

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="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><b>1a</b> Name of plan <u>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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, SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</u></p> <p><u>1055 PARK VIEW DR STE 111</u> <u>COVINA, CA 91724</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/1964</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>51-6031409</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>626-279-3022</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1294
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	564
	<b>6a(2)</b>	609
	<b>6b</b>	349
	<b>6c</b>	264
	<b>6d</b>	1222
	<b>6e</b>	106
	<b>6f</b>	1328
	<b>6g(1)</b>	0
<b>6g(2)</b>	0	
<b>6h</b>	12	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	90

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6031409</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>103539049</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>110098131</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>106632993</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>106632993</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>167173910</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>9457632</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>8237664</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>8369056</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	
Signature of actuary	<u>09/25/2025</u>
<u>JOSHUA ALLMEN</u>	Date
Type or print name of actuary	<u>23-08042</u>
<u>RAEL &amp; LETSON</u>	Most recent enrollment number
Firm name	<u>650-341-3311</u>
<u>160 BOVET RD STE 203</u> <u>SAN MATEO, CA 94402</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	103539049
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	526	87608289
<b>(2)</b> For terminated vested participants .....	206	22393308
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		5682192
<b>(b)</b> Vested benefits .....		51490121
<b>(c)</b> Total active .....	618	57172313
<b>(4)</b> Total .....	1350	167173910
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	61.93 %

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	4910182	0			
			<b>Totals ▶</b>	<b>3(b)</b>	<b>3(c)</b>
				4910182	0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	103.2 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a**  Attained age normal      **b**  Entry age normal      **c**  Accrued benefit (unit credit)      **d**  Aggregate
- e**  Frozen initial liability      **f**  Individual level premium      **g**  Individual aggregate      **h**  Shortfall
- i**  Other (specify):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.9 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	10.8 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input checked="" type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	0

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	4099696

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	5238640	745618
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		314945
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		5160259
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		7552181
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		4910182
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	1255803	177155
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		661988
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	15704299	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	47929160	
(3) FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		13301506
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		8141247
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>A</b> Name of plan <b>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6031409</b>	

**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

ARA

33-0123114

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

INVESCO CORE REAL ESTATE - USA LP

20-1667094

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

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

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

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

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

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

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**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)

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(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 36 50	NONE	163879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 34 50	NONE	89317	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)

VERUS ADVISORY, INC.

91-1320111

(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?
17 50	NONE	90000	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)

WOHLNER KAPLON CUTLER HALFORD & ROS

95-4177931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	31640	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	39200	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)

VOYA INVESTMENT MANAGEMENT CO. LLC

06-1440627

(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	22329	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WASHINGTON CAPITAL MANAGEMENT INC

91-1163419

(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	29685	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)

GOLDMAN SACHS

200 WEST ST  
NEW YORK, NY 10282

(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	17937	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)

US BANK

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?
21 49 50	NONE	40296	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?
50 99	NONE	12833	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.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6031409</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO SL STOCK INDEX FUND

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN <u>25-6078093-340</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24860880</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS EMERG MKTS DEBT FUND

**b** Name of sponsor of entity listed in (a): GOLDMAN SACHS

<b>c</b> EIN-PN <u>13-4166989-029</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5384652</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRS

**b** Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

<b>c</b> EIN-PN <u>94-1163419-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6014620</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6031409</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1224531	1154662
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	394139	376595
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	514508	514797
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	323	461075
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	11760763	10888821
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	39252923	30245532
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	5754532	6014620
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	45328848	59127988
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	104230567	108784090
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	73495	35016
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	618023	793023
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	691518	828039
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	103539049	107956051

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	4926558	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4926558
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	13186	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		13186
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2441393	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2441393
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-828690	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		5888542
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		260088
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-3561
<b>c</b> Other income .....	<b>2c</b>		151892
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		12849408

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	7751613	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7751613
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	163879	
(3) Recordkeeping fees .....	<b>2i(3)</b>	12833	
(4) IQPA audit fees .....	<b>2i(4)</b>	39200	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	185545	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	17652	
(7) Actuarial fees .....	<b>2i(7)</b>	89317	
(8) Legal fees .....	<b>2i(8)</b>	31640	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	6106	
(11) Other expenses .....	<b>2i(11)</b>	134621	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		680793
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8432406

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4417002
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560863.

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

<b>A</b> Name of plan <u>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6031409</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	0
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	0
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **GENESIS FLOOR COVERING**

**b** EIN **26-3566520**

**c** Dollar amount contributed by employer

**330847**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**a** Name of contributing employer **THE M.S. ROUSE CO., INC.**

**b** EIN **95-3978366**

**c** Dollar amount contributed by employer

**605116**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**a** Name of contributing employer **SIGNATURE FLOORING INC.**

**b** EIN **20-3270903**

**c** Dollar amount contributed by employer

**474757**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**a** Name of contributing employer **PROGRESSIVE SURFACE SOLUTIONS, LLC**

**b** EIN **81-1669436**

**c** Dollar amount contributed by employer

**429835**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**a** Name of contributing employer **INTERIOR RESOURCES INC**

**b** EIN **33-0052036**

**c** Dollar amount contributed by employer

**377657**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**a** Name of contributing employer **RELIABLE FLOOR COVERING INC.**

**b** EIN **20-0839498**

**c** Dollar amount contributed by employer

**300214**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **5.55**

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer DONALD M HOOVER CO.

**b** EIN 95-1893283 **c** Dollar amount contributed by employer 183495

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.55

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

**a** Name of contributing employer FLOOR TECH AMERICA INC.

**b** EIN 71-0965330 **c** Dollar amount contributed by employer 220745

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.55

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

**a** Name of contributing employer J J J FLOOR COVERING INC.

**b** EIN 95-3058822 **c** Dollar amount contributed by employer 197183

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.55

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

**a** Name of contributing employer MIKES CUSTOM FLOORING

**b** EIN 61-1605454 **c** Dollar amount contributed by employer 202219

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 5.55

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	0
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	0
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	0

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 53.6 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 15.6 %  
 High-Yield Debt: 13.6 % Real Assets: 11.6 % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 5.6 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<p><b>Structured Attachment</b></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: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule MB, line 8b(2)</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	51-6031409	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	51-6031409	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	51-6031409	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<p><b>Structured Attachment</b></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: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule MB, line 8b(3)</b></p> <p><b>Schedule of Projection of Employer Contributions and Withdrawal Liability Payments</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	51-6031409	<b>PN</b>	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total









**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**



## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Southern California Floor Covering  
Pension Trust Fund  
1055 Park View Drive, Suite 111  
Covina, California 91724

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of Southern California Floor Covering Pension Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2024, and the changes in its accumulated plan benefits for the year 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  
September 16, 2025

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2024	December 31, 2023
<b>ASSETS</b>		
INVESTMENTS - AT FAIR VALUE		
Mutual Funds	\$ 59,127,988	\$ 45,328,848
Common/Collective Trusts	30,245,532	39,252,923
Real Estate Partnerships	10,888,821	11,760,763
103-12 Investment Entity	6,014,620	5,754,532
Money Market Fund	461,075	323
TOTAL INVESTMENTS	\$ 106,738,036	\$ 102,097,389
CASH		
Administrative Checking (Overdraft)	(34,626)	(23,170)
Benefit Account (Overdraft)	(18,093)	(11,625)
Contribution Depository Account	1,207,381	1,259,326
TOTAL CASH	1,154,662	1,224,531
TOTAL INVESTMENTS AND CASH	107,892,698	103,321,920
RECEIVABLES		
Employer Contributions	376,595	394,139
Investment Income	1,430	66
TOTAL RECEIVABLES	378,025	394,205
OTHER ASSETS		
Prepaid Pension Benefits	495,503	499,591
Prepaid Expenses	17,864	14,851
TOTAL OTHER ASSETS	513,367	514,442
TOTAL ASSETS	108,784,090	104,230,567
<b>LIABILITIES</b>		
Accrued Expenses	35,016	73,495
Due to Other Funds	793,023	618,023
TOTAL LIABILITIES	828,039	691,518
NET ASSETS AVAILABLE FOR BENEFITS	\$ 107,956,051	\$ 103,539,049

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023	
<b>ADDITIONS</b>			
NET INVESTMENT INCOME			
Interest and Dividends	\$ 2,651,293	\$ 1,883,436	
Net Appreciation of Investments	5,271,557	9,014,953	
Less: Investment Expenses	<u>(185,545)</u>	<u>(206,340)</u>	\$ 10,692,049
CONTRIBUTIONS AND LIQUIDATED DAMAGES			
Employer Contributions	4,910,182	4,295,032	
Liquidated Damages	<u>16,376</u>	<u>28,108</u>	<u>4,323,140</u>
TOTAL ADDITIONS	12,663,863		15,015,189
<b>DEDUCTIONS</b>			
PENSION BENEFITS		7,751,613	7,554,315
ADMINISTRATIVE EXPENSES			
Administration Fees	163,879	156,203	
Administration Expenses - Direct	18,168	15,780	
Legal Fees	31,640	18,511	
Audit Fees	39,200	37,400	
Payroll Compliance Fees	12,833	13,630	
Cybersecurity Assessment Fees	3,000	-	
Actuary Fees	89,317	64,199	
Insurance	54,829	54,789	
Printing	6,782	7,388	
PBGC Premiums	47,878	47,460	
Bank Service Fees	17,652	19,084	
Pension Benefit Information	3,964	2,514	
Conference and Meeting Expenses	<u>6,106</u>	<u>6,464</u>	<u>443,422</u>
TOTAL DEDUCTIONS	<u>8,246,861</u>		<u>7,997,737</u>
NET INCREASE FOR THE YEAR		4,417,002	7,017,452
NET ASSETS AVAILABLE FOR BENEFITS			
Balance, Beginning of Year	<u>103,539,049</u>		<u>96,521,597</u>
Balance, End of Year	<u>\$ 107,956,051</u>		<u>\$ 103,539,049</u>

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payments	\$ 64,605,765
Other Participants	<u>38,201,495</u>

TOTAL VESTED BENEFITS 102,807,260

NONVESTED BENEFITS 3,825,733

TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS \$ 106,632,993

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**JANUARY 1, 2023 TO JANUARY 1, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 104,445,551
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Net Benefits Accumulated	\$ 5,057,228	
Benefits Paid	(7,554,315)	
Increase for Interest	6,429,991	
Actuarial Assumption Changes	<u>(1,745,462)</u>	
NET INCREASE		<u>2,187,442</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u>\$ 106,632,993</u>

## **SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

#### **NOTE 1 - DESCRIPTION OF THE PLAN**

The Southern California Floor Covering Pension Trust Fund (the "Plan") was created in 1964 under the terms of a collective bargaining agreement between the Floor Covering Association of Southern California, Inc., Floor Covering Contractors Association, Inc. of Orange County, Harbor Floor Covering Institute, Inc., San Gabriel Valley Floor Covering Association, Inc., other qualified contractor associations or individual contractors who became a party thereto, and the Resilient Floor and Decorative Covering Local Union No. 1247 of the International Brotherhood of Painters and Allied Trades, AFL-CIO (the "Union"), as a multi-employer defined benefit pension plan established under applicable provisions of the Taft-Hartley Act. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) (as amended).

The Plan is administered by a Board of Trustees composed of employer and union representatives. The Board of Trustees is the plan administrator, plan sponsor and the named fiduciary. The Board of Trustees establish (and amend from time to time) the Plan's operating and eligibility rules and plan of benefits.

Participants should refer to the plan agreement and any amendments regarding specific provisions of the Plan.

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **A. Basis of Accounting**

The financial statements are 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 hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

##### **D. Payroll Compliance Program**

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

##### **E. Tax-Exempt Status**

The Plan obtained its latest determination letter on April 12, 2016, in which the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "Code"). The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. 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.

**F. Investments**

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“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 generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Funds – valued at cost, which approximates fair value.

Mutual Funds – valued at the closing price reported on the active market on which the mutual funds are traded.

Common/Collective Trusts, Real Estate Partnerships, and 103-12 Investment Entity – valued at the net asset value (“NAV”) of shares held by the Plan at year end.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**F. Investments (Continued)**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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:

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual Funds	\$ 59,127,988	\$ 59,127,988	\$ -	\$ -
Money Market Fund	461,075	461,075	-	-
Total Assets in Fair Value Hierarchy	59,589,063	<u>\$ 59,589,063</u>	<u>\$ -</u>	<u>\$ -</u>
Investments Measured at Net Asset Value <sup>A</sup>	47,148,973			
	<u>\$ 106,738,036</u>			

	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual Funds	\$ 45,328,848	\$ 45,328,848	\$ -	\$ -
Money Market Fund	323	323	-	-
Total Assets in Fair Value Hierarchy	45,329,171	<u>\$ 45,329,171</u>	<u>\$ -</u>	<u>\$ -</u>
Investments Measured at Net Asset Value <sup>A</sup>	56,768,218			
	<u>\$ 102,097,389</u>			

<sup>A</sup> 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 investments, at fair value presented in the statements of net assets available for benefits.

The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value are as follows:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	December 31, 2024	December 31, 2023			
BNYM Mellon AFL-CIO SL Stock Index Fund <sup>1</sup>	\$ 24,860,880	\$ 23,129,363	None	Daily	1 Day
Goldman Sachs Emerging Markets Debt Fund <sup>2</sup>	5,384,652	5,318,852	None	Daily	1 Day
INVESCO Core Real Estate USA, LP <sup>3</sup>	8,709,744	9,493,664	None	Quarterly	45 Days
VOYA Senior Loan Trust Fund Class 1 <sup>4</sup>	-	10,804,708	None	Daily	1 Day
Washington Capital Joint Master Trust Mortgage Income Fund <sup>5</sup>	6,014,620	5,754,532	None	Monthly	15 Days
American Strategic Value Realty Fund <sup>6</sup>	2,179,077	2,267,099	None	Quarterly	30 Days

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**F. Investments (Continued)**

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

- <sup>1</sup> BNYM Mellon AFL-CIO SL Stock Index Fund – Seeks to track the performance of the S&P 500 Index.
- <sup>2</sup> Goldman Sachs Emerging Markets Debt Fund – Seeks maximum total return consistent with preservation of capital and prudent investment management through investments in emerging market fixed income securities.
- <sup>3</sup> INVESCO Core Real Estate USA, LP – Seeks to provide investors with access to an institutional-quality portfolio of core real estate investments throughout the United States.
- <sup>4</sup> VOYA Senior Loan Trust Fund Class 1 – Seeks to provide investors with superior, long-term risk adjusted total returns over a full market cycle by investing in floating rate senior loans and other senior floating rate debt instruments issued by U.S. and non-U.S. corporations and other business entities.
- <sup>5</sup> Washington Capital Joint Master Trust Mortgage Income Fund – Originates mortgage and construction loans, usually secured by first deeds of trust within the jurisdiction of sponsoring plans that are expected to produce a consistent level of interest income.
- <sup>6</sup> American Strategic Value Realty Fund – Invests in enhanced return/value investment opportunities that may be undermanaged, capital constrained, impacted by market inefficiencies, or that require active management through repositioning, renovation, redevelopment, and/or development to realize their full potential.

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and historical cost of the investments sold. Form 5500 requires realized gains and losses to be the difference between proceeds from the sale or redemption of investments and the market value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from investments in mutual funds (interest in registered investment companies), common/collective trusts, combined with other income or losses from these investments to be reported separately on one line.

**G. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Benefits under the Plan are based on the participants' total credited service, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**G. Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The actuarial present value of accumulated plan benefits was determined by Rael & Letson and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used at January 1, 2024 (2023) were: (a) rate of return of 6.50% per annum, (b) life expectancy of healthy participants from the Pri-2012 Blue Collar Dataset Employee/Retiree/Survivor Headcount-Weighted Mortality Tables with MP-2021 and disabled participants from Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality Table, (c) for active participants, retirement rates commence as early as age 55 if eligible for early retirement, otherwise they are assumed to retire at their normal retirement age. Vested terminated participants are assumed to retire at the later of the valuation date and age 61, (d) the unit credit cost method, and (e) other assumptions and methods for earned benefits, turnover, disability incidence, surviving spouse benefit.

The following assumptions were changed with the 2024 valuation:

- The current liability interest rate was changed from 2.55% to 3.29%.
- The current liability mortality table was updated.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue unchanged. Were the Plan to terminate, different actuarial assumptions, methods, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The latest actuarial review of the Plan was prepared by Rael & Letson as of January 1, 2024. As of that date, the Plan had an actuarial accrued surplus of \$3,465,138.

**NOTE 3 - TRANSACTIONS WITH RELATED TRUSTS**

Through a lockbox system, the Plan collects employer remittances to the Plan and other related organizations, and transmits to those organizations, the amounts collected on their behalf.

**NOTE 4 - FUNDING POLICY**

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

**NOTE 5 - 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 related regulations. The Plan may be terminated by an amendment that provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or that causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**NOTE 5 - PLAN TERMINATION (Continued)**

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the plan year in which a plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Reference should be made to the Summary Plan Description for provisions in the event of plan termination.

**NOTE 6 - ADMINISTRATION**

The Plan is administered by Pacific Southwest Administrators ("PSWA") for a monthly administration fee of \$13,006 plus reimbursement of direct expenses. Effective January 1, 2024, the monthly fee increased to \$13,656 plus reimbursement of direct expenses.

**NOTE 7 - 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 investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated plan benefits is reported 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 8 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 16, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**

FORM 5500

SCHEDULE H, LINE 4

E.I.N. 51-6031409; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED  
BY THE DEPARTMENT OF LABOR



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

Board of Trustees  
Southern California Floor Covering  
Pension Trust Fund  
1055 Park View Drive, Suite 111  
Covina, California 91724

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 its 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

September 16, 2025

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 51-6031409; PLAN NO. 001  
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Funds</u>	<u>Fair Value</u>	<u>Cost</u>
217,170	American Funds Europacific Growth Fund	\$ 11,666,360	\$ 9,716,320
1,170,426	Aristotle Funds Floating Rate Income Fund	11,107,338	11,200,972
220,016	DFA Emerging Markets Core Equity Portfolio	5,121,973	4,950,693
545,711	Dodge & Cox Income Fund	6,755,902	7,244,661
238,994	Dodge & Cox International Stock Fund	11,925,778	9,240,755
810,040	Metropolitan West Total Return Bond Fund	6,739,537	7,775,006
96,625	William Blair Small-Cap Value Fund	2,860,093	2,742,898
29,981	Vanguard Small-Cap Growth Index Fund	2,951,007	942,561
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 59,127,988</u>	<u>\$ 53,813,866</u>
<u>No. of Units</u>	<u>Common/Collective Trusts</u>		
1,252,082	BNYM Mellon AFL-CIO SL Stock Index Fund	\$ 24,860,880	\$ 12,385,440
365,557	Goldman Sachs Emerging Markets Debt Fund	5,384,652	4,491,589
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 30,245,532</u>	<u>\$ 16,877,029</u>
	<u>Real Estate Partnerships</u>		
6	American Strategic Value Realty Fund	\$ 2,179,077	\$ 2,500,000
49	INVESCO Core Real Estate USA, LP	8,709,744	8,021,747
	<u>TOTALS - REAL ESTATE PARTNERSHIPS</u>	<u>\$ 10,888,821</u>	<u>\$ 10,521,747</u>
	<u>103-12 Investment Entity</u>		
61,177	Washington Capital Joint Master Trust Mortgage Income Fund	\$ 6,014,620	\$ 4,835,000
<u>Face Value</u>	<u>Money Market Fund</u>		
\$ 461,075	First American Governmental Obligation Funds	\$ 461,075	\$ 461,075

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**E.I.N. 51-6031409; PLAN NO. 001**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

Identity of Party Involved	Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
U.S. Bank, N.A.	First American Governmental Obligation Funds	Var.	N/A	\$ 20,309,477 -	\$ - 19,848,725	\$ 20,309,477 19,848,725	\$ - -
Aristotle Funds	Floating Rate Income Fund	-	-	11,200,972	-	11,200,972	-
VOYA	Senior Loan Trut Fund	-	-	-	11,246,454	10,317,779	928,675
BNYM Mellon	AFL-CIO SL Stock Index Fund	-	-	-	6,065,878	6,042,360	23,518

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

### Schedule of Active Participant Data

#### DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE (FOR 2024 SCHEDULE MB)

Age Group	Years Of Credited Service <sup>1</sup>										Total No.
	< 1 No.	1 - 4 No.	5 - 9 No.	10 - 14 No.	15 - 19 No.	20 - 24 No.	25 - 29 No.	30 - 34 No.	35 - 39 No.	40 + No.	
Under 25	1	33	0	0	0	0	0	0	0	0	34
25 - 29	1	43	19	0	0	0	0	0	0	0	63
30 - 34	2	45	27	7	0	0	0	0	0	0	81
35 - 39	1	38	28	23	0	0	0	0	0	0	90
40 - 44	0	14	40	25	7	0	0	0	0	0	86
45 - 49	3	13	21	17	15	4	0	0	0	0	73
50 - 54	2	13	13	9	9	9	4	0	0	0	59
55 - 59	3	2	4	7	13	7	9	2	1	0	48
60 - 64	0	4	7	6	2	2	3	0	0	0	24
65 - 69	0	1	1	0	2	0	0	0	0	2	6
70 and Over	0	1	0	0	0	0	0	0	0	0	1
Unknown	34	19	0	0	0	0	0	0	0	0	53
<b>Total</b>	<u>47</u>	<u>226</u>	<u>160</u>	<u>94</u>	<u>48</u>	<u>22</u>	<u>16</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>618</u>

<sup>1</sup> Years of Credited Service includes Pension Credit prior to January 1, 2014 and Eligibility Service Credit thereafter.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

## Statement of Actuarial Assumptions / Methods

### METHODOLOGY:

#### Asset Valuation Method

Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.

#### Actuarial Cost Method

##### **Unit Credit Cost Method**

Under this method, we determine the present value of all benefits earned through the valuation date. An active participant's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

## Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate	6.50% for funding and 3.29% for current liability.
Assumed Rate of Return on Investments	6.50% compounded annually, net of all expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgement. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Operating Expenses	Assumed covered by investment earnings.
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgement are used to verify the reasonability of each of these assumptions. Future study of these assumptions is targeted once experience becomes available.
Mortality	Healthy Lives: Pri.H-2012 Blue Collar Dataset Employee/Retiree/Survivor Mortality Tables with MP-2021. Disabled Lives: Pri.H-2012 Total Dataset Disabled Mortality Table. Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1.
Mortality Improvement	The current mortality assumption, with fully generational improvement for healthy retirements, based on scale MP-2021, and no mortality improvement for disabled retirements, is assumed to be reasonable at this time.
Termination Rates	Table T-3 of The Actuary's Pension Handbook (Crocker-Sarason-Straight).

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

## Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:																																					
Retirement Rates	<p>Active participants are assumed to retire based on the following rate table:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th colspan="4">Retirement Rates</th> </tr> <tr style="background-color: #003366; color: white;"> <th>Age</th> <th>Rates</th> <th>Age</th> <th>Rates</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>15.00%</td> <td>60</td> <td>6.00%</td> </tr> <tr> <td>56</td> <td>4.50%</td> <td>61</td> <td>4.50%</td> </tr> <tr> <td>57</td> <td>4.50%</td> <td>62</td> <td>20.00%</td> </tr> <tr> <td>58</td> <td>4.50%</td> <td>63</td> <td>5.00%</td> </tr> <tr> <td>59</td> <td>4.50%</td> <td>64</td> <td>5.00%</td> </tr> <tr> <td></td> <td></td> <td>65+</td> <td>100.00%</td> </tr> </tbody> </table> <p>Inactive vested participants were assumed to retire at age 61, or valuation date if later.</p>	Retirement Rates				Age	Rates	Age	Rates	55	15.00%	60	6.00%	56	4.50%	61	4.50%	57	4.50%	62	20.00%	58	4.50%	63	5.00%	59	4.50%	64	5.00%			65+	100.00%				
Retirement Rates																																					
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Disability Rates	<p>Disability rates are from the 1985 Pension Disability Table Class 1 for males and females. The following is a sample of the disability rates:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #003366; color: white;"> <th>Age</th> <th>Male Rates</th> <th>Female Rates</th> <th>Age</th> <th>Male Rates</th> <th>Female Rates</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>0.0290%</td> <td>0.0300%</td> <td>45</td> <td>0.2020%</td> <td>0.3230%</td> </tr> <tr> <td>25</td> <td>0.0380%</td> <td>0.0470%</td> <td>50</td> <td>0.3580%</td> <td>0.5330%</td> </tr> <tr> <td>30</td> <td>0.0480%</td> <td>0.0800%</td> <td>55</td> <td>0.7220%</td> <td>0.9520%</td> </tr> <tr> <td>35</td> <td>0.0690%</td> <td>0.1360%</td> <td>60</td> <td>1.2560%</td> <td>1.1590%</td> </tr> <tr> <td>40</td> <td>0.1170%</td> <td>0.2110%</td> <td>65</td> <td>1.7530%</td> <td>1.3580%</td> </tr> </tbody> </table>	Age	Male Rates	Female Rates	Age	Male Rates	Female Rates	20	0.0290%	0.0300%	45	0.2020%	0.3230%	25	0.0380%	0.0470%	50	0.3580%	0.5330%	30	0.0480%	0.0800%	55	0.7220%	0.9520%	35	0.0690%	0.1360%	60	1.2560%	1.1590%	40	0.1170%	0.2110%	65	1.7530%	1.3580%
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Form of Benefit	<p>For Married Participants: An actuarially reduced benefit payable as a 50% Joint and Survivor Annuity</p> <p>For Unmarried Participants: A Life Annuity with Ten Year Guarantee (reduced)</p>																																				
Late Retirement Behavior	<p>Active participants are assumed to receive continued accruals if they work beyond Normal Retirement Age.</p> <p>Vested Inactive participants are assumed to receive an actuarial increase in their Normal Retirement Benefits if they retire beyond Normal Retirement Age.</p>																																				

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

## Statement of Actuarial Assumptions / Methods (Continued)

### ASSUMPTIONS:

Marital Status	80% of non-retired participants are assumed to be married. Females are assumed to be three years younger than their male spouses.
Active Participant	A Plan participant who worked at least 250 hours in covered employment.
Future Employment	Each active participant is assumed to work the same amount of hours worked in the prior plan year.
Future Contributions	Contributions during 2024 are assumed to be made for 961,170 hours.
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.

### CHANGES SINCE PRIOR VALUATION

The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan</p> <p>SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 001</p>
<p><b>2a</b> 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, SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND</p> <p>1055 PARK VIEW DR STE 111 COVINA, CA 91724</p>	<p><b>1c</b> Effective date of plan 02/01/1964</p> <p><b>2b</b> Employer Identification Number (EIN) 51-6031409</p> <p><b>2c</b> Plan Sponsor's telephone number 626-279-3022</p> <p><b>2d</b> 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>Vince Ramos</i>	10/13/2025	Vince Ramos
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jeffrey Lasher</i>	10/13/2025	Jeffrey Lasher
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN 51-6031409 <b>3c</b> Administrator's telephone number 626-279-3022
--	---

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN		
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">1294</td> </tr> </table>	<b>5</b>	1294
<b>5</b>	1294		
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">564</td> </tr> </table>	<b>6a(1)</b>	564
<b>6a(1)</b>	564		
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(2)</b></td> <td style="text-align: right;">609</td> </tr> </table>	<b>6a(2)</b>	609
<b>6a(2)</b>	609		
<b>b</b> Retired or separated participants receiving benefits . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6b</b></td> <td style="text-align: right;">349</td> </tr> </table>	<b>6b</b>	349
<b>6b</b>	349		
<b>c</b> Other retired or separated participants entitled to future benefits. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6c</b></td> <td style="text-align: right;">264</td> </tr> </table>	<b>6c</b>	264
<b>6c</b>	264		
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6d</b></td> <td style="text-align: right;">1222</td> </tr> </table>	<b>6d</b>	1222
<b>6d</b>	1222		
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6e</b></td> <td style="text-align: right;">106</td> </tr> </table>	<b>6e</b>	106
<b>6e</b>	106		
<b>f</b> Total. Add lines 6d and 6e. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6f</b></td> <td style="text-align: right;">1328</td> </tr> </table>	<b>6f</b>	1328
<b>6f</b>	1328		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(1)</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6g(1)</b>	0
<b>6g(1)</b>	0		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(2)</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6g(2)</b>	0
<b>6g(2)</b>	0		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6h</b></td> <td style="text-align: right;">12</td> </tr> </table>	<b>6h</b>	12
<b>6h</b>	12		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="text-align: right;">90</td> </tr> </table>	<b>7</b>	90
<b>7</b>	90		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**E.I.N. 51-6031409; PLAN NO. 001**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

Identity of Party Involved	Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
U.S. Bank, N.A.	First American Governmental Obligation Funds	Var.	N/A	\$ 20,309,477 -	\$ - 19,848,725	\$ 20,309,477 19,848,725	\$ - -
Aristotle Funds	Floating Rate Income Fund	-	-	11,200,972	-	11,200,972	-
VOYA	Senior Loan Trut Fund	-	-	-	11,246,454	10,317,779	928,675
BNYM Mellon	AFL-CIO SL Stock Index Fund	-	-	-	6,065,878	6,042,360	23,518

Attachment to: 2024 Schedule MB (Form 5500)  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

**MB Actuary Signature**

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, SOUTHERN CALIFOR FLOOR COVERING PENSION TRUST FUND	<b>D</b> Employer Identification Number (EIN) <u>51-6031409</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

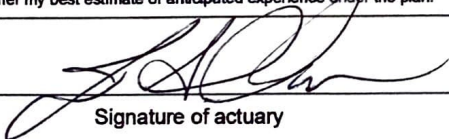
**1a** Enter the valuation date: Month 1 Day 1 Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>103,539,049</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>110,098,131</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>106,632,993</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>106,632,993</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	<u>167,173,910</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	<u>9,457,632</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	<u>8,237,664</u>
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	<u>8,369,056</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	<u>9/25/2025</u> Date
Joshua Allmen	Type or print name of actuary	<u>23-08042</u> Most recent enrollment number
Rael & Letson	Firm name	<u>(650) 341-3311</u> Telephone number (including area code)
160 Bovet Rd., Suite 203	Address of the firm	
San Mateo	CA 94402	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	103,539,049
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	526	87,608,289
<b>(2)</b> For terminated vested participants .....	206	22,393,308
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		5,682,192
<b>(b)</b> Vested benefits .....		51,490,121
<b>(c)</b> Total active .....	618	57,172,313
<b>(4)</b> Total .....	1,350	167,173,910
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	61.93%

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	4,910,182				
<b>Totals ▶</b>			<b>3(b)</b>	4,910,182	<b>3(c)</b>

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	103.2%
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a**  Attained age normal     
 **b**  Entry age normal     
 **c**  Accrued benefit (unit credit)     
 **d**  Aggregate  
**e**  Frozen initial liability     
 **f**  Individual level premium     
 **g**  Individual aggregate     
 **h**  Shortfall  
**i**  Other (specify):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.50%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	5.9%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	10.8%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input checked="" type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	4,099,696

<b>c</b> Amortization charges as of valuation date:		Outstanding balance		
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	5,238,640		745,618
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>			
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>			
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....			<b>9d</b>	314,945
<b>e</b> Total charges. Add lines 9a through 9d.....			<b>9e</b>	5,160,259
<b>Credits to funding standard account:</b>				
<b>f</b> Prior year credit balance, if any.....			<b>9f</b>	7,552,181
<b>g</b> Employer contributions. Total from column (b) of line 3.....			<b>9g</b>	4,910,182
		Outstanding balance		
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	1,255,803		177,155
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....			<b>9i</b>	661,988
<b>j</b> Full funding limitation (FFL) and credits:				
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	15,704,299		
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	47,929,160		
<b>(3)</b> FFL credit .....			<b>9j(3)</b>	0
<b>k (1)</b> Waived funding deficiency .....			<b>9k(1)</b>	0
<b>(2)</b> Other credits .....			<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....			<b>9l</b>	13,301,506
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....			<b>9m</b>	8,141,247
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....			<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:				
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....			<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....			<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....			<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....			<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....			<b>10</b>	0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Attachment to: 2024 Schedule MB (Form 5500), Line 3 and 9g  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

### **Lines 3 and 9g - Employer Contributions**

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received monthly throughout the year. Contributions are assumed to occur mid-year.

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(1)  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

### Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 245,682	\$ 427,978	\$ 7,695,395	\$ 8,369,056
2025	360,727	496,251	7,392,261	8,249,239
2026	494,457	547,051	7,083,617	8,125,125
2027	657,198	624,361	6,770,561	8,052,120
2028	811,302	689,066	6,451,044	7,951,411
2029	968,797	766,050	6,130,798	7,865,646
2030	1,177,442	813,214	5,803,290	7,793,945
2031	1,381,037	854,166	5,487,500	7,722,703
2032	1,510,533	894,971	5,168,666	7,574,171
2033	1,720,621	956,597	4,854,494	7,531,711
2034	1,857,591	1,010,067	4,554,153	7,421,810
2035	1,986,810	1,058,202	4,266,725	7,311,737
2036	2,147,241	1,093,835	3,987,645	7,228,721
2037	2,252,313	1,120,410	3,717,714	7,090,438
2038	2,358,859	1,151,531	3,457,545	6,967,935
2039	2,482,446	1,183,588	3,207,516	6,873,550
2040	2,591,823	1,205,835	2,967,799	6,765,457
2041	2,698,205	1,238,714	2,738,400	6,675,319
2042	2,812,475	1,260,671	2,519,222	6,592,369
2043	2,956,986	1,281,691	2,310,108	6,548,786
2044	3,032,669	1,290,267	2,110,907	6,433,842
2045	3,127,954	1,265,913	1,921,465	6,315,332
2046	3,198,183	1,252,236	1,741,635	6,192,053
2047	3,264,378	1,242,531	1,571,306	6,078,215
2048	3,328,249	1,237,670	1,410,420	5,976,339
2049	3,371,254	1,225,177	1,258,996	5,855,426
2050	3,385,915	1,207,046	1,117,148	5,710,110
2051	3,374,280	1,184,143	985,027	5,543,450
2052	3,393,888	1,158,694	862,794	5,415,376
2053	3,375,459	1,125,770	750,594	5,251,823
2054	3,359,838	1,094,924	648,483	5,103,245
2055	3,303,881	1,061,472	556,387	4,921,740
2056	3,258,548	1,021,455	474,097	4,754,100
2057	3,193,037	983,757	401,234	4,578,028
2058	3,112,267	945,972	337,313	4,395,552
2059	3,032,048	904,449	281,758	4,218,255
2060	2,940,852	862,696	233,906	4,037,455
2061	2,831,662	818,449	193,064	3,843,174
2062	2,723,981	773,020	158,522	3,655,523
2063	2,616,527	727,692	129,561	3,473,781
2064	2,498,809	683,217	105,484	3,287,510
2065	2,378,796	638,925	85,612	3,103,332
2066	2,257,585	595,863	69,313	2,922,761
2067	2,137,815	554,042	56,025	2,747,882
2068	2,017,905	513,601	45,237	2,576,742
2069	1,899,467	474,745	36,513	2,410,725
2070	1,783,125	437,475	29,495	2,250,095
2071	1,669,205	401,925	23,872	2,095,002
2072	1,557,659	368,127	19,389	1,945,175
2073	1,448,757	336,110	15,832	1,800,699

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(3)  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

### Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 3,924,782	\$ 0	\$ 3,924,782
2025	4,086,963	0	4,086,963
2026	4,249,144	0	4,249,144
2027	4,249,144	0	4,249,144
2028	4,249,144	0	4,249,144
2029	4,249,144	0	4,249,144
2030	4,249,144	0	4,249,144
2031	4,249,144	0	4,249,144
2032	4,249,144	0	4,249,144
2033	4,249,144	0	4,249,144

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

## Summary of Plan Provisions

The Southern California Floor Covering Pension Trust Fund became effective October 8, 1964 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of January 1, 2022, and last amended effective January 1, 2023. The principal provisions of the Plan as of January 1, 2024 are summarized below.

NORMAL RETIREMENT															
Eligibility	Attainment of age 62 and 5 years of Pension Credit, Eligibility Service Credit, or combination of Pension Credit and Eligibility Service Credit, or 5 years of Vesting Service.														
Monthly Benefit	<p>A participant's monthly benefit is equal to Prior Plan Benefit plus the Future Service Credit:</p> <p>(a) Prior Plan Benefit (for service earned prior to 1/1/2014)</p> <table border="1" style="margin-left: 20px; width: 80%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="padding: 2px;">Plan Year Credited Service Was Earned</th> <th style="padding: 2px;">Applicable Multiplier</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Prior to 12/31/2005</td> <td style="padding: 2px; text-align: center;">\$128.00</td> </tr> <tr> <td style="padding: 2px;">After 12/31/2005 and up to 1/1/2014</td> <td style="padding: 2px; text-align: center;">\$76.00</td> </tr> </tbody> </table> <p>(b) Future Service Credit (for service earned after 1/1/2014)</p> <p>The monthly pension amount shall be a % of the Annual Base Contributions (accruing contributions), as follows:</p> <table border="1" style="margin-left: 20px; width: 80%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="padding: 2px;">Plan Year</th> <th style="padding: 2px;">Applicable Percentage</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1/1/2014 to 12/31/2018</td> <td style="padding: 2px; text-align: center;">1.00%</td> </tr> <tr> <td style="padding: 2px;">1/1/2019 to 5/31/2022</td> <td style="padding: 2px; text-align: center;">1.25%</td> </tr> <tr> <td style="padding: 2px;">6/1/2022 forward</td> <td style="padding: 2px; text-align: center;">2.00%</td> </tr> </tbody> </table>	Plan Year Credited Service Was Earned	Applicable Multiplier	Prior to 12/31/2005	\$128.00	After 12/31/2005 and up to 1/1/2014	\$76.00	Plan Year	Applicable Percentage	1/1/2014 to 12/31/2018	1.00%	1/1/2019 to 5/31/2022	1.25%	6/1/2022 forward	2.00%
Plan Year Credited Service Was Earned	Applicable Multiplier														
Prior to 12/31/2005	\$128.00														
After 12/31/2005 and up to 1/1/2014	\$76.00														
Plan Year	Applicable Percentage														
1/1/2014 to 12/31/2018	1.00%														
1/1/2019 to 5/31/2022	1.25%														
6/1/2022 forward	2.00%														
EARLY RETIREMENT															
Eligibility	Attainment of age 55 and 10 years of Pension Credit, Eligibility Service Credit or combination of Pension Credit and Eligibility Service Credit and for any participant who is first hired on or after January 1, 2014, they must earn one Eligibility Service in three of the five years preceding the Participant's retirement date.														
Monthly Benefit	Normal Retirement Benefit reduced by one quarter of 1% for each month that the participant is younger than age 62, by one half of 1% for each month that the participant is younger than age 60.														
SERVICE RETIREMENT															
Eligibility	Attainment of age 55 and 30 years of Pension Credit, Eligibility Service Credit or combination of Pension Credit and Eligibility Service Credit.														
Monthly Benefit	Normal Retirement Benefit.														

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

### Summary of Plan Provisions (Continued)

<b>DISABILITY RETIREMENT</b>	
Eligibility	Totally and permanently disabled while an active participant under age 62, 10 years of Pension Credit, Eligibility Service Credit or combination of Pension Credit and Eligibility Service Credit, and has earned one Eligibility Service Credit in three of the five years preceding the Participant's application for Disability Pension.
Monthly Benefit	Normal Retirement Benefit.
<b>PRE-RETIREMENT DEATH BENEFIT #1</b>	
Eligibility	10 years of Pension Credit, Eligibility Service Credit or combination of Pension Credit and Eligibility Service Credit or 10 years of Vesting Service or has attained Normal Retirement Age.
Monthly Benefit	<p>For Married Participants: 50% of the benefit the participant would have received had he or she terminated employment on his or her date of death, survived to his or her earliest retirement age, and elected the 50% Joint and Survivor Annuity Option. If date of death is prior to attainment of age 55, the spouse shall be entitled to commence benefits following the month in which the Participant would have attained age 40 with the benefit amount calculated as if the Participant had been age 55 and retired on an early retirement pension the day before the participant died.</p> <p>For Single Participants: 100% of the benefit the participant would have received had he or she terminated employment on his or her date of death, survived to his or her earliest retirement age, payable for 36 total payments. If the date of death is prior to attainment of age 40, the amount shall be calculated as if the Participant had been age 55 and retired on an early retirement pension on the day before the participant died.</p>
<b>PRE-RETIREMENT DEATH BENEFIT #2</b>	
Eligibility	5 Years of Vesting Service, Married and not eligible for Pre-Retirement Death Benefit #1.
Monthly Benefit	50% of the benefit the participant would have received had he or she terminated employment on his or her date of death, survived to his or her earliest retirement age, and elected the 50% Joint and Survivor Annuity Option.
<b>POST-RETIREMENT DEATH BENEFIT</b>	
Benefit	Lump sum equal to \$4,000

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

### Summary of Plan Provisions (Continued)

FORMS OF ANNUITY PAYMENTS																	
Normal Form	For Married Participants: An actuarially reduced benefit payable as a 50% Joint and Survivor Annuity. For Unmarried Participants: A Life Annuity with Ten Year Guarantee (reduced).																
Optional Forms (if married)	Life Annuity with Ten Year Guarantee (reduced) 50% Joint and Survivor Annuity 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity																
OTHER																	
Pension Credit	<p>“Pension Credit” is used to track benefit accruals and retirement eligibility service through 2013. In total “Pension Credit” is the sum of “Past Service Credit” and “Current Service Credit” which are described in the subsections below.</p> <p>Beginning 2014 Participant benefit accruals are instead based on a percentage of contributions formula for each hour worked. Retirement “Eligibility Service Credit” described below begins 2014; it is tracked separately from “Pension Credit”.</p>																
Past Service Credit	<p>A Participant will receive Past Service Credit in employment specified by the Plan for the period of January 1, 1954 to December 31, 1965 at a rate of ¼ of a credit for each 375 hours up to 1 credit per calendar year. Prior to January 1, 1954, Past Service Credit is provided according to the following schedule.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #003366; color: white;">Months Worked in Calendar Year</th> <th style="background-color: #003366; color: white;">Eligibility Service Credit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;4</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">4 to 7</td> <td style="text-align: center;">1/4</td> </tr> <tr> <td style="text-align: center;">8 to 11</td> <td style="text-align: center;">2/4</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">3/4</td> </tr> </tbody> </table>	Months Worked in Calendar Year	Eligibility Service Credit	<4	0	4 to 7	1/4	8 to 11	2/4	12	3/4						
Months Worked in Calendar Year	Eligibility Service Credit																
<4	0																
4 to 7	1/4																
8 to 11	2/4																
12	3/4																
Current Service Credit	<p>From January 1, 1964 up to January 1, 2014, a Participant will receive Current Service Credit according to the following schedule.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #003366; color: white;">Hours Worked in Plan Year</th> <th style="background-color: #003366; color: white;">Eligibility Service Credit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;250</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">250 to 499</td> <td style="text-align: center;">1/6</td> </tr> <tr> <td style="text-align: center;">500 to 749</td> <td style="text-align: center;">2/6</td> </tr> <tr> <td style="text-align: center;">750 to 999</td> <td style="text-align: center;">3/6</td> </tr> <tr> <td style="text-align: center;">1,000 to 1,249</td> <td style="text-align: center;">4/6</td> </tr> <tr> <td style="text-align: center;">1,250 to 1,499</td> <td style="text-align: center;">5/6</td> </tr> <tr> <td style="text-align: center;">≥1,500</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	Hours Worked in Plan Year	Eligibility Service Credit	<250	0	250 to 499	1/6	500 to 749	2/6	750 to 999	3/6	1,000 to 1,249	4/6	1,250 to 1,499	5/6	≥1,500	1
Hours Worked in Plan Year	Eligibility Service Credit																
<250	0																
250 to 499	1/6																
500 to 749	2/6																
750 to 999	3/6																
1,000 to 1,249	4/6																
1,250 to 1,499	5/6																
≥1,500	1																

Attachment to: 2024 Schedule MB (Form 5500), Line 6  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

### Summary of Plan Provisions (Continued)

#### OTHER (Continued)

Eligibility Service Credit

Service earned on or after January 1, 2014. A Participant will receive Eligibility Service Credit according to the following schedule.

Hours in Plan Year	Eligibility Service Credit
<250	0
250 to 499	1/6
500 to 749	2/6
750 to 999	3/6
1,000 to 1,249	4/6
1,250 to 1,499	5/6
≥1,500	1

Vesting Service

A Participant will receive Vesting Service according to the following schedule.

Hours in Plan Year	Vesting Service
<250	0
250 to 499	1/4
500 to 749	2/4
750 to 999	3/4
≥1,000	1

Break in Service Rules

A one-year break in service is incurred if the participant works less than 500 hours in a plan year.

**CHANGES SINCE PRIOR VALUATION**

None.

**SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 51-6031409; PLAN NO. 001  
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Funds</u>	<u>Fair Value</u>	<u>Cost</u>
217,170	American Funds Europacific Growth Fund	\$ 11,666,360	\$ 9,716,320
1,170,426	Aristotle Funds Floating Rate Income Fund	11,107,338	11,200,972
220,016	DFA Emerging Markets Core Equity Portfolio	5,121,973	4,950,693
545,711	Dodge & Cox Income Fund	6,755,902	7,244,661
238,994	Dodge & Cox International Stock Fund	11,925,778	9,240,755
810,040	Metropolitan West Total Return Bond Fund	6,739,537	7,775,006
96,625	William Blair Small-Cap Value Fund	2,860,093	2,742,898
29,981	Vanguard Small-Cap Growth Index Fund	2,951,007	942,561
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 59,127,988</u>	<u>\$ 53,813,866</u>
<u>No. of Units</u>	<u>Common/Collective Trusts</u>		
1,252,082	BNYM Mellon AFL-CIO SL Stock Index Fund	\$ 24,860,880	\$ 12,385,440
365,557	Goldman Sachs Emerging Markets Debt Fund	5,384,652	4,491,589
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 30,245,532</u>	<u>\$ 16,877,029</u>
	<u>Real Estate Partnerships</u>		
6	American Strategic Value Realty Fund	\$ 2,179,077	\$ 2,500,000
49	INVESCO Core Real Estate USA, LP	8,709,744	8,021,747
	<u>TOTALS - REAL ESTATE PARTNERSHIPS</u>	<u>\$ 10,888,821</u>	<u>\$ 10,521,747</u>
	<u>103-12 Investment Entity</u>		
61,177	Washington Capital Joint Master Trust Mortgage Income Fund	\$ 6,014,620	\$ 4,835,000
<u>Face Value</u>	<u>Money Market Fund</u>		
\$ 461,075	First American Governmental Obligation Funds	\$ 461,075	\$ 461,075

Attachment to: 2024 Schedule MB (Form 5500), Line 9c and 9h  
 Plan Name: Southern California Floor Covering Pension Trust Fund  
 Employer ID: 51-6031409  
 Plan Number: 001

### Schedule of Funding Standard Account Bases

Type of Base	Description	Date Established	Beginning Of Year			
			Balance	Remaining Period	Payment	
<b>Charges</b>	0	Combine Bases	1/1/2017	\$ 87,010	0.23	\$ 87,010
	4	Assumption Changes	1/1/2018	1,974,671	9.00	278,564
	1	Experience Loss	1/1/2019	261,997	10.00	34,221
	1	Experience Loss	1/1/2020	578,363	11.00	70,629
	4	Assumption Change	1/1/2020	893,502	11.00	109,112
	1	Experience Loss	1/1/2021	901,198	12.00	103,716
	4	Assumption Change	1/1/2021	541,899	12.00	62,366
			\$ 5,238,640		\$ 745,618	

Type of Base	Description	Date Established	Beginning Of Year			
			Balance	Remaining Period	Payment	
<b>Credits</b>	1	Experience Gain	1/1/2018	\$ (1,255,803)	9.00	\$ (177,155)
			\$ (1,255,803)		\$ (177,155)	

Attachment to: 2024 Schedule MB (Form 5500), Line 11  
Plan Name: Southern California Floor Covering Pension Trust Fund  
Employer ID: 51-6031409  
Plan Number: 001

### **Justification for Change in Actuarial Assumptions**

The current liability interest rate was changed from 2.55% to 3.29% to be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.