

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... [] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/16/1966
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND
2b Employer Identification Number (EIN): 94-6173454
2c Plan Sponsor's telephone number: 925-398-7060
2d Business code (see instructions): 238300

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	516
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	466
	6a(2)	466
	6b	42
	6c	0
	6d	508
	6e	
	6f	508
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	40

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY	D Employer Identification Number (EIN) 94-6173454

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	95672	376	815	03/01/2023	02/28/2024

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	6992981
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY</p>	<p>D Employer Identification Number (EIN) 94-6173454</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	EXRK	231	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 54123</p>	<p>(b) Total amount of fees paid 38373</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEALTH PARTNER GROUP LLC **18940 N PIMA RD STE 210**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54123	38373	WRITING AGENT AND SUPP COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	767454
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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OMB No. 1210-0110

2024

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

A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY	D Employer Identification Number (EIN) 94-6173454

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	N/A	0411800	497	08/01/2023	07/31/2024

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
---	--------------------------------------

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

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

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

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

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		70060
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	70060
b	Benefit charges (1) Claims paid	9b(1)		61025
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	61025
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		9808
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	9808
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY	D Employer Identification Number (EIN) 94-6173454	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BOYD WATTERSON

34-1922005

(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

(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)

UNION BANK

PO BOX 513840
LOS ANGELES, CA 90051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32721	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48600	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)

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	82282	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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	12500	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)

POST ADVISORY GROUP

2049 CENTURY PARK E STE 3050
LOS ANGELES, CA 90067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	37057	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)

SEGALL, BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16195	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)

KRAW LAW GROUP

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	37719	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)

BENESYS ADMINISTRATORS INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	187347	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	109808	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)

NEYHART ANDERSON FLYN & GRSBOLL

369 PINE ST STE 800
SAN FRANCISCO, CA 94101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16056	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)

TRUSTEE #1

7180 KOLL CENTER PKWY STE 200
PLEASANTON, CA 94566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	PARTY IN INTEREST	12000	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)

TRUSTEE #2

7180 KOLL CENTER PKWY STE 200
PLEASANTON, CA 94566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	PARTY IN INTEREST	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY</u>	D Employer Identification Number (EIN) <u>94-6173454</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TR COMMON S&P 500 INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138596-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1146886</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY	D Employer Identification Number (EIN) 94-6173454

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2194055	2499497
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	834800	725243
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	810115	530347
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	75155	23383
(2) U.S. Government securities	1c(2)	2609297	2830242
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1951075	2269483
(B) All other	1c(3)(B)	1143079	1176973
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	11154959	9661359
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1400671	1146886
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	22173206	20863413
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	38448	36465
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4363593	4380941
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4402041	4417406
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17771165	16446007

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	8805663	
(B) Participants.....	2a(1)(B)	344069	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		9149732
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13431	
(B) U.S. Government securities.....	2b(1)(B)	88836	
(C) Corporate debt instruments.....	2b(1)(C)	130154	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	458376	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		690797
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3655956	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3526401	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		129555
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-393058	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-393058

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		380846
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9957872

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4077467	
(2) To insurance carriers for the provision of benefits	2e(2)	6422944	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10500411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	187347	
(3) Recordkeeping fees	2i(3)	82282	
(4) IQPA audit fees	2i(4)	48600	
(5) Investment advisory and investment management fees	2i(5)	65349	
(6) Bank or trust company trustee/custodial fees	2i(6)	44854	
(7) Actuarial fees	2i(7)	109808	
(8) Legal fees	2i(8)	53775	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	31749	
(11) Other expenses.....	2i(11)	158855	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		782619
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11283030

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1325158
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		9661359
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Northern California Tile Industry
Health and Welfare Trust Fund
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Opinion

We have audited the accompanying financial statements of Northern California Tile Industry Health and Welfare Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are

presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 18, 2025

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

ASSETS	December 31, 2024	December 31, 2023
CASH	\$ 2,499,497	\$ 2,194,055
INVESTMENTS, AT FAIR VALUE	17,108,326	18,334,236
TOTAL CASH AND INVESTMENTS	\$ 19,607,823	\$ 20,528,291
RECEIVABLES		
Employer Contributions	725,243	834,800
Stop Loss Reimbursements	335,603	630,779
Investment Income	54,262	42,755
Other Receivables	3,901	-
TOTAL RECEIVABLES	1,119,009	1,508,334
DEPOSITS	136,581	136,581
TOTAL ASSETS	20,863,413	22,173,206
LIABILITIES		
Accounts Payable	17,677	22,230
Outgoing Reciprocity Payable	18,788	16,218
Due to Other Trusts	512,162	424,606
TOTAL LIABILITIES	548,627	463,054
NET ASSETS AVAILABLE FOR BENEFITS	20,314,786	21,710,152
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	3,868,779	3,938,987
Excess of Net Assets Available for Benefits Over Benefit Obligations Other Than Postretirement Benefit Obligations	\$ 16,446,007	\$ 17,771,165

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023	
ADDITIONS			
CONTRIBUTIONS			
Employers	\$ 8,805,663	\$ 8,620,035	
Retiree Self-Payments	322,457	250,441	
COBRA	21,612	66,788	\$ 8,937,264
	\$ 9,149,732		
NET INVESTMENT INCOME			
Interest and Dividends	778,217	527,732	
Net Appreciation of Investments	29,923	542,436	
Less: Investment Expenses	(77,482)	(65,255)	1,004,913
	730,658		
TOTAL ADDITIONS	9,880,390	9,942,177	
DEDUCTIONS			
NET BENEFITS PAID			
Insured Benefits:			
Medical	5,720,810	5,409,299	
Life	6,279	9,165	
Stop Loss	767,454	703,612	
Vision	68,739	76,977	
EAP	9,275	10,124	6,209,177
	6,572,557		
Self-Funded Benefits:			
Medical	3,836,995	5,922,243	
Dental	485,567	622,324	
Prescription	336,589	520,760	
Less: Rebates and Reimbursements	(661,089)	(2,903,788)	4,161,539
	3,998,062		
TOTAL NET BENEFITS PAID	10,570,619	10,370,716	
EXPENSES			
Administration Fees	187,347	178,426	
Claims Administration Fees	89,627	85,258	
Bank Fees	32,721	31,909	
Insurance	27,795	37,417	
Conferences and Meetings	31,749	36,688	
Printing, Postage and Office Expenses	34,093	46,836	
Audit Fees	48,600	39,000	
Payroll Compliance Fees	82,282	24,199	
Benefit Consultant Fees	109,808	98,450	
Legal Fees	53,775	47,076	
Miscellaneous	7,340	11,044	
TOTAL EXPENSES	705,137	636,303	
TOTAL DEDUCTIONS	11,275,756	11,007,019	
NET (DECREASE) FOR THE YEAR	(1,395,366)	(1,064,842)	
NET ASSETS AVAILABLE FOR BENEFITS			
Balance, Beginning of Year	21,710,152	22,774,994	
Balance, End of Year	\$ 20,314,786	\$ 21,710,152	

(Attached notes are an integral part of this statement)

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	<u>\$ 25,854</u>	<u>\$ 16,849</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Future Benefits Based on Participants' Accumulated Eligibility	1,098,325	1,092,938
Claims Incurred But Not Reported	859,600	789,200
Hour Bank Liability	<u>1,885,000</u>	<u>2,040,000</u>
	<u>3,842,925</u>	<u>3,922,138</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>3,868,779</u>	<u>3,938,987</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees	4,232,300	3,217,700
Other Participants Fully Eligible For Benefits	1,687,100	1,671,200
Other Participants Not Yet Fully Eligible For Benefits	<u>3,218,100</u>	<u>3,187,800</u>
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	<u>9,137,500</u>	<u>8,076,700</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 13,006,279</u>	<u>\$ 12,015,687</u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable, Beginning of Year	\$ 16,849	\$ -
Claims Reported and Approved for Payment	4,007,067	4,178,388
Claims Paid	<u>(3,998,062)</u>	<u>(4,161,539)</u>
Claims Payable, End of Year	<u>25,854</u>	<u>16,849</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance, Beginning of Year	3,922,138	3,377,347
Net Change During the Year:		
Future Benefits Based on Participants' Accumulated Eligibility	5,387	(25,909)
Claims Incurred But Not Reported	70,400	360,700
Hour Bank Liability	<u>(155,000)</u>	<u>210,000</u>
Balance, End of Year	<u>3,842,925</u>	<u>3,922,138</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>3,868,779</u>	<u>3,938,987</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance, Beginning of Year	8,076,700	7,199,300
Net Change During the Year:		
Benefits Earned and Other Changes	1,228,500	(2,889,900)
Changes in Actuarial Assumptions	<u>(167,700)</u>	<u>3,767,300</u>
	<u>9,137,500</u>	<u>8,076,700</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 13,006,279</u>	<u>\$ 12,015,687</u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - DESCRIPTION OF THE PLAN

The Northern California Tile Industry Health and Welfare Trust Fund (the "Plan") was established on July 16, 1966 to provide health care benefits to eligible participants covered by the collective bargaining agreements between the Bricklayers and Allied Crafts Local Union No. 3, the International Union of B.A.C., and individual employers signatory to the agreements. The Plan is a multiemployer health and welfare plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

B. Estimates

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

C. Contributions and Eligibility

Employer contributions as reported are contributions made by employers on behalf of employees for hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

The Plan has various reciprocal agreements in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home Local Union in a subsequent month.

Initial or returning eligibility is earned on the first day of the second month following any three or fewer consecutive calendar months in which a participant is credited with a minimum of 360 total hours of work. Eligibility will continue as long as the total credited work hours in a participant's hour bank reserve equal at least 120. If a participant works more than 120 hours of covered employment in any month, the excess hours are added to the participant's hour bank reserve and can be used when a participant does not work 120 hours in a month. A participant may accumulate an hour bank reserve of up to 360 hours.

Under certain conditions, participants are permitted to maintain Plan coverage by making self-payments.

Retired participants are provided benefit coverage in accordance with the eligibility provisions of the Plan. Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Contributions and Eligibility (Continued)

The Plan may provide eligibility to non-bargained employees at employers who are signatory to a collective bargaining agreement based on eligibility rules outlined in the Plan document.

D. Employer Payroll Examination Program

Employer remittance reports were accepted as submitted without examination or verification of employers' payroll records. The Plan's system of internal control provides for examination of employers' records under a separate employer compliance program.

E. Benefits

The Plan provides health and welfare benefits including medical, dental, vision, prescription drug, employee assistance, and life insurance for active participants and medical, dental and vision for retirees. All dental, prescription and certain medical claims are self-funded by the Plan. All life, vision, employee assistance and certain medical benefits are insured with premiums paid by the Plan.

The Plan has stop-loss insurance in an effort to limit the Plan's exposure for self-funded medical benefits (individual claims over a specific amount). Under the terms of the contract, individual participant claims incurred in excess of \$225,000, subject to any specifically lasered out individuals, are reimbursed to the Plan.

The Plan uses a pharmacy benefits manager which periodically makes refunds to the Plan based on the utilization pattern of specific drugs.

F. Tax-Exempt Status

The Plan received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i. Therefore no provision for federal or state income tax is made.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Risks and Uncertainties

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

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

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 - POSTRETIREMENT BENEFITS

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for 1) currently retired or terminated participants and their beneficiaries and dependents and 2) active participants and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation was determined by actuaries as of December 31, 2024 and 2023 and is the amount that results from applying actuarial assumptions to historical benefit cost data to estimate future annual benefit 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.

The significant actuarial assumptions and methods used for the December 31, 2024 valuation were: (a) Discount Rate: 5.50%, (b) Postretirement Mortality Rates: Scale MP-2019 generational projection on the RP-2014 Blue Collar table with three-year setback, and (c) 100% retirement at age 62. Changes to the actuarial assumptions for December 31, 2023, was increasing the discount rate from 4.75% to 5.50%.

The health care cost-trend rates have a significant effect on the postretirement benefit obligations. A 1% increase in the health care cost-trend rate would increase the net postretirement benefit obligation as of December 31, 2024 and 2023 by \$1,362,500 and \$1,240,100, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue to provide retiree benefits. Were retiree benefits to be terminated or be amended, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

NOTE 4 - FAIR VALUE MEASUREMENTS

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - and

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. Level 1 investments consist of a short term investment fund and government debt securities that are U.S. treasury notes and bonds recorded at fair value based on quoted market prices. Level 2 investments consist of government debt securities that are not U.S. treasury notes and bonds and corporate debt securities recorded at fair value based on closing prices provided by third party pricing sources.

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

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Short Term Investment Fund	\$ 23,383	\$ -	\$ -	\$ 23,383
Government Debt Securities	1,593,103	1,237,139	-	2,830,242
Corporate Debt Securities	-	3,446,456	-	3,446,456
Total Assets in the Fair Value Hierarchy	\$ 1,616,486	\$ 4,683,595	\$ -	6,300,081
Investments Measured at Net Asset Value ^A				10,808,245
				\$ 17,108,326

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Short Term Investment Fund	\$ 75,155	\$ -	\$ -	\$ 75,155
Government Debt Securities	1,471,384	1,137,913	-	2,609,297
Corporate Debt Securities	-	3,094,154	-	3,094,154
Total Assets in the Fair Value Hierarchy	\$ 1,546,539	\$ 4,232,067	\$ -	5,778,606
Investments Measured at Net Asset Value ^A				12,555,630
				\$ 18,334,236

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The unfunded commitments and significant terms of redemption for the Plan's common/collective trust and limited partnerships valued at net asset value are as follows:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
BOYD WATTERSON GSA FUND, LP	\$ 2,468,355	\$ 3,335,862	None	Quarterly	60 Days
NORTHERN TRUST S&P 500 INDEX FUND	1,146,886	-	None	Daily	None
COMERICA LARGE CAP INDEX FUND #584	-	1,400,671	None	Daily	Daily
POST INTERMEDIATE TERM HIGH YIELD FUND, LP	7,193,004	7,819,097	None	Monthly	30 Days
	<u>\$ 10,808,245</u>	<u>\$ 12,555,630</u>			

The investment strategies for investments valued at net asset value are as follows:

Boyd Watterson GSA Fund, LP is a limited partnership with an investment objective to acquire, develop, and operate a diversified portfolio of investments in commercial property leased to federal government agencies to generate a high, stable stream of income while providing for the preservation of capital with the opportunity of longer-term capital appreciation. Fair value is determined by the general partner based upon several inputs giving consideration to income, cost and sales comparison methods, as well as appraisal values.

Comerica Large Cap Index Fund #584 is a common/collective trust seeking to provide investment results generally corresponding to the aggregate price and dividend performance of the publicly traded common stocks in the large-capitalization sector of the U.S. equity market. The Fund pursues this objective by investing primarily in the 500 common stocks that compose the S&P 500 Index, excluding Comerica, Inc. stock.

Post Intermediate Term High Yield Fund, LP is a limited partnership seeking to maximize current income by primarily investing in a diversified portfolio of public and private issue debt securities that are generally rated below investment grade by the general partners.

Northern Trust S&P 500 Index Fund seeks to approximate the risk and return characteristics of the S&P 500 Index.

There have been no changes in the methodologies used at December 31, 2024 and 2023. The Plan did not have any transfers into or out of Levels 1, 2 or 3 for the year ended December 31, 2024.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' cost for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to modify the benefits provided to participants, and contributions required, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, any monies remaining in the Plan after the payment of all expenses and obligations of the Plan, shall be paid or used for the continuance of one or more benefits in accordance with the provisions of this Plan until such Plan is exhausted. No assets of the Plan may revert to the signatory employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan receives contributions on behalf of other Northern California Tile Industry Trust Funds ("Trust Funds") and transfers the contributions to the Trust Funds monthly. As of December 31, 2024 and 2023, \$512,162 and \$424,606, respectively, was due to the Trust Funds for contributions received but not transferred.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 20,314,786	\$ 21,710,152
Less: Benefit Obligations Other Than Postretirement Benefit Obligations	<u>(3,868,779)</u>	<u>(3,938,987)</u>
Net Assets Per the Form 5500	<u>\$ 16,446,007</u>	<u>\$ 17,771,165</u>

The following is a reconciliation of net benefits for participants, beneficiaries and dependents per the financials statements to the Form 5500:

	<u>January 1, 2024 to December 31, 2024</u>
Net Benefits Per the Financial Statements	\$ 10,570,619
Add: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2024	3,868,779
Less: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2023	<u>(3,938,987)</u>
Benefits Per the Form 5500	<u>\$ 10,500,411</u>

NOTE 8 - CONCENTRATION OF CREDIT RISK

At times during the year, the Plan had cash on deposit with various banks which exceeded the Federal Deposit Insurance Corporation insurance limit of \$250,000 per bank. The Board believes the banks are creditworthy and to date has not incurred any losses.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 9 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 18, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FORM 5500
SCHEDULE H, LINE 4
E.I.N. 94-6173454; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Northern California Tile Industry
Health and Welfare Trust Fund
7180 Koll Center Parkway, Suite 200
Pleasanton, California 94566

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 18, 2025

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Short Term Investment Fund</u>	<u>Fair Value</u>	<u>Cost</u>
23,383	FIRST AM GOVT OBLIGATION FUND	\$ 23,383	\$ 23,383
<u>Par Value</u>	<u>Corporate Debt Securities</u>		
\$ 45,000	AT&T INC GLBL NT 2.300% 6/01/27	\$ 42,474	\$ 43,166
55,000	ABBOTT LABORATORIES 3.750% 11/30/26	54,343	63,462
45,000	ABBVIE INC 4.95% 3/15/31	44,991	45,017
10,000	ADOBE INC 2.15% 2/01/27	9,545	10,332
40,000	ADOBE INC SR GLBL 4.8% 4/04/29	40,202	39,842
25,000	AIR PRODUCTS 4.85% 2/08/34	24,409	24,932
30,000	ALLSTATE CORP 0.75% 12/15/25	28,929	29,518
40,000	AMAZON COM INC 3.15% 8/22/27	38,621	42,307
15,000	AMERICAN WATER 3.4% 3/01/25	14,957	16,623
55,000	AMPHENOL CORP 4.75% 3/30/26	55,032	54,863
20,000	ANALOG DEVICES INC 2.95% 4/01/25	19,913	21,770
35,000	ANHEUSER BUSCH INBEV 4.75% 1/23/29	34,986	41,957
35,000	APPLE INC 2.05% 9/11/26	33,667	34,402
25,000	APPLIED MATLS INC 4.8% 6/15/29	25,083	24,922
35,000	AUTOMATIC DATA 1.7% 5/15/28	31,963	35,204
15,000	AUTOMATIC DATA 4.45% 9/09/34	14,280	15,082
45,000	AVERY DENNISON CORP 4.875% 12/06/28	44,895	52,453
45,000	BANK OF AMERICA 4.98% 11/15/28	45,437	44,919
30,000	BANK OF AMERICA MTN 3.824% 1/20/28	29,395	31,149
45,000	BRISTOL MYERS SQUIBB 5.75% 2/01/31	46,803	45,841
30,000	BROWN FORMAN CORP 4.75% 4/15/33	29,259	30,164
40,000	CBOE GLOBAL SKTS INC 1.625% 12/15/30	33,191	39,590
20,000	CNH INDUSTRIAL 5.5% 1/12/29	20,282	20,202
20,885	CNH EQUIPMENT TR 0.81% 12/15/26	20,591	19,913
54,000	CAPITAL ONE MULTI 2.8% 3/15/27	53,799	53,437
55,000	CATEPILLAR FINL MTN 4.35% 5/15/26	54,924	54,645
20,000	CINCINNATI GAS ELEC 6.9% 6/01/25	20,129	25,130
60,000	CINTAS CORPORATION 3.7% 4/01/27	58,811	65,653
30,000	CITIGROUP INC 3.2% 10/21/26	29,175	28,509
50,000	COMCAST CORP 4.25% 10/15/30	48,216	48,668
35,000	CONNECTICUT LT PWR 0.75% 12/01/25	33,834	33,341
45,000	CONOCOPHILLIPS SR NT 4.7% 1/15/30	44,504	44,809
30,000	CUMMINS INC 5.15% 2/20/34	30,017	30,139
65,000	DAIMER TRUCKS 5.9% 3/15/27	65,657	65,065
35,000	DARDEN RESTAURANTS 3.85% 5/01/27	34,221	34,228
15,000	DICKS SPORTING GOODS 3.15% 1/15/32	13,136	14,455
35,000	DUKE ENERGY 4.85% 1/15/34	33,923	34,857
40,000	EATON CORP OHIO SR 4.15% 3/15/33	37,602	38,053
<u>Forward</u>		\$ 1,341,196	\$ 1,398,619

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6173454; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,341,196	\$ 1,398,619
\$ 40,000	ECOLAB INC 5.25% 1/15/28	40,738	40,482
35,000	EMERSON ELEC CO SR 1.8% 10/15/27	32,522	34,464
20,000	LAUDER ESTEE CONS 4.650% 5/15/33	19,097	19,662
55,000	EXXON MOBIL 2.44% 8/16/29	50,194	53,690
20,000	FISERV INC 4.75% 3/15/30	19,756	19,925
60,000	FLORIDA PWR LT CO 5.05% 4/01/28	60,576	60,986
55,000	GENERAL MTRS FINL CO 1.25% 1/08/26	52,988	53,335
55,000	GEORGIA PACIFIC CORP 7.375% 12/01/25	56,400	63,893
45,000	GEORGIA PWR CO 4.65% 5/16/28	44,810	44,874
30,000	WW GRAINGER INC 1.85% 2/15/25	29,873	30,253
25,000	GRAINGER W W 4.45% 9/15/34	23,790	25,049
50,000	HCA INC 5.875% 2/15/26	50,252	50,146
55,000	HERSHEY COMPANY 3.2% 8/21/25	54,502	61,285
40,000	HOME DEPOT INC 4.95% 9/30/26	40,333	40,039
20,000	HOME DEPOT INC 5.15% 6/25/26	20,203	19,992
55,000	ILLINOIS TOOL WORK 2.65% 11/15/26	53,409	58,840
35,000	INTEL CORP 3.75% 8/05/27	33,948	34,617
20,000	JACOBS SOLUTIONS INC 6.35% 8/18/28	20,824	20,055
22,524	JOHN DEERE OWNER 5.59% 6/15/26	22,549	22,515
20,000	JOHN DEERE OWNER TR 5.18% 3/15/28	20,165	19,997
50,000	KENVUE INC 5.35% 3/22/26	50,463	50,048
40,000	KEURIG DR PEPPER INC 5.2% 3/15/31	40,370	39,608
50,000	KIMBERLY CLARK CORP 3.95% 11/01/28	48,873	57,662
45,000	ELI LILLY CO SR NT 4.5% 2/09/27	45,107	44,976
45,000	LOCKHEED MARTIN CORP 4.5% 2/15/29	44,489	44,998
20,000	MASTERCARD INC 4.875% 5/09/34	19,690	20,708
45,000	MOLSON COORS BREWING 3% 7/15/26	43,835	43,563
60,000	MONDELEZ INTL INC 2.625% 3/17/27	57,392	56,094
40,000	NATIONAL RURAL UTIL 2.4% 3/15/30	35,288	40,608
35,000	OGE ENERGY CORP 5.45% 5/15/29	35,573	35,139
50,000	O REILLYAUTOMOTIVE 3.9% 6/01/29	47,916	47,759
15,000	ORACLE CORP 6.15% 11/09/29	15,733	15,497
30,000	PACCAR FINANCIAL MTN 5.2% 11/09/26	30,410	30,124
15,000	PACCAR FINANCIAL MTN 4.45% 8/06/27	14,986	14,980
20,000	PACIFIC GAS ELEC CO 5.9% 6/15/32	20,530	20,450
60,000	PEPSICO INC 2.75% 3/19/30	54,499	60,531
29,007	PG E ENERGY 1.46% 7/15/33	26,228	29,007
35,000	PROGRESSIVE CORP 3% 3/15/32	30,744	30,611
35,000	PUBLIC SERVICE MTN 5.2% 3/01/34	34,860	35,150
30,000	PUBLIC STORAGE GLBL 5.1% 8/01/33	29,866	30,096
25,000	QUANTA SVCS INC 4.75% 8/09/27	24,965	24,957
	<u>Forward</u>	\$ 2,839,942	\$ 2,945,284

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 2,839,942	\$ 2,945,284
\$ 50,000	REPUBLIC SERVICES 3.95% 5/15/28	48,682	47,690
30,000	ROPER TECHNOLOGIES 4.75% 2/15/32	29,240	30,085
35,000	T MOBILE USA INC 3.5% 4/15/25	34,842	37,525
25,000	TEXAS INSTRS INC 4.6% 2/08/27	25,107	24,978
20,000	TRANSCONT GAS PIPE 4% 3/15/28	19,428	22,547
62,320	UNION PACIFIC RR CO 3.227% 5/14/26	61,232	68,561
35,000	UNITED PARCEL SVCS 4.875% 3/03/33	34,585	35,373
15,000	VENTAS REALTY 4% 3/01/28	14,596	14,618
30,000	VERIZON MA TR 4.17% 8/20/30	29,711	29,992
20,000	VISA INC 3.15% 12/14/25	19,773	20,356
20,000	VULCAN MATLS CO 4.95% 12/01/29	19,936	19,994
45,000	WASTE MGMT INC 4.150% 4/15/32	42,526	44,418
40,000	WELLS FARGO COMPANY 3% 4/22/26	39,125	37,642
10,000	WISCONSIN ELECTRIC 3.1% 6/01/25	9,925	10,930
40,000	WISCONSIN ELEC 5% 5/15/29	40,280	40,126
15,000	WISCONSIN ELEC 4.6% 10/01/34	14,285	15,066
25,000	XYLEM INC 2.25% 1/30/31	21,308	21,359
45,000	CANADIAN NATL RAIL 6.9% 7/15/28	48,083	58,074
35,000	CANADIAN PACIFIC 4% 6/01/28	34,062	34,353
20,000	NVENT FINANCE SARL 4.55% 4/15/28	19,788	22,469
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 3,446,456</u>	<u>\$ 3,581,440</u>
	<u>Government Debt Securities</u>		
\$ 27,060	F H L M C GD G18561 3% 7/01/30	\$ 26,123	\$ 28,525
3,830	F H L M C GD G18575 3% 11/01/30	3,687	4,036
62,866	F H L M C #Sb8184 4% 10/01/37	60,372	61,771
33,518	F H L M C #Sb8186 4.5% 9/01/37	32,801	34,073
67,430	F H L M C #Sb8191 4.5% 10/01/37	65,965	67,349
10,936	F H L M C #Sb8216 4.5% 3/01/38	10,711	10,742
79,027	F H L M C #Sb8217 5% 3/01/38	78,737	78,694
57,713	F H L M C #Sb8220 5.5% 2/01/38	58,151	57,189
24,717	F H L M C #Sb8293 5% 4/01/39	24,598	24,551
64,093	F H L M C #Sb8303 5% 5/01/39	63,786	64,518
65,000	F H L M C M T N 6.25% 7/15/32	72,038	75,588
122,000	F N M A 0.875% 8/05/30	100,737	107,205
15,000	F N M A 0.375% 8/25/25	14,624	14,957
45,000	F N M A DEB 6.625% 11/15/2030	49,962	54,986
55,000	F H L M C MLTCL MTG 2.92% 6/25/32	48,315	49,480
	<u>Forward</u>	<u>\$ 710,607</u>	<u>\$ 733,664</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 710,607	\$ 733,664
\$ 65,000	F H L M C MLTCL MTG 3.82% 12/25/32	60,347	59,960
34,905	F N M A #CB2979 2.5% 2/01/37	31,751	32,985
21,346	F N M A #MA4667 3.5% 7/01/37	20,185	21,491
54,416	F N M A #MA4713 4.000% 7/01/37	52,316	54,374
22,373	F N M A #MA4825 5% 10/01/37	22,267	22,518
21,061	F N M A #MA4991 5.5% 4/01/38	21,221	21,147
20,534	F N M A #MA5014 5% 5/01/38	20,436	20,663
57,269	F N M A #MA5145 6% 9/01/38	58,231	57,619
50,000	ALLEN TX 2.463% 9/01/26	48,393	50,705
35,000	COLORADO HSG 4.381% 11/01/26	34,967	35,000
20,000	DALLAS FORT WORTH TX 4.671% 11/01/27	20,080	20,000
30,000	HUDSON CNTY NJ IMPT 3.875% 1/01/26	29,810	31,371
30,000	NEBRASKA ST PUBLIC 2.493% 1/01/27	28,838	32,296
60,000	NEW YORK ST URBAN 3.27% 3/15/28	57,845	55,900
20,000	UNIVERSITY MI UNIV 1.004% 4/01/25	19,845	19,311
145,000	U S TREASURY NT 0.625% 8/15/30	117,753	138,522
145,000	U S TREASURY NT 1.125% 2/15/31	119,661	131,152
180,000	U S TREASURY NT 1.25% 8/15/31	146,894	160,588
145,000	U S TREASURY NT 2.75% 8/15/32	128,590	130,539
130,000	U S TREASURY NT 4.125% 11/15/32	126,792	132,614
170,000	U S TREASURY NT 3.375% 5/15/33	156,227	162,844
95,000	UNITED STATES TREAS 4.375% 11/30/30	94,654	96,329
80,000	US TREASURY NT 4% 2/15/34	76,589	77,347
60,000	US TREASURY NT 4.125% 7/31/31	58,805	62,271
25,000	US TREASURY NT 2% 2/15/25	24,929	25,366
100,000	US TREASURY NT 2% 11/15/26	95,976	105,001
20,000	US TREASURY NT 1.625% 9/30/26	19,126	19,277
90,000	US TREASURY NT 1.5% 2/15/30	78,149	85,126
50,000	US TREASURY NT 1.5% 8/15/26	47,864	47,617
95,000	US TREASURY NT 2.75% 2/15/28	90,711	98,725
85,000	US TREASURY NT 3.125% 11/15/28	81,336	82,269
140,000	US TREASURY NT 2.375% 5/15/29	129,047	142,945
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 2,830,242</u>	<u>\$ 2,967,536</u>
<u>No. of Shares</u>	<u>Common/Collective Trust</u>		
524	NORTHERN TRUST S&P 500 INDEX FUND	<u>\$ 1,146,886</u>	<u>\$ 964,919</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6173454; PLAN NO. 501

DECEMBER 31, 2024

<u>Limited Partnerships</u>	<u>Fair Value</u>	<u>Cost</u>
POST INTERMEDIATE TERM HIGH YIELD FD LP	\$ 7,193,004	\$ 7,207,080
BOYD WATTERSON GSA FUND LP	<u>2,468,355</u>	<u>2,468,355</u>
<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 9,661,359</u>	<u>\$ 9,675,435</u>
<u>TOTALS - INVESTMENTS</u>	<u><u>\$ 17,108,326</u></u>	<u><u>\$ 17,212,713</u></u>

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6173454; PLAN NO. 501
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
FIRST AM GOVT OBLIGATION FUND	Purchases	\$ 5,487,932	\$ -	\$ 5,487,932	\$ -
	Sales	-	5,539,701	5,539,701	-
NORTHERN TRUST S&P 500 INDEX FUND	Purchases	1,416,045	-	1,416,045	-
	Sales	-	546,198	450,942	95,256
COMERICA LARGE CAP INDEX FUND	Purchases	-	-	-	-
	Sales	-	1,488,336	1,626,076	(137,740)

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)



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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY HEALTH & WELFARE TRUST FUND</p> <p>7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</p>	<p>1c Effective date of plan <u>07/16/1966</u></p> <p>2b Employer Identification Number (EIN) <u>94-6173454</u></p> <p>2c Plan Sponsor's telephone number <u>925-398-7060</u></p> <p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE		10/5/2025 10:00 AM EDT	Richard Romanski
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/2025 12:30 PM EDT	Richard Hill
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 94-6173454
	3c Administrator's telephone number 925-398-7060

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 516
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 466
a(2) Total number of active participants at the end of the plan year	6a(2) 466
b Retired or separated participants receiving benefits	6b 42
c Other retired or separated participants entitled to future benefits.	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 508
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 508
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 40

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>3</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6173454; PLAN NO. 501
JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Transaction	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
FIRST AM GOVT OBLIGATION FUND	Purchases	\$ 5,487,932	\$ -	\$ 5,487,932	\$ -
	Sales	-	5,539,701	5,539,701	-
NORTHERN TRUST S&P 500 INDEX FUND	Purchases	1,416,045	-	1,416,045	-
	Sales	-	546,198	450,942	95,256
COMERICA LARGE CAP INDEX FUND	Purchases	-	-	-	-
	Sales	-	1,488,336	1,626,076	(137,740)

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Short Term Investment Fund</u>	<u>Fair Value</u>	<u>Cost</u>
23,383	FIRST AM GOVT OBLIGATION FUND	\$ 23,383	\$ 23,383
<u>Par Value</u>	<u>Corporate Debt Securities</u>		
\$ 45,000	AT&T INC GLBL NT 2.300% 6/01/27	\$ 42,474	\$ 43,166
55,000	ABBOTT LABORATORIES 3.750% 11/30/26	54,343	63,462
45,000	ABBVIE INC 4.95% 3/15/31	44,991	45,017
10,000	ADOBE INC 2.15% 2/01/27	9,545	10,332
40,000	ADOBE INC SR GLBL 4.8% 4/04/29	40,202	39,842
25,000	AIR PRODUCTS 4.85% 2/08/34	24,409	24,932
30,000	ALLSTATE CORP 0.75% 12/15/25	28,929	29,518
40,000	AMAZON COM INC 3.15% 8/22/27	38,621	42,307
15,000	AMERICAN WATER 3.4% 3/01/25	14,957	16,623
55,000	AMPHENOL CORP 4.75% 3/30/26	55,032	54,863
20,000	ANALOG DEVICES INC 2.95% 4/01/25	19,913	21,770
35,000	ANHEUSER BUSCH INBEV 4.75% 1/23/29	34,986	41,957
35,000	APPLE INC 2.05% 9/11/26	33,667	34,402
25,000	APPLIED MATLS INC 4.8% 6/15/29	25,083	24,922
35,000	AUTOMATIC DATA 1.7% 5/15/28	31,963	35,204
15,000	AUTOMATIC DATA 4.45% 9/09/34	14,280	15,082
45,000	AVERY DENNISON CORP 4.875% 12/06/28	44,895	52,453
45,000	BANK OF AMERICA 4.98% 11/15/28	45,437	44,919
30,000	BANK OF AMERICA MTN 3.824% 1/20/28	29,395	31,149
45,000	BRISTOL MYERS SQUIBB 5.75% 2/01/31	46,803	45,841
30,000	BROWN FORMAN CORP 4.75% 4/15/33	29,259	30,164
40,000	CBOE GLOBAL SKTS INC 1.625% 12/15/30	33,191	39,590
20,000	CNH INDUSTRIAL 5.5% 1/12/29	20,282	20,202
20,885	CNH EQUIPMENT TR 0.81% 12/15/26	20,591	19,913
54,000	CAPITAL ONE MULTI 2.8% 3/15/27	53,799	53,437
55,000	CATEPILLAR FINL MTN 4.35% 5/15/26	54,924	54,645
20,000	CINCINNATI GAS ELEC 6.9% 6/01/25	20,129	25,130
60,000	CINTAS CORPORATION 3.7% 4/01/27	58,811	65,653
30,000	CITIGROUP INC 3.2% 10/21/26	29,175	28,509
50,000	COMCAST CORP 4.25% 10/15/30	48,216	48,668
35,000	CONNECTICUT LT PWR 0.75% 12/01/25	33,834	33,341
45,000	CONOCOPHILLIPS SR NT 4.7% 1/15/30	44,504	44,809
30,000	CUMMINS INC 5.15% 2/20/34	30,017	30,139
65,000	DAIMER TRUCKS 5.9% 3/15/27	65,657	65,065
35,000	DARDEN RESTAURANTS 3.85% 5/01/27	34,221	34,228
15,000	DICKS SPORTING GOODS 3.15% 1/15/32	13,136	14,455
35,000	DUKE ENERGY 4.85% 1/15/34	33,923	34,857
40,000	EATON CORP OHIO SR 4.15% 3/15/33	37,602	38,053
<u>Forward</u>		\$ 1,341,196	\$ 1,398,619

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6173454; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 1,341,196	\$ 1,398,619
\$ 40,000	ECOLAB INC 5.25% 1/15/28	40,738	40,482
35,000	EMERSON ELEC CO SR 1.8% 10/15/27	32,522	34,464
20,000	LAUDER ESTEE CONS 4.650% 5/15/33	19,097	19,662
55,000	EXXON MOBIL 2.44% 8/16/29	50,194	53,690
20,000	FISERV INC 4.75% 3/15/30	19,756	19,925
60,000	FLORIDA PWR LT CO 5.05% 4/01/28	60,576	60,986
55,000	GENERAL MTRS FINL CO 1.25% 1/08/26	52,988	53,335
55,000	GEORGIA PACIFIC CORP 7.375% 12/01/25	56,400	63,893
45,000	GEORGIA PWR CO 4.65% 5/16/28	44,810	44,874
30,000	WW GRAINGER INC 1.85% 2/15/25	29,873	30,253
25,000	GRAINGER W W 4.45% 9/15/34	23,790	25,049
50,000	HCA INC 5.875% 2/15/26	50,252	50,146
55,000	HERSHEY COMPANY 3.2% 8/21/25	54,502	61,285
40,000	HOME DEPOT INC 4.95% 9/30/26	40,333	40,039
20,000	HOME DEPOT INC 5.15% 6/25/26	20,203	19,992
55,000	ILLINOIS TOOL WORK 2.65% 11/15/26	53,409	58,840
35,000	INTEL CORP 3.75% 8/05/27	33,948	34,617
20,000	JACOBS SOLUTIONS INC 6.35% 8/18/28	20,824	20,055
22,524	JOHN DEERE OWNER 5.59% 6/15/26	22,549	22,515
20,000	JOHN DEERE OWNER TR 5.18% 3/15/28	20,165	19,997
50,000	KENVUE INC 5.35% 3/22/26	50,463	50,048
40,000	KEURIG DR PEPPER INC 5.2% 3/15/31	40,370	39,608
50,000	KIMBERLY CLARK CORP 3.95% 11/01/28	48,873	57,662
45,000	ELI LILLY CO SR NT 4.5% 2/09/27	45,107	44,976
45,000	LOCKHEED MARTIN CORP 4.5% 2/15/29	44,489	44,998
20,000	MASTERCARD INC 4.875% 5/09/34	19,690	20,708
45,000	MOLSON COORS BREWING 3% 7/15/26	43,835	43,563
60,000	MONDELEZ INTL INC 2.625% 3/17/27	57,392	56,094
40,000	NATIONAL RURAL UTIL 2.4% 3/15/30	35,288	40,608
35,000	OGE ENERGY CORP 5.45% 5/15/29	35,573	35,139
50,000	O REILLYAUTOMOTIVE 3.9% 6/01/29	47,916	47,759
15,000	ORACLE CORP 6.15% 11/09/29	15,733	15,497
30,000	PACCAR FINANCIAL MTN 5.2% 11/09/26	30,410	30,124
15,000	PACCAR FINANCIAL MTN 4.45% 8/06/27	14,986	14,980
20,000	PACIFIC GAS ELEC CO 5.9% 6/15/32	20,530	20,450
60,000	PEPSICO INC 2.75% 3/19/30	54,499	60,531
29,007	PG E ENERGY 1.46% 7/15/33	26,228	29,007
35,000	PROGRESSIVE CORP 3% 3/15/32	30,744	30,611
35,000	PUBLIC SERVICE MTN 5.2% 3/01/34	34,860	35,150
30,000	PUBLIC STORAGE GLBL 5.1% 8/01/33	29,866	30,096
25,000	QUANTA SVCS INC 4.75% 8/09/27	24,965	24,957
	<u>Forward</u>	\$ 2,839,942	\$ 2,945,284

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>Par Value</u>	<u>Corporate Debt Securities (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 2,839,942	\$ 2,945,284
\$ 50,000	REPUBLIC SERVICES 3.95% 5/15/28	48,682	47,690
30,000	ROPER TECHNOLOGIES 4.75% 2/15/32	29,240	30,085
35,000	T MOBILE USA INC 3.5% 4/15/25	34,842	37,525
25,000	TEXAS INSTRS INC 4.6% 2/08/27	25,107	24,978
20,000	TRANSCONT GAS PIPE 4% 3/15/28	19,428	22,547
62,320	UNION PACIFIC RR CO 3.227% 5/14/26	61,232	68,561
35,000	UNITED PARCEL SVCS 4.875% 3/03/33	34,585	35,373
15,000	VENTAS REALTY 4% 3/01/28	14,596	14,618
30,000	VERIZON MA TR 4.17% 8/20/30	29,711	29,992
20,000	VISA INC 3.15% 12/14/25	19,773	20,356
20,000	VULCAN MATLS CO 4.95% 12/01/29	19,936	19,994
45,000	WASTE MGMT INC 4.150% 4/15/32	42,526	44,418
40,000	WELLS FARGO COMPANY 3% 4/22/26	39,125	37,642
10,000	WISCONSIN ELECTRIC 3.1% 6/01/25	9,925	10,930
40,000	WISCONSIN ELEC 5% 5/15/29	40,280	40,126
15,000	WISCONSIN ELEC 4.6% 10/01/34	14,285	15,066
25,000	XYLEM INC 2.25% 1/30/31	21,308	21,359
45,000	CANADIAN NATL RAIL 6.9% 7/15/28	48,083	58,074
35,000	CANADIAN PACIFIC 4% 6/01/28	34,062	34,353
20,000	NVENT FINANCE SARL 4.55% 4/15/28	19,788	22,469
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>	<u>\$ 3,446,456</u>	<u>\$ 3,581,440</u>
	<u>Government Debt Securities</u>		
\$ 27,060	F H L M C GD G18561 3% 7/01/30	\$ 26,123	\$ 28,525
3,830	F H L M C GD G18575 3% 11/01/30	3,687	4,036
62,866	F H L M C #Sb8184 4% 10/01/37	60,372	61,771
33,518	F H L M C #Sb8186 4.5% 9/01/37	32,801	34,073
67,430	F H L M C #Sb8191 4.5% 10/01/37	65,965	67,349
10,936	F H L M C #Sb8216 4.5% 3/01/38	10,711	10,742
79,027	F H L M C #Sb8217 5% 3/01/38	78,737	78,694
57,713	F H L M C #Sb8220 5.5% 2/01/38	58,151	57,189
24,717	F H L M C #Sb8293 5% 4/01/39	24,598	24,551
64,093	F H L M C #Sb8303 5% 5/01/39	63,786	64,518
65,000	F H L M C M T N 6.25% 7/15/32	72,038	75,588
122,000	F N M A 0.875% 8/05/30	100,737	107,205
15,000	F N M A 0.375% 8/25/25	14,624	14,957
45,000	F N M A DEB 6.625% 11/15/2030	49,962	54,986
55,000	F H L M C MLTCL MTG 2.92% 6/25/32	48,315	49,480
	<u>Forward</u>	<u>\$ 710,607</u>	<u>\$ 733,664</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6173454; PLAN NO. 501
DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 710,607	\$ 733,664
\$ 65,000	F H L M C MLTCL MTG 3.82% 12/25/32	60,347	59,960
34,905	F N M A #CB2979 2.5% 2/01/37	31,751	32,985
21,346	F N M A #MA4667 3.5% 7/01/37	20,185	21,491
54,416	F N M A #MA4713 4.000% 7/01/37	52,316	54,374
22,373	F N M A #MA4825 5% 10/01/37	22,267	22,518
21,061	F N M A #MA4991 5.5% 4/01/38	21,221	21,147
20,534	F N M A #MA5014 5% 5/01/38	20,436	20,663
57,269	F N M A #MA5145 6% 9/01/38	58,231	57,619
50,000	ALLEN TX 2.463% 9/01/26	48,393	50,705
35,000	COLORADO HSG 4.381% 11/01/26	34,967	35,000
20,000	DALLAS FORT WORTH TX 4.671% 11/01/27	20,080	20,000
30,000	HUDSON CNTY NJ IMPT 3.875% 1/01/26	29,810	31,371
30,000	NEBRASKA ST PUBLIC 2.493% 1/01/27	28,838	32,296
60,000	NEW YORK ST URBAN 3.27% 3/15/28	57,845	55,900
20,000	UNIVERSITY MI UNIV 1.004% 4/01/25	19,845	19,311
145,000	U S TREASURY NT 0.625% 8/15/30	117,753	138,522
145,000	U S TREASURY NT 1.125% 2/15/31	119,661	131,152
180,000	U S TREASURY NT 1.25% 8/15/31	146,894	160,588
145,000	U S TREASURY NT 2.75% 8/15/32	128,590	130,539
130,000	U S TREASURY NT 4.125% 11/15/32	126,792	132,614
170,000	U S TREASURY NT 3.375% 5/15/33	156,227	162,844
95,000	UNITED STATES TREAS 4.375% 11/30/30	94,654	96,329
80,000	US TREASURY NT 4% 2/15/34	76,589	77,347
60,000	US TREASURY NT 4.125% 7/31/31	58,805	62,271
25,000	US TREASURY NT 2% 2/15/25	24,929	25,366
100,000	US TREASURY NT 2% 11/15/26	95,976	105,001
20,000	US TREASURY NT 1.625% 9/30/26	19,126	19,277
90,000	US TREASURY NT 1.5% 2/15/30	78,149	85,126
50,000	US TREASURY NT 1.5% 8/15/26	47,864	47,617
95,000	US TREASURY NT 2.75% 2/15/28	90,711	98,725
85,000	US TREASURY NT 3.125% 11/15/28	81,336	82,269
140,000	US TREASURY NT 2.375% 5/15/29	129,047	142,945
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>	<u>\$ 2,830,242</u>	<u>\$ 2,967,536</u>
<u>No. of Shares</u>	<u>Common/Collective Trust</u>		
524	NORTHERN TRUST S&P 500 INDEX FUND	<u>\$ 1,146,886</u>	<u>\$ 964,919</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
HEALTH AND WELFARE TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6173454; PLAN NO. 501

DECEMBER 31, 2024

<u>Limited Partnerships</u>	<u>Fair Value</u>	<u>Cost</u>
POST INTERMEDIATE TERM HIGH YIELD FD LP	\$ 7,193,004	\$ 7,207,080
BOYD WATTERSON GSA FUND LP	<u>2,468,355</u>	<u>2,468,355</u>
<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 9,661,359</u>	<u>\$ 9,675,435</u>
<u>TOTALS - INVESTMENTS</u>	<u><u>\$ 17,108,326</u></u>	<u><u>\$ 17,212,713</u></u>