<br>35,000.000     | 1.0028        |                     | - 35,099          | 35,099              |                       |
| <b>Total For Citigroup Global Markets Inc.</b> |                                           |                                  |               | <b>0</b>            | <b>3,738,145</b>  | <b>3,725,154</b>    | <b>12,992</b>         |

Broker: Morgan Stanley & Co. LLC

|            |                                            |                                 |        |  |           |         |         |
|------------|--------------------------------------------|---------------------------------|--------|--|-----------|---------|---------|
| 11/25/2024 | Issue: 857449AC6 - State Street Bank<br>B  | 4.594% 11/25/26<br>150,000.000  | 1.0000 |  | - 150,000 | 150,000 |         |
| 02/13/2025 | Issue: 91282CLN9 - U S Treasury Nt<br>B    | 3.500% 9/30/29<br>150,000.000   | .9590  |  | - 143,854 | 143,854 |         |
| 02/26/2025 | Issue: 44644MAK7 - Huntington Nationa<br>B | 1.24481% 4/12/28<br>175,000.000 | 1.0000 |  | - 175,000 | 175,000 |         |
| 03/12/2025 | Issue: 571676AX3 - Mars Inc<br>B           | 4.600% 3/01/28<br>90,000.000    | .0000  |  | - 89,999  | 89,999  |         |
| 04/16/2025 | Issue: 91282CLH2 - U S Treasury Nt<br>S    | 3.750% 8/31/26<br>- 825,000.000 | .9972  |  | 822,677 * | 823,295 | - 618   |
| 05/14/2025 | Issue: 06051GJS9 - Bk Of America Mtn<br>S  | 1.734% 7/22/27<br>- 40,000.000  | .9645  |  | 38,581    | 40,597  | - 2,016 |
| 05/14/2025 | Issue: 06368L3K0 - Bank Montreal Mtn<br>S  | 5.370% 6/04/27<br>- 55,000.000  | 1.0165 |  | 55,906    | 55,000  | 906     |

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

| DATE                               | BOUGHT/<br>SOLD                            | SHARES/<br>PAR VALUE             | UNIT<br>PRICE | EXPENSE<br>INCURRED | PRINCIPAL<br>CASH | TRANSACTION<br>COST | REALIZED<br>GAIN/LOSS |
|------------------------------------|--------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 05/14/2025                         | Issue: 44644MAK7 - Huntington Nationa<br>S | 1.24481% 4/12/28<br>- 75,000.000 | .9997         |                     | 74,978            | 75,000              | - 23                  |
| 07/22/2025                         | Issue: 44644MAK7 - Huntington Nationa<br>S | 1.24481% 4/12/28<br>- 35,000.000 | 1.0070        |                     | 35,244            | 35,000              | 244                   |
| Total For Morgan Stanley & Co. LLC |                                            |                                  |               | 0                   | 1,586,239         | 1,587,745           | - 1,507               |
| GRAND TOTAL                        |                                            |                                  |               | 0                   | 7,345,947         | 7,326,581           | 19,366                |