

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">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.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE TILE INDUSTRY HEALTH & WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH & WELFARE FUND</u></p> <p><u>1050 LAKES DR STE 120</u> <u>WEST COVINA, CA 91790</u></p>	<p>1c Effective date of plan <u>06/01/1960</u></p> <p>2b Employer Identification Number (EIN) <u>95-1734798</u></p> <p>2c Plan Sponsor's telephone number <u>626-646-1075</u></p> <p>2d Business code (see instructions) <u>238300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2025	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	553
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)	505
	6a(2)	629
	6b	43
	6c	0
	6d	672
	6e	
	6f	672
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	78

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &	D Employer Identification Number (EIN) 95-1734798

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

1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2931460	00000	141515	51	01/01/2024	12/31/2024

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1293744
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &</p>	<p>D Employer Identification Number (EIN) 95-1734798</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	123225	1351	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	12588548
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &</p>	<p>D Employer Identification Number (EIN) 95-1734798</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SEE FOOTNOTES	635	01/01/2024	12/31/2024

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

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

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

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

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

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6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	25809
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &	D Employer Identification Number (EIN) 95-1734798

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821	00000	00104000	664	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	107072
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &	D Employer Identification Number (EIN) 95-1734798	

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

POST ADVISORY GROUP, LLC

95-4814300

(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)

BENESYS, 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	192901	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)

MELISSA W COOK & ASSOCIATES

95-3245809

(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	NONE	24016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39500	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)

MUFG UNION BANK

94-0304228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11348	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)

ICMS INSURANCE SERVICES

83-1204744

(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?
16	NONE	42000	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 NA

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 28 50 62 68 72	NONE	35928	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"/>

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)

ALSWEET ASSOCIATES

95-2766134

(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	NONE	30527	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)

AMERITAS LIFE INSURANCE CORP.

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	31667	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)

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(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	26464	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)

BOYD WATTERSON ASSET MGMT, LLC

34-1922005

(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	NONE	36458	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)

KENNEDY LAW FIRM

82-4975249

(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	NONE	73796	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)

SAV-RX PRESCRIPTION SERVICES

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	5244	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 LLC

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?
16 27	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE TILE INDUSTRY HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, THE TILE INDUSTRY HEALTH &	D Employer Identification Number (EIN) 95-1734798

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
Assets			
a Total noninterest-bearing cash	1a	-16500	-17386
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1236867	1006383
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	86495	95283
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3440095	4199420
(2) U.S. Government securities	1c(2)	7765251	7762048
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2254832	2988397
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	8879203	8496584
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	6516	8602
f Total assets (add all amounts in lines 1a through 1e).....	1f	23652759	24539331
Liabilities			
g Benefit claims payable.....	1g	5836271	6795277
h Operating payables.....	1h	88144	81924
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	921349	1371659
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6845764	8248860
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16806995	16290471

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)	10129990	
(B) Participants.....	2a(1)(B)	13439	
(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)		10143429
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9355	
(B) U.S. Government securities.....	2b(1)(B)	212356	
(C) Corporate debt instruments.....	2b(1)(C)	99677	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	7168	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		328556
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7766669	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7637851	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		128818
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	153374	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		52164
d Total income. Add all income amounts in column (b) and enter total.....	2d		10806341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	801256	
(2) To insurance carriers for the provision of benefits	2e(2)	9939145	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10740401
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)	192901	
(3) Recordkeeping fees	2i(3)	30527	
(4) IQPA audit fees	2i(4)	39500	
(5) Investment advisory and investment management fees	2i(5)	108850	
(6) Bank or trust company trustee/custodial fees	2i(6)	11348	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	97812	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1361	
(11) Other expenses.....	2i(11)	100165	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		582464
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11322865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-516524
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

THE TILE INDUSTRY HEALTH & WELFARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
The Tile Industry Health & Welfare Fund
1050 Lakes Drive, Suite 120
West Covina, California 91790

Members of the Board:

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 1, 2025

THE TILE INDUSTRY HEALTH & WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2024		December 31, 2023
ASSETS			
INVESTMENTS, AT FAIR VALUE			
Corporate Debt Securities	\$ 2,988,397		\$ 2,254,832
Government Debt Securities	7,762,048		7,765,251
Limited Partnerships	8,496,584	\$ 19,247,029	8,879,203
			\$ 18,899,286
CASH AND CASH EQUIVALENTS			
Checking Accounts	3,916,309		3,343,032
Money Market Funds	265,725	4,182,034	80,563
			3,423,595
TOTAL CASH, CASH EQUIVALENTS AND INVESTMENTS		23,429,063	22,322,881
RECEIVABLES			
Employer Contributions	1,006,383		1,236,867
Investment Income	58,689		52,034
Prescription Rebates	36,594		34,461
TOTAL RECEIVABLES		1,101,666	1,323,362
OTHER ASSETS			
Prepaid Expenses		8,602	6,516
TOTAL ASSETS		24,539,331	23,652,759
LIABILITIES			
Accrued Expenses	61,229		68,223
Reciprocity Payable	20,695		19,921
Employer Remittance Differences	230,842		547,400
Due to Affiliates	930,838		373,949
Due to Vacation	209,979		-
TOTAL LIABILITIES		1,453,583	1,009,493
NET ASSETS AVAILABLE FOR BENEFITS		23,085,748	22,643,266
MEMORANDUM:			
Total Benefit Obligations Other Than Postretirement Benefit Obligations		6,795,277	5,836,271
Excess of Net Assets Available for Benefits Over Total Benefit Obligations Other Than Postretirement Benefit Obligations		\$ 16,290,471	\$ 16,806,995

THE TILE INDUSTRY HEALTH & WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
CONTRIBUTIONS		
Employers	\$ 9,826,554	\$ 8,233,980
Employee Self-Payments	13,439	54,290
Contractors Coverage	<u>303,436</u>	<u>293,804</u>
TOTAL CONTRIBUTIONS	\$ 10,143,429	\$ 8,582,074
BENEFITS		
Premiums Paid	9,024,858	8,113,483
Indemnity Claims	805,298	962,361
Less: Refunds and Rebates	<u>(48,761)</u>	<u>(91,960)</u>
NET BENEFITS	<u>9,781,395</u>	<u>8,983,884</u>
EXCESS (DEFICIT) OF CONTRIBUTIONS OVER BENEFITS	362,034	(401,810)
ADMINISTRATION EXPENSES		
Administration Fees	192,901	161,762
Dental Plan Administrative Fees	31,667	22,539
Bank Charges	11,348	15,908
Conventions, Conferences and Meetings	1,361	2,400
Insurance	10,169	9,840
Printing, Postage, and Office Supplies	16,329	15,207
Consulting Fees	42,000	36,000
Actuary Fees	-	4,800
Legal Fees	97,812	88,924
Audit Fees	39,500	39,500
Payroll Compliance Fees	<u>30,527</u>	<u>30,280</u>
TOTAL ADMINISTRATION EXPENSES	<u>473,614</u>	<u>427,160</u>
(DECREASE) BEFORE OTHER (EXPENSE) REVENUE	(111,580)	(828,970)
OTHER (EXPENSE) REVENUE		
Interest and Dividends	328,556	351,010
Net Appreciation of Investments	282,192	612,346
Less: Investment Expenses	(108,850)	(115,484)
Cost Sharing Reimbursement	<u>52,164</u>	<u>53,212</u>
	<u>554,062</u>	<u>901,084</u>
NET INCREASE FOR THE YEAR	442,482	72,114
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning Balance	<u>22,643,266</u>	<u>22,571,152</u>
Ending Balance	<u><u>\$ 23,085,748</u></u>	<u><u>\$ 22,643,266</u></u>

(Attached notes are an integral part of this statement)

THE TILE INDUSTRY HEALTH & WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	\$ <u>3,967</u>	\$ <u>11,622</u>
	<u>3,967</u>	<u>11,622</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Reported	87,168	34,795
Future Benefits Based on Participants' Accumulated Eligibility	<u>6,704,142</u>	<u>5,789,854</u>
	<u>6,791,310</u>	<u>5,824,649</u>
TOTAL BENEFIT OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>6,795,277</u>	<u>5,836,271</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees	604,794	713,749
Other Participants Fully Eligible for Benefits	47,756	33,536
Other Participants Not Yet Fully Eligible for Benefits	<u>41,054</u>	<u>34,197</u>
	<u>693,604</u>	<u>781,482</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 7,488,881</u>	<u>\$ 6,617,753</u>

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

THE TILE INDUSTRY HEALTH & WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums Payable, Beginning of Year	\$ -	\$ -
Premiums for Participants Eligible for Coverage During the Year	9,024,858	8,113,483
Premiums Paid	<u>(9,024,858)</u>	<u>(8,113,483)</u>
Premiums Payable, End of Year	<u>-</u>	<u>-</u>
Claims Payable, Beginning of Year	11,622	23,845
Claims Reported and Approved for Payment Indemnity Claims Paid	797,643	950,138
	<u>(805,298)</u>	<u>(962,361)</u>
Claims Payable, End of Year	<u>3,967</u>	<u>11,622</u>
Premiums Payable and Claims Payable, End of Year	<u>3,967</u>	<u>11,622</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance, Beginning of Year	5,824,649	5,083,202
Net Change During the Year:		
Claims Incurred But not Reported	52,373	(96,604)
Future Benefits Based on Participants' Accumulated Eligibility	914,288	838,051
	<u>914,288</u>	<u>838,051</u>
Balance, End of Year	<u>6,791,310</u>	<u>5,824,649</u>
TOTAL BENEFIT OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>6,795,277</u>	<u>5,836,271</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance, Beginning of Year	781,482	926,245
Net Change During the Year:		
Changes in Actuarial Assumptions	(42,747)	(78,840)
Benefits Accumulated During the Year	2,277	(24,214)
Increase for Passage of Time - Interest	46,889	55,575
Benefits Paid (Estimated)	(87,036)	(97,284)
Actuarial Experience	<u>(7,261)</u>	<u>-</u>
Balance, End of Year	<u>693,604</u>	<u>781,482</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 7,488,881</u></u>	<u><u>\$ 6,617,753</u></u>

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

THE TILE INDUSTRY HEALTH & WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Tile Industry Health & Welfare Fund (the "Plan") is a multiemployer, defined benefit welfare plan providing medical-hospital, dental, prescription, vision, death and accidental death and dismemberment, and disability benefits to participants. Certain benefits are funded by insurance contracts or provided by contracts with prepaid health plans; other benefits are paid directly by the Plan.

Active employees, who are members of Bricklayers and Allied Craftworkers Local No. 4, California (the "Local Union"), on whose behalf employers are required to contribute to the Plan, are eligible for those benefits specified by the Plan. Dependents of eligible active employees are also eligible for benefits under the Plan.

Retirees meeting the Plan requirements for eligibility during retirement and their spouses may be eligible for limited benefits under the Plan.

Contractors signatory to collective bargaining agreements with the Local Union and employees of these contractors not covered under the collective bargaining agreement(s) are eligible to participate in the Plan. Dependents of eligible signatory contractors and non-bargaining personnel are also eligible for benefits under the Plan.

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 accounts of the Plan are prepared on the accrual basis of accounting.

B. Estimates

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

C. Employer Contributions

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

D. Employer Payroll Compliance Program

Employer 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.

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. 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;
- 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.

Level 1 investments consist of government debt securities that are U.S. Treasury Notes recorded at fair value based on quoted market prices. Level 2 investments consist of government debt securities that are not U.S. Treasury Notes and corporate debt securities valued using matrices of trades in similar securities or third party pricing vendors.

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 represent the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Corporate Debt Securities	\$ -	\$ 2,988,397	\$ -	\$ 2,988,397
Government Debt Securities	2,193,738	5,568,310	-	7,762,048
Total Assets in the Fair Value Hierarchy	<u>\$ 2,193,738</u>	<u>\$ 8,556,707</u>	<u>\$ -</u>	10,750,445
Investments Measured at Net Asset Value ^A				<u>8,496,584</u>
				<u>\$ 19,247,029</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Corporate Debt Securities	\$ -	\$ 2,254,832	\$ -	\$ 2,254,832
Government Debt Securities	2,853,228	4,912,023	-	7,765,251
Total Assets in the Fair Value Hierarchy	<u>\$ 2,853,228</u>	<u>\$ 7,166,855</u>	<u>\$ -</u>	10,020,083
Investments Measured at Net Asset Value ^A				<u>8,879,203</u>
				<u>\$ 18,899,286</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 of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

	December 31,				
	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Boyd Watterson GSA Fund, L.P.	\$ 2,751,661	\$ 3,097,837	None	Quarterly	60 Days prior
Post Intermediate Term High Yield Fund, L.P.	5,744,923	5,781,366	None	Monthly	30 Days

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

BOYD WATTERSON GSA FUND, L.P. was formed to operate as a perpetual life investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

POST INTERMEDIATE TERM HIGH YIELD FUND, L.P. seeks to achieve a high rate of return relative to the three (3) year United States Treasury yield by primarily investing in a portfolio of short-to-intermediate term, lower volatility, high yield debt, and other fixed income securities. These securities will generally be rated below investment grade or deemed to be below investment grade by the General Partner.

Interest, dividends and gain and losses on sales of investments are recorded on the accrual basis. Unrealized changes of investments is reported as net appreciation of investments.

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Cash and Cash Equivalents

Cash and cash equivalents consist of cash deposited with financial institutions in checking accounts and money market funds.

G. Postretirement Benefits

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

The postretirement benefit obligations were determined by Northwest Plan Services, Consulting Actuary, and are the amounts that result from applying actuarial assumptions to historical benefits cost data to estimate future annual incurred benefits costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability or withdrawal), between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used for the year ended December 31, 2024 (2023) were (a) Discount Rate: 6.00% per annum, (b) Claim Inflation Trend: cost for the vision care benefit were assumed to increase 2% annually; medical and prescription drug premiums were assumed to increase 5% per annum, (c) Mortality: The RP-2000 Table projected to 2024 for Blue Collar Annuitants for males and females was used after retirement (The RP-2000 Table projected to 2021 for Blue Collar Annuitants for males and females was used after retirement), (d) Funding Method: projected unit credit method, (e) Expenses were assumed to be 5% of the benefit costs, (f) Rates of retirement were assumed for ages 55 through 65, (g) Election Rate – 1% of actives retiring at age 62 are assumed to elect to self-pay for medical and prescription drug benefits and 5% of actives attaining age 62 or older are assumed to qualify for the Trust paid vision care benefit (1% of actives retiring at ages 55 through 64 are assumed to elect to self-pay for medical and prescription drug benefits and 10% of actives attaining age 62 or older are assumed to qualify for the Trust paid vision care benefit), and (h) other assumptions for withdrawal rates, claim costs, spouses, participants with missing dates of birth and composite medical rate.

The cost trend rates have a significant effect on the postretirement benefit obligations. A 1% increase in health care cost trend rates would increase the postretirement benefit obligations as of December 31, 2024 and 2023 by \$87,878 and \$59,728, respectively.

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

H. Tax-Exempt Status

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

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Tax-Exempt Status (Continued)

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.

I. Transactions with Related Parties

Through a lockbox system, the Plan collects employer remittances to the Plan and other related organizations, including the Tile Industry Retirement Savings Trust Fund (the "Retirement Savings Fund") and the vacation plan, and transmits to these organizations the amounts collected on their behalf.

The Plan also pays for common administration expenses on behalf of itself, Retirement Savings Fund, Tile Layers Joint Apprenticeship Committee, Bricklayers and Trowel Trades International Pension Fund, Tile and Marble Labor Management Cooperation Committee, Inc., Southern California Tile and Marble Terrazzo Compliance Trust Fund, Tile Employers Contract Administration Fund and the Local Union and allocates these common expenses to the organizations based on predetermined allocation formulas periodically approved by the Board of Trustees.

J. Plan Termination

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and regulations. In the event of termination, the balance in the Plan, if any, shall be exhausted by continuing the benefits so long as the cash in the Plan will permit after the payment of all expenses of operating and/or winding up the Plan. Benefits shall be continued for those eligible employees whose names appear on the eligibility list of the Plan for the last month preceding termination of the Trust Agreement. The benefits that shall be continued shall be those provided by the insurance policies, and/or other plan in force as of the last day of the last month prior to the termination of the Trust Agreement, and the administration of such benefits shall be under the supervision of the trustees acting as of such date and shall be in accordance with the terms and provisions of the Trust Agreement.

K. Administration

For the year ended December 31, 2024, BeneSys Administrators charged administration fees of \$192,901, and was reimbursed by the Plan \$15,175 for expenses. For the year ended December 31, 2023, BeneSys Administrators charged administration fees of \$161,762 and was reimbursed by the Plan \$5,196 for expenses.

NOTE 3 - PLAN AMENDMENTS

On January 17, 2023, the Plan was amended to increase frame and contact lens allowances and establish new programs through VSP.

On July 11, 2023, the Plan was amended by changing eligibility from quarterly to monthly.

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 - PLAN AMENDMENTS (Continued)

On January 16, 2024, the Plan was amended to clarify its reinstatement of eligibility rules and establish a new vacation plan.

On July 1, 2024, the Plan was amended to allow participants to accrue up to a maximum of 840 hours in their hours banks, an increase of 120 hours from the prior maximum of 720.

On November 5, 2024, the Plan was amended so a participant who is working for a delinquent employer in a jurisdiction outside of a Local 4 collective bargaining agreement is not to be provided with health coverage based on paystubs.

NOTE 4 - CONCENTRATION OF CREDIT RISK

During the year ended December 31, 2024, the Plan maintained bank accounts with cash balances in excess of the federally insured limit of \$250,000 per bank. The amount in excess of the limit was subject to risk if the financial institution did not perform. The Plan has not incurred any losses on the uninsured balances.

NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 23,085,748	\$ 22,643,266
Total Benefit Obligations Other Than Postretirement Benefit Obligations	<u>6,795,277</u>	<u>5,836,271</u>
Net Assets Per the Form 5500	<u>\$ 16,290,471</u>	<u>\$ 16,806,995</u>

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

	<u>January 1, 2024 to December 31, 2024</u>
Total Benefits Per the Financial Statements	\$ 9,781,395
Add: Total Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2024	6,795,277
(Less): Total Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2023	<u>(5,836,271)</u>
Total Benefits Per the Form 5500	<u>\$ 10,740,401</u>

NOTE 6 - RISKS AND UNCERTAINTIES

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

THE TILE INDUSTRY HEALTH & WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - RISKS AND UNCERTAINTIES (Continued)

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

NOTE 7 - SUBSEQUENT EVENTS

On February 18, 2025, the Plan reached a payment agreement with an employer in regard to unpaid contributions of employee benefits, liquidated damages, interest, and other amounts owed to the Trust Funds. The terms of payment are as follows:

- The company shall pay the full amount due for September 2024 through November 2024 in the total amount of \$70,211 within three business days of approval of the agreement.
- The company shall pay the amounts due for August 2024 with additional interest accruing on the amount at the rate of 10% percent over eight monthly payments for a total of \$112,597.
- The company shall pay the amounts due under the "Prior Agreement" over 36 monthly payments for a total amount of \$233,903.

Management has evaluated subsequent events through October 1, 2025, the date on which the financial statements were available to be issued. Except as noted above, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H - PART IV, LINE 4
E.I.N. 95-1734798; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
The Tile Industry Health & Welfare Fund
1050 Lakes Drive, Suite 120
West Covina, California 91790

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

Burbank, California

October 1, 2025

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

Face Value	Corporate Debt Securities	Interest Rate	Maturity Date	Fair Value	Cost
\$ 130,000	AT&T Inc	4.100%	02/15/28	\$ 127,180	\$ 139,742
80,000	AT&T Inc	2.300%	06/01/27	75,509	73,519
80,000	Adobe Inc	4.800%	04/04/29	80,404	82,066
270,000	Bank of America Mtn	3.559%	04/23/27	265,664	286,417
90,000	Blackrock Inc	2.400%	04/30/30	79,936	85,471
80,000	Caterpillar	4.700%	11/15/29	79,703	79,924
220,000	Citigroup Inc	3.070%	02/24/28	211,614	218,137
135,000	Conocophillips	4.700%	01/15/30	133,512	134,768
65,000	John Deere Mtn	3.450%	03/07/29	61,844	70,711
110,000	John Deere Mtn	4.400%	09/08/31	106,730	110,152
150,000	Duke Energy	3.950%	11/15/28	145,653	163,541
60,000	Home Depot Inc Sr	2.950%	06/15/29	55,642	53,050
105,000	Home Depot Inc Sr	4.850%	06/25/31	104,960	104,406
275,000	JP Morgan Chase & Co	4.005%	04/23/29	266,623	292,750
80,000	Marsh McLennan	5.150%	03/15/34	79,599	79,923
70,000	Midamerican	3.650%	04/15/29	66,760	76,056
130,000	State Str Corp	5.684%	11/21/29	133,619	130,205
60,000	Texas Childrens	3.368%	10/01/29	57,851	57,759
55,000	Toyota Motor Mtn	0.800%	10/16/25	53,424	53,917
155,000	Toyota Motor Mtn	5.050%	05/16/29	156,118	154,747
160,000	Truist Bank Mtn	2.250%	03/11/30	137,397	135,851
215,000	Verizon	4.329%	09/21/28	210,582	244,167
155,000	Virginia Elec Pwr	4.877%	05/01/33	154,891	159,444
160,000	Waste Mgmt Inc Del	1.150%	03/15/28	143,182	150,195
TOTALS - CORPORATE DEBT SECURITIES				\$ 2,988,397	\$ 3,136,918

<u>Government Debt Securities</u>					
\$ 118,151	Federal Home Loan Mortgage Corporation	2.500%	01/01/35	\$ 108,499	\$ 113,162
30,901	Federal Home Loan Mortgage Corporation	3.500%	08/01/45	28,113	28,239
139,581	Federal Home Loan Mortgage Corporation	3.450%	08/01/32	127,613	129,396
59,432	Federal Home Loan Mortgage Corporation	3.490%	10/01/33	57,236	61,798
40,216	Federal Home Loan Mortgage Corporation	3.420%	10/01/33	36,114	42,141
32,075	Federal Home Loan Mortgage Corporation	4.000%	12/01/47	30,360	34,257
74,736	Federal Home Loan Mortgage Corporation	5.000%	12/01/47	74,362	75,738
20,434	Federal National Mortgage Association	2.000%	02/25/33	18,832	20,091
21,468	Federal National Mortgage Association	2.500%	09/25/45	19,135	21,838
360,359	Federal National Mortgage Association	0.970%	01/25/31	311,725	317,003
105,276	Federal National Mortgage Association	2.943%	10/25/27	100,935	103,806
260,000	Federal National Mortgage Association	2.045%	04/25/32	215,805	202,515
171,997	Federal National Mortgage Association	4.181%	07/25/28	168,616	167,648
310,232	Federal National Mortgage Association	2.650%	06/25/29	287,383	287,461
187,937	Federal National Mortgage Association	2.937%	04/25/29	175,261	176,661
210,000	Federal Home Loan Mortgage Corporation	2.770%	05/25/25	208,173	218,000
72,307	Federal Home Loan Mortgage Corporation	3.284%	06/25/25	71,836	75,286
95,000	Federal Home Loan Mortgage Corporation	2.995%	12/25/25	93,717	93,558
14,557	Federal Home Loan Mortgage Corporation	2.896%	04/25/26	14,384	14,351
150,000	Federal Home Loan Mortgage Corporation	3.459%	11/25/32	135,737	133,311
35,000	Federal Home Loan Mortgage Corporation	1.470%	09/25/27	32,228	31,565
<u>Forward</u>				\$ 2,316,064	\$ 2,347,825

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Interest Rate	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,316,064	\$ 2,347,825
\$ 165,000	Federal Home Loan Mortgage Corporation	5.400%	01/25/29	168,920	171,394
1,555	Federal Home Loan Mortgage Corporation	0.681%	06/25/26	1,536	1,555
95,000	Federal Home Loan Mortgage Corporation	2.120%	03/25/29	86,073	82,624
30,000	Federal Home Loan Mortgage Corporation	3.465%	02/25/31	28,010	27,881
5,000	Federal Home Loan Mortgage Corporation	4.118%	11/25/32	4,792	4,792
57,916	Federal National Mortgage Association	3.500%	12/01/42	52,770	57,970
59,948	Federal National Mortgage Association	3.220%	04/01/28	57,646	66,017
21,031	Federal National Mortgage Association	3.500%	03/01/33	20,384	22,312
42,918	Federal National Mortgage Association	3.500%	07/01/34	41,923	45,562
25,169	Federal National Mortgage Association	5.000%	12/01/47	24,959	27,321
56,673	Federal National Mortgage Association	3.000%	11/01/46	49,997	53,977
147,373	Federal National Mortgage Association	6.000%	02/01/49	152,780	151,910
169,514	Federal National Mortgage Association	5.500%	11/01/52	171,753	173,407
138,369	Federal National Mortgage Association	N/A	N/A	130,900	131,105
24,005	Federal National Mortgage Association	3.500%	07/01/44	21,964	26,290
14,102	Federal National Mortgage Association	4.500%	11/01/38	14,000	15,509
124,446	Federal National Mortgage Association	3.500%	09/01/47	113,363	123,588
173,250	Federal National Mortgage Association	1.500%	06/01/31	159,631	159,611
102,051	Government National Mortgage Association	3.630%	09/15/37	94,920	104,760
85,477	Government National Mortgage Association	3.600%	12/15/34	81,186	88,008
63,359	Government National Mortgage Association	1.970%	09/15/41	50,344	64,563
107,447	Government National Mortgage Association	2.690%	06/15/33	99,207	107,186
21,371	Government National Mortgage Association	1.660%	08/15/26	20,829	20,725
124,823	Government National Mortgage Association	3.020%	09/15/41	109,016	125,436
136,859	Government National Mortgage Association	3.310%	05/15/30	132,656	141,268
97,110	Government National Mortgage Association	5.000%	11/15/40	96,686	99,429
67,000	Government National Mortgage Association	5.500%	11/15/45	68,197	68,759
240,000	Resolution Fdg Strip	N/A	04/15/30	187,894	197,184
395,000	United States Treasury Note	0.625%	08/15/30	320,776	316,475
295,000	United States Treasury Note	1.250%	03/31/28	267,922	261,234
425,000	United States Treasury Note	1.375%	11/15/31	347,293	344,810
335,000	United States Treasury Note	2.375%	03/31/29	309,172	306,595
215,000	United States Treasury Note	3.875%	08/15/33	204,620	213,541
90,000	United States Treasury Note	2.250%	11/15/25	88,460	85,172
335,000	United States Treasury Note	2.250%	02/15/27	321,486	314,290
350,000	United States Treasury Note	1.375%	08/31/26	334,009	333,458
125,000	Alabama St Public	5.150%	09/01/27	126,862	145,935
90,000	Chicago II	N/A	01/01/32	62,286	67,458
70,000	Chicago II	N/A	01/01/33	45,693	51,650
125,000	Massachusetts ST	1.753%	08/15/30	109,456	105,462
95,000	Metro Wstwr	2.413%	04/01/28	89,341	93,792
70,000	New York City NY	1.310%	03/15/26	67,482	63,300
10,000	New York City NY	1.538%	03/15/27	9,387	8,948
5,000	New York City NY	2.738%	03/15/26	4,905	4,744
5,000	New York City NY	1.000%	03/15/27	4,803	4,792
	<u>Forward</u>			\$ 7,272,353	\$ 7,429,624

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Interest Rate	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 7,272,353	\$ 7,429,624
\$ 75,000	Norfolk Va	1.704%	10/01/30	63,753	61,330
170,000	Oklahoma Dev	4.380%	11/01/45	154,715	161,927
10,000	Oregon Cmnty	5.680%	06/30/26	10,188	11,988
70,000	Saint Johns Cnty	5.000%	08/15/47	70,624	84,376
190,016	Texas Nat Gas	5.102%	04/01/35	<u>190,415</u>	<u>191,379</u>
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 7,762,048</u>	<u>\$ 7,940,624</u>
	<u>Limited Partnerships</u>				
	Boyd Watterson GSA Fund, L.P.			\$ 2,751,661	\$ 2,794
	Post Intermediate Term High Yield Fund, L.P.			<u>5,744,923</u>	<u>4,575,000</u>
	<u>TOTALS - LIMITED PARTNERSHIPS</u>			<u>\$ 8,496,584</u>	<u>\$ 4,577,794</u>
	<u>Interest Bearing Cash</u>				
	First American Obligation Funds			<u>\$ 265,725</u>	<u>\$ 265,725</u>

THE TILE INDUSTRY HEALTH & WELFARE FUND
 FORM 5500
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 E.I.N. 95-1734798: PLAN NO. 501
 JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Treasury Obligation Fund CI Z	-	-	\$ 3,092,751 -	\$ - 3,084,598	\$ 3,092,751 3,084,598	\$ - -

<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 _____ and ending _____

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>THE TILE INDUSTRY HEALTH & WELFARE FUND</p>	<p>1b Three-digit plan number (PN) ▶ 501</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, THE TILE INDUSTRY HEALTH & WELFARE FUND</p> <p>1050 LAKES DR STE 120 WEST COVINA, CA 91790</p>	<p>1c Effective date of plan 06/01/1960</p> <p>2b Employer Identification Number (EIN) 95-1734798</p> <p>2c Plan Sponsor's telephone number 626-646-1075</p> <p>2d Business code (see instructions) 238300</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	<i>Andy Gerber</i>	10/10/2025 12:31 PM EDT	Andy Gerber
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>George Ballantyne</i>	10/10/2025 9:27 AM PDT	George Ballantyne
	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

THE TILE INDUSTRY HEALTH & WELFARE FUND
 FORM 5500
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 E.I.N. 95-1734798: PLAN NO. 501
 JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Treasury Obligation Fund CI Z	-	-	\$ 3,092,751 -	\$ - 3,084,598	\$ 3,092,751 3,084,598	\$ - -

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

Face Value	Corporate Debt Securities	Interest Rate	Maturity Date	Fair Value	Cost
\$ 130,000	AT&T Inc	4.100%	02/15/28	\$ 127,180	\$ 139,742
80,000	AT&T Inc	2.300%	06/01/27	75,509	73,519
80,000	Adobe Inc	4.800%	04/04/29	80,404	82,066
270,000	Bank of America Mtn	3.559%	04/23/27	265,664	286,417
90,000	Blackrock Inc	2.400%	04/30/30	79,936	85,471
80,000	Caterpillar	4.700%	11/15/29	79,703	79,924
220,000	Citigroup Inc	3.070%	02/24/28	211,614	218,137
135,000	Conocophillips	4.700%	01/15/30	133,512	134,768
65,000	John Deere Mtn	3.450%	03/07/29	61,844	70,711
110,000	John Deere Mtn	4.400%	09/08/31	106,730	110,152
150,000	Duke Energy	3.950%	11/15/28	145,653	163,541
60,000	Home Depot Inc Sr	2.950%	06/15/29	55,642	53,050
105,000	Home Depot Inc Sr	4.850%	06/25/31	104,960	104,406
275,000	JP Morgan Chase & Co	4.005%	04/23/29	266,623	292,750
80,000	Marsh McLennan	5.150%	03/15/34	79,599	79,923
70,000	Midamerican	3.650%	04/15/29	66,760	76,056
130,000	State Str Corp	5.684%	11/21/29	133,619	130,205
60,000	Texas Childrens	3.368%	10/01/29	57,851	57,759
55,000	Toyota Motor Mtn	0.800%	10/16/25	53,424	53,917
155,000	Toyota Motor Mtn	5.050%	05/16/29	156,118	154,747
160,000	Truist Bank Mtn	2.250%	03/11/30	137,397	135,851
215,000	Verizon	4.329%	09/21/28	210,582	244,167
155,000	Virginia Elec Pwr	4.877%	05/01/33	154,891	159,444
160,000	Waste Mgmt Inc Del	1.150%	03/15/28	143,182	150,195
TOTALS - CORPORATE DEBT SECURITIES				\$ 2,988,397	\$ 3,136,918

<u>Government Debt Securities</u>					
\$ 118,151	Federal Home Loan Mortgage Corporation	2.500%	01/01/35	\$ 108,499	\$ 113,162
30,901	Federal Home Loan Mortgage Corporation	3.500%	08/01/45	28,113	28,239
139,581	Federal Home Loan Mortgage Corporation	3.450%	08/01/32	127,613	129,396
59,432	Federal Home Loan Mortgage Corporation	3.490%	10/01/33	57,236	61,798
40,216	Federal Home Loan Mortgage Corporation	3.420%	10/01/33	36,114	42,141
32,075	Federal Home Loan Mortgage Corporation	4.000%	12/01/47	30,360	34,257
74,736	Federal Home Loan Mortgage Corporation	5.000%	12/01/47	74,362	75,738
20,434	Federal National Mortgage Association	2.000%	02/25/33	18,832	20,091
21,468	Federal National Mortgage Association	2.500%	09/25/45	19,135	21,838
360,359	Federal National Mortgage Association	0.970%	01/25/31	311,725	317,003
105,276	Federal National Mortgage Association	2.943%	10/25/27	100,935	103,806
260,000	Federal National Mortgage Association	2.045%	04/25/32	215,805	202,515
171,997	Federal National Mortgage Association	4.181%	07/25/28	168,616	167,648
310,232	Federal National Mortgage Association	2.650%	06/25/29	287,383	287,461
187,937	Federal National Mortgage Association	2.937%	04/25/29	175,261	176,661
210,000	Federal Home Loan Mortgage Corporation	2.770%	05/25/25	208,173	218,000
72,307	Federal Home Loan Mortgage Corporation	3.284%	06/25/25	71,836	75,286
95,000	Federal Home Loan Mortgage Corporation	2.995%	12/25/25	93,717	93,558
14,557	Federal Home Loan Mortgage Corporation	2.896%	04/25/26	14,384	14,351
150,000	Federal Home Loan Mortgage Corporation	3.459%	11/25/32	135,737	133,311
35,000	Federal Home Loan Mortgage Corporation	1.470%	09/25/27	32,228	31,565
<u>Forward</u>				\$ 2,316,064	\$ 2,347,825

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

Face Value	<u>Government Debt Securities (Continued)</u>	Interest Rate	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 2,316,064	\$ 2,347,825
\$ 165,000	Federal Home Loan Mortgage Corporation	5.400%	01/25/29	168,920	171,394
1,555	Federal Home Loan Mortgage Corporation	0.681%	06/25/26	1,536	1,555
95,000	Federal Home Loan Mortgage Corporation	2.120%	03/25/29	86,073	82,624
30,000	Federal Home Loan Mortgage Corporation	3.465%	02/25/31	28,010	27,881
5,000	Federal Home Loan Mortgage Corporation	4.118%	11/25/32	4,792	4,792
57,916	Federal National Mortgage Association	3.500%	12/01/42	52,770	57,970
59,948	Federal National Mortgage Association	3.220%	04/01/28	57,646	66,017
21,031	Federal National Mortgage Association	3.500%	03/01/33	20,384	22,312
42,918	Federal National Mortgage Association	3.500%	07/01/34	41,923	45,562
25,169	Federal National Mortgage Association	5.000%	12/01/47	24,959	27,321
56,673	Federal National Mortgage Association	3.000%	11/01/46	49,997	53,977
147,373	Federal National Mortgage Association	6.000%	02/01/49	152,780	151,910
169,514	Federal National Mortgage Association	5.500%	11/01/52	171,753	173,407
138,369	Federal National Mortgage Association	N/A	N/A	130,900	131,105
24,005	Federal National Mortgage Association	3.500%	07/01/44	21,964	26,290
14,102	Federal National Mortgage Association	4.500%	11/01/38	14,000	15,509
124,446	Federal National Mortgage Association	3.500%	09/01/47	113,363	123,588
173,250	Federal National Mortgage Association	1.500%	06/01/31	159,631	159,611
102,051	Government National Mortgage Association	3.630%	09/15/37	94,920	104,760
85,477	Government National Mortgage Association	3.600%	12/15/34	81,186	88,008
63,359	Government National Mortgage Association	1.970%	09/15/41	50,344	64,563
107,447	Government National Mortgage Association	2.690%	06/15/33	99,207	107,186
21,371	Government National Mortgage Association	1.660%	08/15/26	20,829	20,725
124,823	Government National Mortgage Association	3.020%	09/15/41	109,016	125,436
136,859	Government National Mortgage Association	3.310%	05/15/30	132,656	141,268
97,110	Government National Mortgage Association	5.000%	11/15/40	96,686	99,429
67,000	Government National Mortgage Association	5.500%	11/15/45	68,197	68,759
240,000	Resolution Fdg Strip	N/A	04/15/30	187,894	197,184
395,000	United States Treasury Note	0.625%	08/15/30	320,776	316,475
295,000	United States Treasury Note	1.250%	03/31/28	267,922	261,234
425,000	United States Treasury Note	1.375%	11/15/31	347,293	344,810
335,000	United States Treasury Note	2.375%	03/31/29	309,172	306,595
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5,000	New York City NY	1.000%	03/15/27	4,803	4,792
	<u>Forward</u>			\$ 7,272,353	\$ 7,429,624

THE TILE INDUSTRY HEALTH & WELFARE FUND
FORM 5500
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E.I.N. 95-1734798: PLAN NO. 501
DECEMBER 31, 2024

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190,016	Texas Nat Gas	5.102%	04/01/35	<u>190,415</u>	<u>191,379</u>
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 7,762,048</u>	<u>\$ 7,940,624</u>
	<u>Limited Partnerships</u>				
	Boyd Watterson GSA Fund, L.P.			\$ 2,751,661	\$ 2,794
	Post Intermediate Term High Yield Fund, L.P.			<u>5,744,923</u>	<u>4,575,000</u>
	<u>TOTALS - LIMITED PARTNERSHIPS</u>			<u>\$ 8,496,584</u>	<u>\$ 4,577,794</u>
	<u>Interest Bearing Cash</u>				
	First American Obligation Funds			<u>\$ 265,725</u>	<u>\$ 265,725</u>