

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, NORTHERN CALIFORNIA TILE INDUSTRY</u> <u>PENSION TRUST FUND</u> <u>7180 KOLL CENTER PKWY STE 200</u> <u>PLEASANTON, CA 94566</u>	1c Effective date of plan <u>02/01/1981</u> 2b Employer Identification Number (EIN) <u>94-6129121</u> 2c Plan Sponsor's telephone number <u>925-208-9995</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2926
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)	595
	6a(2)	588
	6b	26
	6c	2242
	6d	2856
	6e	0
	6f	2856
	6g(1)	0
6g(2)	2856	
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:
2E

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
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) 94-6129121	

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

SEI TRUST COMPANY

06-1271230

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

POST ADVISORY GROUP

2049 CENTURY PARK E STE 3050
LOS ANGELES, CA 90067

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

GLOBAL TRUST COMPANY

26-3761443

(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

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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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(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	40437	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)

LOOMIS SAYLES

84-6391546

(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 68	NONE	38443	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6313	Yes <input type="checkbox"/> No <input checked="" 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?
13 50	NONE	50771	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	25000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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	26400	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)

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	35238	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)

POLEN CAPITAL

1825 CORPORATE BLVD NW #300
BOCA RATON, FL 33431

(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?
51	NONE	19547	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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
19 50	NONE	11932	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	15171	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)

WASHINGTON CAPITAL MANAGEMENT, INC

91-1042342

(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	22400	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)

SMART SOURCE LLC

7270 MCGINNIS FERRY RD
SUWANEE, GA 30024

(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?
36 50	NONE	16831	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	12422	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
LOOMIS SAYLES	68	6313

(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.
LOOMIS SAYLES CIT SMID 04-3200030	SOFT DOLLAR COMMISSIONS

(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.	OMB No. 1210-0110 <hr/> 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 DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>002</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>94-6129121</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY TRIVALENT INTERNATIONAL SM</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>26-3761443-006</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>1630645</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WACAP- SP INFRASTRUCTURE FUND IV</u>		
b Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT INC.</u>		
c EIN-PN <u>86-1680626-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1343328</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARROW HANLEY LRG CAP VALUE CIT FDR</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>87-1717990-151</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>5892974</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES SMALL MIDCAP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES & COMPANY LP</u>		
c EIN-PN <u>04-3200030-016</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>4008545</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TR COLLECTIVE RUSSELL 1000</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-007</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>6214252</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 002
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) 94-6129121

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	313001	192652
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	162156	163621
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	58429	67991
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	970495	58944
(2) U.S. Government securities	1c(2)	3779609	3762200
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2792546	2966163
(B) All other	1c(3)(B)	1478370	1519203
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5031401	0
(5) Partnership/joint venture interests	1c(5)	18318511	22618805
(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)	12968311	17746416
(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)	1071352	1343328
(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)	5140968	4742477

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	52085149	55181800
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	12008	13603
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3654	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15662	13603
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	52069487	55168197

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)	1745055	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1745055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24103	
(B) U.S. Government securities.....	2b(1)(B)	103873	
(C) Corporate debt instruments.....	2b(1)(C)	176897	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	192554	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		497427
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	15931	
(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)		15931
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8999367	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8790153	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		209214
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	821343	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2501499
(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)		75699
(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		5866168

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2356567	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2356567
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)	50771	
(3) Recordkeeping fees	2i(3)	12422	
(4) IQPA audit fees	2i(4)	26400	
(5) Investment advisory and investment management fees	2i(5)	238354	
(6) Bank or trust company trustee/custodial fees	2i(6)	11932	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	35238	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1860	
(11) Other expenses	2i(11)	33914	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		410891
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2767458

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3098710
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	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN)	002
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) 94-6129121	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** **61**

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	1745055
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	1745055
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Northern California Tile Industry
Defined Contribution Plan
7180 Koll Center Pkwy, Suite 200
Pleasanton, California 94566

Members of the Board:

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 18, 2025

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2024	December 31, 2023
ASSETS		
CASH	\$ 192,652	\$ 313,001
INVESTMENTS, AT FAIR VALUE	54,757,536	51,551,563
TOTAL CASH AND INVESTMENTS	\$ 54,950,188	\$ 51,864,564
RECEIVABLES		
Employer Contributions	163,621	162,156
Investment Income	67,991	58,429
TOTAL RECEIVABLES	231,612	220,585
TOTAL ASSETS	55,181,800	52,085,149
LIABILITIES		
Accounts Payable	12,933	9,159
Payable for Investments Purchased, Net	-	3,654
Reciprocity Payable	670	2,849
TOTAL LIABILITIES	13,603	15,662
NET ASSETS AVAILABLE FOR BENEFITS	\$ 55,168,197	\$ 52,069,487

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividends	\$ 513,358	\$ 414,815
Net Appreciation of Investments	3,607,755	3,446,301
Less: Investment Expenses	<u>(250,286)</u>	<u>(229,724)</u>
NET INVESTMENT INCOME	\$ 3,870,827	\$ 3,631,392
EMPLOYER CONTRIBUTIONS	<u>1,745,055</u>	<u>1,618,120</u>
TOTAL ADDITIONS	5,615,882	5,249,512
DEDUCTIONS		
BENEFITS PAID TO PARTICIPANTS	2,356,567	2,374,682
ADMINISTRATIVE EXPENSES		
Administrative Fees	50,771	48,129
Audit Fees	26,400	25,000
Payroll Compliance Fees	12,422	3,617
Insurance	12,020	13,492
Legal Fees	35,238	43,124
Meetings and Conferences	1,860	3,549
Printing, Postage, and Office Expenses	<u>21,894</u>	<u>23,928</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>160,605</u>	<u>160,839</u>
TOTAL DEDUCTIONS	<u>2,517,172</u>	<u>2,535,521</u>
NET INCREASE FOR THE YEAR	3,098,710	2,713,991
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF THE YEAR	<u>52,069,487</u>	<u>49,355,496</u>
END OF THE YEAR	<u><u>\$ 55,168,197</u></u>	<u><u>\$ 52,069,487</u></u>

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - DESCRIPTION OF THE PLAN

The Northern California Tile Industry Defined Contribution Plan (the “Plan”) was established in 1981. The Plan is a defined contribution multi-employer plan covering eligible participants under the collective bargaining agreements between Bricklayers, Allied Crafts Local Union No. 3 (“Local Union”) and employers’ signatory to the agreements. The Plan receives contributions from employers and distributes them to the participants upon their retirement. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENTS INCLUDE 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 financial statements are recorded 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. Employer Contributions

Contributions as reported are contributions made for hours worked during the year at a fixed rate per hour of work under the terms of the collective bargaining agreements. Contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

D. Employer Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employers’ payroll records. The system of internal control provides for examination of employers’ records under a separate payroll compliance program.

E. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received its latest notice of tax-exempt status on March 12, 2015. The Plan administrator and the Plan’s legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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.

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that the changes in risks in the near term would materially affect the amounts reported in the financial statements.

NOTE 3 - PARTICIPANT ACCOUNT BALANCES

A participant's account balance is the sum of the contributions received on the participants behalf, the participant's proportional share of net investment income or (loss), less deductions for the participant's proportional share of Plan expenses and any deductions for benefits paid. Participants are immediately 100% vested in their individual accounts.

NOTE 4 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement or such other agreements as are approved by the Board of Trustees. Employer contributions are based on hourly contribution rates and are made on a monthly basis. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Northern California Tile Industry Health and Welfare Trust Fund ("H&W Plan") holds the lockbox transit account that receives contributions on behalf of the Plan and other related entities. These contributions are allocated based on each plan's contribution rate and should be transferred monthly. As of December 31, 2024 and 2023, there was no amount due from the H&W Plan.

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION

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;

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 investments consist of a short term investment fund, common stock, and 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 direct U.S. treasury notes or 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:

<u>Description</u>	2024			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Short Term Investment Fund	\$ 58,944	\$ 58,944	\$ -	\$ -
Government Debt Securities	3,762,200	2,308,780	1,453,420	-
Corporate Debt Securities	4,485,366	-	4,485,366	-
Total Assets in the Fair Value Hierarchy	8,306,510	<u>\$ 2,367,724</u>	<u>\$ 5,938,786</u>	<u>\$ -</u>
Investments Measured at Net Asset Value ^A	46,451,026			
	<u>\$ 54,757,536</u>			

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

Description	2023			
	Total	Level 1	Level 2	Level 3
Short Term Investment Fund	\$ 970,495	\$ 970,495	\$ -	\$ -
Government Debt Securities	3,779,609	2,228,637	1,550,972	-
Corporate Debt Securities	4,270,916	-	4,270,916	-
Common Stock	5,031,401	5,031,401	-	-
Total Assets in the Fair Value Hierarchy	14,052,421	<u>\$ 8,230,533</u>	<u>\$ 5,821,888</u>	<u>\$ -</u>
Investments Measured at Net Asset Value ^A	<u>37,499,142</u>			
	<u>\$ 51,551,563</u>			

^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 for 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 trusts, hedge funds, limited partnerships, and 103-12 investment entities valued at net asset value are as follows:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
BARROW HANLEY LARGE CAP VALUE CIT	\$ 5,892,974	\$ 5,645,000	NONE	Daily	Daily
BOYD WATTERSON STATE GOVERNMENT FUND	3,775,001	4,239,345	NONE	Quarterly	60 Days
CORBIN ERISA OPPORTUNITY FUND LP	8,588,332	7,785,861	NONE	Quarterly	65 Days
ENTRUST CL IP SER 0718	22,512	37,595	NONE	Quarterly	90 Days
ENTRUST CL IP SER 9/30/18	-	8,988	NONE	Quarterly	90 Days
ENTRUST CAP DIVERSIFIED X 12/31/16	40,866	10,238	NONE	Quarterly	90 Days
ENTRUST DIVERSIFIED X 3/31/17	-	2,684	NONE	Quarterly	90 Days
HAMILTON LANE SECONDARY FEEDER FUND VI-B LP	1,321,003	525,735	\$ 1,948,448	N/A	N/A
US REAL ESTATE INVESTMENT FUND LLC	4,679,099	5,081,463	NONE	Quarterly	90 Days
LOOMIS SAYLES SMALL MID CAP TRUST CLASS B	4,008,545	5,528,265	NONE	Daily	5 Days
NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND	6,214,252	-	NONE	Daily	None
POST TRADITIONAL HIGH YIELD FUND LP	6,221,143	5,767,570	NONE	Monthly	30 Days
POST INTERMEDIATE TERM HIGH YIELD FUND LP	2,713,326	-	NONE	Monthly	30 Days
VICTORY TRIVALENT INTERNATIONAL SMALL CAP FUND	1,630,645	1,795,046	NONE	Daily	5 Days
WACAP SP INFRASTRUCTURE IV FEEDER	1,343,328	1,071,352	765,910	N/A	N/A
	<u>\$ 46,451,026</u>	<u>\$ 37,499,142</u>			

The investment strategies for non-direct filing entity investments valued at net asset value are as follows:

Barrow Hanley Large Cap Value Fund is a common/collective trust seeking to add at least 150 basis points of annualized return, gross of fees, over the performance of the Russell 1000 Value Index over a three to five year period.

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

Boyd Watterson State Government Fund is a limited partnership with an investment objective to acquire, develop, and operate a diversified portfolio of investments in commercial property leased to state 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.

Corbin ERISA Opportunity Fund LP is a limited partnership seeking to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments.

Entrust Capital Investments are hedge funds seeking above-average rates of return and long-term capital growth through investment in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the Advisor.

Hamilton Lane Secondary Feeder Fund VI-B is a limited partnership with an objective to acquire and hold a diversified portfolio of private equity investment funds which will have various investment strategies and geographical focuses.

Loomis Sayles Small Mid Cap Core Trust Fund is a common/collective trust. Its investment objective is to achieve total return and outperform the Russell 2500 Index.

Northern Trust Collective Russell 1000 Growth is a common/collective trust seeking to approximate the risk and return characterized by the Russell 1000 Index.

Post Traditional 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.

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.

Victory Trivalent International Small Cap Fund is a common/collective trust seeking to provide high total return through capital appreciation.

Washington Capital Sp Infrastructure Fund IV Feeder is a 103-12 investment entity. Its investment objective is to realize substantial capital appreciation without subjecting principal to undue risk of loss through investments in infrastructure assets and businesses.

US Real Estate Investment Fund LLC is a real estate investment trust investing directly and indirectly in real estate and real estate-related assets to preserve and protect investors' capital, provide potential for capital appreciation, generate current income on invested capital in the range of 6% to 8 % per annum, and provide an average annual total return of approximately 10% per annum.

Interest, dividends and realized gains and losses on the sale of investments are reported on the accrual basis. Realized and unrealized gains and losses are computed using investments' costs 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 Plan year.

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 7 - PLAN TERMINATION

In the event of a termination or partial termination of the Plan, the benefits of the participants and beneficiaries of the Plan shall be nonforfeitable to the extent funded, and the Plan as then constituted shall be operated in accordance with Section 4041A of ERISA.

NOTE 8 - AMENDMENT

On July 17, 2024, the Plan was amended to increase the mandatory involuntary cash out limit to \$7,000 or less, effective January 1, 2024.

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
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 94-6129121; PLAN NO. 002**

**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
Defined Contribution Plan
7180 Koll Center Pkwy, 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

DEFINED CONTRIBUTION PLAN

FORM 5500

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

E.I.N. 94-6129121; PLAN NO. 002

DECEMBER 31, 2024

No. of Units	Short Term Investment Fund	Interest Rate (%)	Maturity Date	Fair Value	Cost
58,944	FIRST AM GOVT OB FD CL Z	Var.	-	\$ 58,944	\$ 58,944
Par Value	Government Debt Securities				
\$ 26,019	F H L M C GD G18561	3.000	07/01/30	\$ 25,118	\$ 26,535
52,764	F H L M C #SB0661	2.500	04/01/37	48,161	49,332
38,418	F H L M C #SB8184	4.000	10/01/37	36,894	38,391
50,277	F H L M C #SB8186	4.500	09/01/37	49,202	50,181
77,545	F H L M C #SB8191	4.500	10/01/37	75,860	77,400
10,936	F H L M C #SB8216	4.500	03/01/38	10,711	10,742
50,290	F H L M C #SB8217	5.000	03/01/38	50,105	50,274
61,108	F H L M C #SB8220	5.500	02/01/38	61,572	60,531
22,149	F H L M C #SB8243	5.000	07/01/38	22,043	22,353
32,956	F H L M C #SB8293	5.000	04/01/39	32,798	32,734
85,458	F H L M C #SB8303	5.000	05/01/39	85,048	85,999
20,000	F H L M C M T N	6.250	07/15/32	22,166	22,875
140,000	F N M A	0.880	08/05/30	115,599	133,976
70,000	F N M A	0.380	08/25/25	68,247	69,655
70,000	F N M A DEB	6.625	11/15/30	77,718	82,965
45,000	F H L M C MLTCL MTG	3.000	12/25/25	44,392	44,198
95,000	F H L M C MLTCL MTG	2.920	06/25/32	83,454	83,237
28,461	F N M A #MA4667	3.500	07/01/37	26,913	28,606
74,822	F N M A #MA4713	4.000	07/01/37	71,934	74,556
29,668	F N M A #MA4797	4.000	11/01/37	28,514	29,220
25,570	F N M A #MA4825	5.000	10/01/37	25,448	25,701
31,592	F N M A #MA4991	5.500	04/01/38	31,831	31,711
44,491	F N M A #MA5014	5.000	05/01/38	44,278	44,015
75,166	F N M A #MA5145	6.000	09/01/38	76,428	75,738
205,000	U S TREASURY NT	0.630	08/15/30	166,478	195,460
180,000	U S TREASURY NT	1.130	02/15/31	148,545	170,955
220,000	U S TREASURY NT	1.250	08/15/31	179,538	199,227
180,000	U S TREASURY NT	2.750	08/15/32	159,629	159,347
165,000	U S TREASURY NT	4.130	11/15/32	160,928	169,262
195,000	U S TREASURY NT	3.380	05/15/33	179,201	188,263
120,000	U S TREASURY NT	4.380	11/30/30	119,563	121,831
100,000	U S TREASURY NT	4.000	02/15/34	95,736	96,744
80,000	U S TREASURY NT	4.130	07/31/31	78,406	83,029
85,000	U S TREASURY NT	2.000	02/15/25	84,758	84,352
40,000	U S TREASURY NT	2.250	11/15/25	39,316	40,709
150,000	U S TREASURY NT	2.000	11/15/26	143,964	154,046
70,000	U S TREASURY NT	1.625	09/30/26	66,942	69,867
<u>Forward</u>				\$ 2,837,438	\$ 2,984,017

NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,837,438	\$ 2,984,017
\$ 125,000	U S TREASURY NT	1.500	02/15/30	108,540	120,957
145,000	U S TREASURY NT	1.500	08/15/26	138,806	147,037
185,000	U S TREASURY NT	2.750	02/15/28	176,647	195,898
105,000	U S TREASURY NT	3.125	11/15/28	100,473	101,785
175,000	U S TREASURY NT	2.375	05/15/29	161,310	183,392
45,000	COLORADO HSG	4.590	05/01/28	44,990	45,000
20,000	DALLAS FORT WORTH TX	4.670	11/01/27	20,080	20,000
50,000	MUNICIPAL GA	1.420	01/01/25	50,000	50,000
20,000	NEBRASKA ST PUBLIC	2.420	01/01/26	19,617	20,402
60,000	NEW YORK ST URBAN	3.270	03/15/28	57,845	57,471
30,000	OREGON ST	1.330	11/15/28	26,609	25,027
20,000	UNIVERSITY MI UNIV	1.000	04/01/25	19,845	18,346
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 3,762,200</u>	<u>\$ 3,969,332</u>
	<u>Corporate Debt Securities</u>				
\$ 65,000	AT T INC GLBL NT	2.300	06/01/27	\$ 61,351	\$ 59,118
65,000	ABBOTT LABORATORIES	3.750	11/30/26	64,223	67,931
55,000	ABBVIE INC	4.950	03/15/31	54,989	55,032
55,000	ADOBE INC SR GLBL	4.800	04/04/29	55,278	54,756
30,000	AIR PRODUCTS AND	4.850	02/08/34	29,290	29,918
35,000	ALLSTATE CORP	0.750	12/15/25	33,750	34,774
45,000	AMAZON COM INC	3.150	08/22/27	43,448	46,129
15,000	AMERICAN WATER	3.400	3/1/2025	14,957	15,097
70,000	AMPHENOL CORP	4.750	03/30/26	70,041	69,591
25,000	ANALOG DEVICES INC	2.950	04/01/25	24,891	25,216
50,000	ANHEUSER BUSCH INBEV	4.750	01/23/29	49,980	54,091
70,000	APPLE INC	2.050	09/11/26	67,334	70,333
30,000	APPLIED MATL INC	4.800	06/15/29	30,099	29,902
35,000	AUTOMATIC DATA	1.700	05/15/28	31,963	34,668
20,000	AUTOMATIC DATA	4.450	09/09/34	19,040	20,109
65,000	AVERY DENNISON CORP	4.875	12/06/28	64,848	69,970
20,000	BANK OF AMERICA	4.980	11/15/28	20,194	19,997
40,000	BANK OF AMERICA MTN	3.824	01/20/28	39,194	41,195
40,000	BOFA FINANCE MTN	3.500	11/28/31	36,641	40,007
60,000	BRISTOL MYERS SQUIBB	5.750	02/01/31	62,404	60,825
40,000	BROWN FORMAN CORP	4.750	04/15/33	39,012	39,958
50,000	CBOE GLOBAL MKTS INC	1.625	12/15/30	41,489	48,236
30,000	CNH INDUSTRIAL	5.500	01/12/29	30,424	30,074
	<u>Forward</u>			<u>\$ 984,840</u>	<u>\$ 1,016,927</u>

NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 984,840	\$ 1,016,927
\$ 23,949	CNH EQUIPMENT TR	0.810	12/15/26	23,611	22,823
40,000	CAPITAL ONE MULTI	2.800	03/15/27	39,851	39,997
65,000	CATERPILLAR FINL MTN	4.350	05/15/26	64,910	64,409
15,000	CINCINNATI GAS ELEC	6.900	06/01/25	15,096	15,421
80,000	CINTAS CORPORATION	3.700	04/01/27	78,415	82,324
35,000	CITIGROUP INC	3.200	10/21/26	34,037	33,270
70,000	COMCAST CORP	4.250	10/15/30	67,502	68,206
50,000	CONNECTICUT LT PWR	0.750	12/01/25	48,334	47,782
60,000	CONOCOPHILLIPS SR NT	4.700	01/15/30	59,339	59,746
35,000	CUMMINS INC	5.150	02/20/34	35,020	35,159
50,000	DAIMLER TRUCKS	5.900	03/15/27	50,505	49,999
45,000	DARDEN RESTAURANTS	3.850	05/01/27	43,998	44,008
20,000	DICKS SPORTING GOODS	3.150	01/15/32	17,515	20,017
45,000	DUKE ENERGY	4.850	01/15/34	43,615	44,652
55,000	EATON CORP OHIO SR	4.150	03/15/33	51,703	52,145
45,000	ECOLAB INC	5.250	01/15/28	45,831	45,523
40,000	EMERSON ELEC CO SR	1.800	10/15/27	37,168	40,263
20,000	LAUDER ESTEE CONS	4.650	05/15/33	19,097	19,662
65,000	EXXON MOBIL	2.440	08/16/29	59,320	63,567
25,000	FISERV INC	4.750	03/15/30	24,695	24,884
80,000	FLORIDA PWR LT CO	5.050	04/01/28	80,768	79,760
70,000	GENERAL MTRS FINL	1.250	01/08/26	67,439	68,731
65,000	GEORGIA PACIFIC CORP	7.375	12/01/25	66,655	67,706
60,000	GEORGIA PWR CO	4.650	05/16/28	59,747	59,894
100,000	GEORGIA TECH FNDTN	2.610	11/01/25	97,919	99,377
25,000	WW GRAINGER INC	1.850	02/15/25	24,894	25,003
35,000	GRAINGER W W INC	4.450	09/15/34	33,305	35,075
55,000	HCA INC	5.875	02/15/26	55,277	55,097
75,000	HERSHEY COMPANY	3.200	08/21/25	74,320	75,407
50,000	HOME DEPOT INC	4.950	09/30/26	50,416	49,971
25,000	HOME DEPOT INC	5.150	06/25/26	25,254	24,992
75,000	ILLINOIS TOOL WORK	2.650	11/15/26	72,830	76,689
45,000	NTEL CORP	3.750	08/05/27	43,647	44,792
25,000	JACOBS SOLUTIONS INC	6.350	08/18/28	26,030	25,056
15,000	JOHN DEERE OWNER	5.060	11/15/28	15,115	14,999
55,000	KENVUE INC	5.350	03/22/26	55,509	54,953
55,000	KEURIG DR PEPPER INC	5.200	03/15/31	55,508	54,386
70,000	KIMBERLY CLARK CORP	3.950	11/01/28	68,422	74,745
65,000	ELI LILLY CO SR NT	4.500	02/09/27	65,154	64,966
60,000	LOCKHEED MARTIN CORP	4.500	02/15/29	59,318	59,952
	<u>Forward</u>			\$ 2,941,929	\$ 3,002,335

NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,941,929	\$ 3,002,335
\$ 25,000	MASTERCARD INC	4.875	05/09/34	24,613	25,873
60,000	MOLSON COORS BREWING	3.000	07/15/26	58,446	58,105
80,000	MONDELEZ INTL INC	2.625	03/17/27	76,522	74,908
50,000	NATIONAL RURAL UTIL	2.400	03/15/30	44,110	49,910
60,000	NORTHWESTERN MEM	1.674	07/15/30	50,404	46,669
50,000	OGE ENERGY CORP	5.450	05/15/29	50,818	50,372
65,000	O REILLY UTOMOTIVE	3.900	06/01/29	62,291	62,070
35,000	ORACLE CORP	6.150	11/09/29	36,711	35,835
30,000	PACCAR FINANCIAL MTN	5.200	11/09/26	30,410	29,955
20,000	PACCAR FINANCIAL MTN	4.450	08/06/27	19,981	19,994
25,000	PACIFIC GAS ELEC CO	5.900	06/15/32	25,663	25,500
70,000	PEPSICO INC	2.750	03/19/30	63,582	70,301
32,633	PG E ENERGY	1.460	07/15/33	29,506	32,633
45,000	PROGRESSIVE CORP	3.000	03/15/32	39,528	39,334
30,000	PUBLIC SERVICE	2.900	05/15/25	29,764	30,000
45,000	PUBLIC SVC ELEC GAS	5.200	03/01/34	44,820	45,189
40,000	PUBLIC STORAGE GLBL	5.100	08/01/33	39,821	40,251
35,000	QUANTA SVCS INC	4.750	08/09/27	34,950	34,950
75,000	REPUBLIC SERVICES	3.950	05/15/28	73,022	71,503
40,000	ROPER TECHNOLOGIES	4.750	02/15/32	38,986	40,129
45,000	T MOBILE USA INC	3.500	04/15/25	44,797	45,055
35,000	TEXAS INSTRS INC	4.600	02/08/27	35,150	34,956
25,000	TRANSCONT GAS PIPE	4.000	03/15/28	24,286	26,161
55,760	UNION PACIFIC RR CO	3.227	05/14/26	54,786	57,214
50,000	UNITED PARCEL SVCS	4.875	03/03/33	49,408	50,547
20,000	VENTAS REALTY LP	4.000	03/01/28	19,462	19,490
35,000	VERIZON MA TR	4.170	08/20/30	34,663	34,991
25,000	VISA INC	3.150	12/14/25	24,716	25,086
30,000	VULCAN MATLS CO	4.950	12/01/29	29,904	29,993
60,000	WASTE MGMT INC	4.150	04/15/32	56,702	59,223
55,000	WELLS FARGO COMPANY	3.000	04/22/26	53,797	51,820
15,000	WISCONSIN ELECTRIC	3.100	06/01/25	14,888	15,082
50,000	WISCONSIN ELEC	5.000	05/15/29	50,350	50,034
20,000	WISCONSIN ELEC	4.600	10/01/34	19,047	20,090
35,000	XYLEM INC	2.250	01/30/31	29,831	29,886
60,000	CANADIAN NATL RAIL	6.900	07/15/28	64,110	70,336
45,000	CANADIAN PACIFIC	4.000	06/01/28	43,794	44,168
19,797	NVENT FINANCE SARL	4.550	04/15/28	19,798	21,101
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 4,485,366</u>	<u>\$ 4,571,049</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN**
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

No. of Units	<u>Common/Collective Trusts</u>	Fair Value	Cost
439,454	BARROW HANLEY LARGE CAP VALUE CIT	\$ 5,892,974	\$ 4,394,537
75,948	LOOMIS SAYLES SMALL MID CAP TRUST CLASS B	4,008,545	904,577
2,820	NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND	6,214,252	5,379,409
102,770	VICTORY TRIVALENT INTERNATIONAL SMALL CAP FUND	1,630,645	1,461,911
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 17,746,416</u>	<u>\$ 12,140,434</u>
	<u>Hedge Funds</u>		
134	ENTRUST CL IP SER 0718	\$ 22,512	\$ 37,544
4,234	ENTRUST CAP DIVERSIFIED X 12/31/16	40,866	196,312
	<u>TOTAL - HEDGE FUNDS</u>	<u>\$ 63,378</u>	<u>\$ 233,856</u>
	<u>103-12 Investment Entity</u>		
1,323,679	WACAP SP INFRASTRUCTURE IV FEEDER	\$ 1,343,328	\$ 1,253,685
	<u>Real Estate Investment Trust</u>		
3,965	US REAL ESTATE INVESTMENT FUND LLC	\$ 4,679,099	\$ 3,584,227
	<u>Limited Partnerships</u>		
	BOYD WATTERSON STATE GOVT FD LP	\$ 3,775,001	\$ 3,820,718
	CORBIN ERISA OPP FD, LP	8,588,332	8,481,205
	HAMILTON LANE SEC FEEDER FD VI-B LP	1,321,003	1,247,990
	POST INTERMEDIATE TERM HIGH YIELD FUND	2,713,326	2,600,000
	POST TRADITIONAL HIGH YIELD FUND LP	6,221,143	5,378,938
	<u>TOTAL - LIMITED PARTNERSHIPS</u>	<u>\$ 22,618,805</u>	<u>\$ 21,528,851</u>
	<u>TOTAL - INVESTMENTS</u>	<u>\$ 54,757,536</u>	<u>\$ 47,340,378</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6129121; PLAN NO. 002

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Net Gain or (Loss)
FIRST AM GOVT OB FD CL Z	Purchases	Var.	-	\$ 11,325,480	\$ -	\$ 11,325,480	\$ -
	Sales	Var.	-	-	12,237,027	12,237,027	-
NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND	Purchases	Var.	-	11,325,480	-	11,325,480	-
	Sales	Var.	-	-	-	-	-

<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)


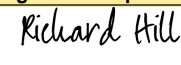
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>NORTHERN CALIFORNIA TILE INDUSTRY DEFINED CONTRIBUTION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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 PENSION TRUST FUND</p> <p>7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</p>	<p>1c Effective date of plan <u>02/01/1981</u></p> <p>2b Employer Identification Number (EIN) <u>94-6129121</u></p> <p>2c Plan Sponsor's telephone number <u>925-208-9995</u></p> <p>2d Business code (see instructions) <u>525100</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 9:59 AM PDT	Richard Romanski
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/2025 12:29 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 94-6129121
	3c Administrator's telephone number 925-208-9995

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 2926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 595
6a(2) Total number of active participants at the end of the plan year	6a(2) 588
b Retired or separated participants receiving benefits	6b 26
c Other retired or separated participants entitled to future benefits.	6c 2242
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 2856
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 2856
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) 2856
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:
 2E

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (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 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 checked="" 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 type="checkbox"/> A (Insurance Information) - Number Attached _____ (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
DEFINED CONTRIBUTION PLAN**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 94-6129121; PLAN NO. 002

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Net Gain or (Loss)
FIRST AM GOVT OB FD CL Z	Purchases	Var.	-	\$ 11,325,480	\$ -	\$ 11,325,480	\$ -
	Sales	Var.	-	-	12,237,027	12,237,027	-
NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND	Purchases	Var.	-	11,325,480	-	11,325,480	-
	Sales	Var.	-	-	-	-	-

NORTHERN CALIFORNIA TILE INDUSTRY

DEFINED CONTRIBUTION PLAN

FORM 5500

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

E.I.N. 94-6129121; PLAN NO. 002

DECEMBER 31, 2024

No. of Units	Short Term Investment Fund	Interest Rate (%)	Maturity Date	Fair Value	Cost
58,944	FIRST AM GOVT OB FD CL Z	Var.	-	\$ 58,944	\$ 58,944

Par Value	Government Debt Securities	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 26,019	F H L M C GD G18561	3.000	07/01/30	\$ 25,118	\$ 26,535
52,764	F H L M C #SB0661	2.500	04/01/37	48,161	49,332
38,418	F H L M C #SB8184	4.000	10/01/37	36,894	38,391
50,277	F H L M C #SB8186	4.500	09/01/37	49,202	50,181
77,545	F H L M C #SB8191	4.500	10/01/37	75,860	77,400
10,936	F H L M C #SB8216	4.500	03/01/38	10,711	10,742
50,290	F H L M C #SB8217	5.000	03/01/38	50,105	50,274
61,108	F H L M C #SB8220	5.500	02/01/38	61,572	60,531
22,149	F H L M C #SB8243	5.000	07/01/38	22,043	22,353
32,956	F H L M C #SB8293	5.000	04/01/39	32,798	32,734
85,458	F H L M C #SB8303	5.000	05/01/39	85,048	85,999
20,000	F H L M C M T N	6.250	07/15/32	22,166	22,875
140,000	F N M A	0.880	08/05/30	115,599	133,976
70,000	F N M A	0.380	08/25/25	68,247	69,655
70,000	F N M A DEB	6.625	11/15/30	77,718	82,965
45,000	F H L M C MLTCL MTG	3.000	12/25/25	44,392	44,198
95,000	F H L M C MLTCL MTG	2.920	06/25/32	83,454	83,237
28,461	F N M A #MA4667	3.500	07/01/37	26,913	28,606
74,822	F N M A #MA4713	4.000	07/01/37	71,934	74,556
29,668	F N M A #MA4797	4.000	11/01/37	28,514	29,220
25,570	F N M A #MA4825	5.000	10/01/37	25,448	25,701
31,592	F N M A #MA4991	5.500	04/01/38	31,831	31,711
44,491	F N M A #MA5014	5.000	05/01/38	44,278	44,015
75,166	F N M A #MA5145	6.000	09/01/38	76,428	75,738
205,000	U S TREASURY NT	0.630	08/15/30	166,478	195,460
180,000	U S TREASURY NT	1.130	02/15/31	148,545	170,955
220,000	U S TREASURY NT	1.250	08/15/31	179,538	199,227
180,000	U S TREASURY NT	2.750	08/15/32	159,629	159,347
165,000	U S TREASURY NT	4.130	11/15/32	160,928	169,262
195,000	U S TREASURY NT	3.380	05/15/33	179,201	188,263
120,000	U S TREASURY NT	4.380	11/30/30	119,563	121,831
100,000	U S TREASURY NT	4.000	02/15/34	95,736	96,744
80,000	U S TREASURY NT	4.130	07/31/31	78,406	83,029
85,000	U S TREASURY NT	2.000	02/15/25	84,758	84,352
40,000	U S TREASURY NT	2.250	11/15/25	39,316	40,709
150,000	U S TREASURY NT	2.000	11/15/26	143,964	154,046
70,000	U S TREASURY NT	1.625	09/30/26	66,942	69,867

Forward

\$ 2,837,438 \$ 2,984,017

NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,837,438	\$ 2,984,017
\$ 125,000	U S TREASURY NT	1.500	02/15/30	108,540	120,957
145,000	U S TREASURY NT	1.500	08/15/26	138,806	147,037
185,000	U S TREASURY NT	2.750	02/15/28	176,647	195,898
105,000	U S TREASURY NT	3.125	11/15/28	100,473	101,785
175,000	U S TREASURY NT	2.375	05/15/29	161,310	183,392
45,000	COLORADO HSG	4.590	05/01/28	44,990	45,000
20,000	DALLAS FORT WORTH TX	4.670	11/01/27	20,080	20,000
50,000	MUNICIPAL GA	1.420	01/01/25	50,000	50,000
20,000	NEBRASKA ST PUBLIC	2.420	01/01/26	19,617	20,402
60,000	NEW YORK ST URBAN	3.270	03/15/28	57,845	57,471
30,000	OREGON ST	1.330	11/15/28	26,609	25,027
20,000	UNIVERSITY MI UNIV	1.000	04/01/25	19,845	18,346
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 3,762,200</u>	<u>\$ 3,969,332</u>
	<u>Corporate Debt Securities</u>				
\$ 65,000	AT T INC GLBL NT	2.300	06/01/27	\$ 61,351	\$ 59,118
65,000	ABBOTT LABORATORIES	3.750	11/30/26	64,223	67,931
55,000	ABBVIE INC	4.950	03/15/31	54,989	55,032
55,000	ADOBE INC SR GLBL	4.800	04/04/29	55,278	54,756
30,000	AIR PRODUCTS AND	4.850	02/08/34	29,290	29,918
35,000	ALLSTATE CORP	0.750	12/15/25	33,750	34,774
45,000	AMAZON COM INC	3.150	08/22/27	43,448	46,129
15,000	AMERICAN WATER	3.400	3/1/2025	14,957	15,097
70,000	AMPHENOL CORP	4.750	03/30/26	70,041	69,591
25,000	ANALOG DEVICES INC	2.950	04/01/25	24,891	25,216
50,000	ANHEUSER BUSCH INBEV	4.750	01/23/29	49,980	54,091
70,000	APPLE INC	2.050	09/11/26	67,334	70,333
30,000	APPLIED MATL INC	4.800	06/15/29	30,099	29,902
35,000	AUTOMATIC DATA	1.700	05/15/28	31,963	34,668
20,000	AUTOMATIC DATA	4.450	09/09/34	19,040	20,109
65,000	AVERY DENNISON CORP	4.875	12/06/28	64,848	69,970
20,000	BANK OF AMERICA	4.980	11/15/28	20,194	19,997
40,000	BANK OF AMERICA MTN	3.824	01/20/28	39,194	41,195
40,000	BOFA FINANCE MTN	3.500	11/28/31	36,641	40,007
60,000	BRISTOL MYERS SQUIBB	5.750	02/01/31	62,404	60,825
40,000	BROWN FORMAN CORP	4.750	04/15/33	39,012	39,958
50,000	CBOE GLOBAL MKTS INC	1.625	12/15/30	41,489	48,236
30,000	CNH INDUSTRIAL	5.500	01/12/29	30,424	30,074
	<u>Forward</u>			<u>\$ 984,840</u>	<u>\$ 1,016,927</u>

NORTHERN CALIFORNIA TILE INDUSTRY
DEFINED CONTRIBUTION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 984,840	\$ 1,016,927
\$ 23,949	CNH EQUIPMENT TR	0.810	12/15/26	23,611	22,823
40,000	CAPITAL ONE MULTI	2.800	03/15/27	39,851	39,997
65,000	CATERPILLAR FINL MTN	4.350	05/15/26	64,910	64,409
15,000	CINCINNATI GAS ELEC	6.900	06/01/25	15,096	15,421
80,000	CINTAS CORPORATION	3.700	04/01/27	78,415	82,324
35,000	CITIGROUP INC	3.200	10/21/26	34,037	33,270
70,000	COMCAST CORP	4.250	10/15/30	67,502	68,206
50,000	CONNECTICUT LT PWR	0.750	12/01/25	48,334	47,782
60,000	CONOCOPHILLIPS SR NT	4.700	01/15/30	59,339	59,746
35,000	CUMMINS INC	5.150	02/20/34	35,020	35,159
50,000	DAIMLER TRUCKS	5.900	03/15/27	50,505	49,999
45,000	DARDEN RESTAURANTS	3.850	05/01/27	43,998	44,008
20,000	DICKS SPORTING GOODS	3.150	01/15/32	17,515	20,017
45,000	DUKE ENERGY	4.850	01/15/34	43,615	44,652
55,000	EATON CORP OHIO SR	4.150	03/15/33	51,703	52,145
45,000	ECOLAB INC	5.250	01/15/28	45,831	45,523
40,000	EMERSON ELEC CO SR	1.800	10/15/27	37,168	40,263
20,000	LAUDER ESTEE CONS	4.650	05/15/33	19,097	19,662
65,000	EXXON MOBIL	2.440	08/16/29	59,320	63,567
25,000	FISERV INC	4.750	03/15/30	24,695	24,884
80,000	FLORIDA PWR LT CO	5.050	04/01/28	80,768	79,760
70,000	GENERAL MTRS FINL	1.250	01/08/26	67,439	68,731
65,000	GEORGIA PACIFIC CORP	7.375	12/01/25	66,655	67,706
60,000	GEORGIA PWR CO	4.650	05/16/28	59,747	59,894
100,000	GEORGIA TECH FNDTN	2.610	11/01/25	97,919	99,377
25,000	WW GRAINGER INC	1.850	02/15/25	24,894	25,003
35,000	GRAINGER W W INC	4.450	09/15/34	33,305	35,075
55,000	HCA INC	5.875	02/15/26	55,277	55,097
75,000	HERSHEY COMPANY	3.200	08/21/25	74,320	75,407
50,000	HOME DEPOT INC	4.950	09/30/26	50,416	49,971
25,000	HOME DEPOT INC	5.150	06/25/26	25,254	24,992
75,000	ILLINOIS TOOL WORK	2.650	11/15/26	72,830	76,689
45,000	NTEL CORP	3.750	08/05/27	43,647	44,792
25,000	JACOBS SOLUTIONS INC	6.350	08/18/28	26,030	25,056
15,000	JOHN DEERE OWNER	5.060	11/15/28	15,115	14,999
55,000	KENVUE INC	5.350	03/22/26	55,509	54,953
55,000	KEURIG DR PEPPER INC	5.200	03/15/31	55,508	54,386
70,000	KIMBERLY CLARK CORP	3.950	11/01/28	68,422	74,745
65,000	ELI LILLY CO SR NT	4.500	02/09/27	65,154	64,966
60,000	LOCKHEED MARTIN CORP	4.500	02/15/29	59,318	59,952
	<u>Forward</u>			\$ 2,941,929	\$ 3,002,335

NORTHERN CALIFORNIA TILE INDUSTRY
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,941,929	\$ 3,002,335
\$ 25,000	MASTERCARD INC	4.875	05/09/34	24,613	25,873
60,000	MOLSON COORS BREWING	3.000	07/15/26	58,446	58,105
80,000	MONDELEZ INTL INC	2.625	03/17/27	76,522	74,908
50,000	NATIONAL RURAL UTIL	2.400	03/15/30	44,110	49,910
60,000	NORTHWESTERN MEM	1.674	07/15/30	50,404	46,669
50,000	OGE ENERGY CORP	5.450	05/15/29	50,818	50,372
65,000	O REILLY UTMOTIVE	3.900	06/01/29	62,291	62,070
35,000	ORACLE CORP	6.150	11/09/29	36,711	35,835
30,000	PACCAR FINANCIAL MTN	5.200	11/09/26	30,410	29,955
20,000	PACCAR FINANCIAL MTN	4.450	08/06/27	19,981	19,994
25,000	PACIFIC GAS ELEC CO	5.900	06/15/32	25,663	25,500
70,000	PEPSICO INC	2.750	03/19/30	63,582	70,301
32,633	PG E ENERGY	1.460	07/15/33	29,506	32,633
45,000	PROGRESSIVE CORP	3.000	03/15/32	39,528	39,334
30,000	PUBLIC SERVICE	2.900	05/15/25	29,764	30,000
45,000	PUBLIC SVC ELEC GAS	5.200	03/01/34	44,820	45,189
40,000	PUBLIC STORAGE GLBL	5.100	08/01/33	39,821	40,251
35,000	QUANTA SVCS INC	4.750	08/09/27	34,950	34,950
75,000	REPUBLIC SERVICES	3.950	05/15/28	73,022	71,503
40,000	ROPER TECHNOLOGIES	4.750	02/15/32	38,986	40,129
45,000	T MOBILE USA INC	3.500	04/15/25	44,797	45,055
35,000	TEXAS INSTRS INC	4.600	02/08/27	35,150	34,956
25,000	TRANSCONT GAS PIPE	4.000	03/15/28	24,286	26,161
55,760	UNION PACIFIC RR CO	3.227	05/14/26	54,786	57,214
50,000	UNITED PARCEL SVCS	4.875	03/03/33	49,408	50,547
20,000	VENTAS REALTY LP	4.000	03/01/28	19,462	19,490
35,000	VERIZON MA TR	4.170	08/20/30	34,663	34,991
25,000	VISA INC	3.150	12/14/25	24,716	25,086
30,000	VULCAN MATLS CO	4.950	12/01/29	29,904	29,993
60,000	WASTE MGMT INC	4.150	04/15/32	56,702	59,223
55,000	WELLS FARGO COMPANY	3.000	04/22/26	53,797	51,820
15,000	WISCONSIN ELECTRIC	3.100	06/01/25	14,888	15,082
50,000	WISCONSIN ELEC	5.000	05/15/29	50,350	50,034
20,000	WISCONSIN ELEC	4.600	10/01/34	19,047	20,090
35,000	XYLEM INC	2.250	01/30/31	29,831	29,886
60,000	CANADIAN NATL RAIL	6.900	07/15/28	64,110	70,336
45,000	CANADIAN PACIFIC	4.000	06/01/28	43,794	44,168
19,797	NVENT FINANCE SARL	4.550	04/15/28	19,798	21,101
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 4,485,366</u>	<u>\$ 4,571,049</u>

**NORTHERN CALIFORNIA TILE INDUSTRY
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FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-6129121; PLAN NO. 002
DECEMBER 31, 2024

No. of Units	<u>Common/Collective Trusts</u>	Fair Value	Cost
439,454	BARROW HANLEY LARGE CAP VALUE CIT	\$ 5,892,974	\$ 4,394,537
75,948	LOOMIS SAYLES SMALL MID CAP TRUST CLASS B	4,008,545	904,577
2,820	NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND	6,214,252	5,379,409
102,770	VICTORY TRIVALENT INTERNATIONAL SMALL CAP FUND	1,630,645	1,461,911
	<u>TOTAL - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 17,746,416</u>	<u>\$ 12,140,434</u>
	<u>Hedge Funds</u>		
134	ENTRUST CL IP SER 0718	\$ 22,512	\$ 37,544
4,234	ENTRUST CAP DIVERSIFIED X 12/31/16	40,866	196,312
	<u>TOTAL - HEDGE FUNDS</u>	<u>\$ 63,378</u>	<u>\$ 233,856</u>
	<u>103-12 Investment Entity</u>		
1,323,679	WACAP SP INFRASTRUCTURE IV FEEDER	\$ 1,343,328	\$ 1,253,685
	<u>Real Estate Investment Trust</u>		
3,965	US REAL ESTATE INVESTMENT FUND LLC	\$ 4,679,099	\$ 3,584,227
	<u>Limited Partnerships</u>		
	BOYD WATTERSON STATE GOVT FD LP	\$ 3,775,001	\$ 3,820,718
	CORBIN ERISA OPP FD, LP	8,588,332	8,481,205
	HAMILTON LANE SEC FEEDER FD VI-B LP	1,321,003	1,247,990
	POST INTERMEDIATE TERM HIGH YIELD FUND	2,713,326	2,600,000
	POST TRADITIONAL HIGH YIELD FUND LP	6,221,143	5,378,938
	<u>TOTAL - LIMITED PARTNERSHIPS</u>	<u>\$ 22,618,805</u>	<u>\$ 21,528,851</u>
	<u>TOTAL - INVESTMENTS</u>	<u>\$ 54,757,536</u>	<u>\$ 47,340,378</u>