

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] 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

1a Name of plan: CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 03/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE BENEFIT & RISK MANAGEMENT SERV 560 N. NIMITZ HIGHWAY, STE 209 HONOLULU, HI 96817
2b Employer Identification Number (EIN) 23-7116870
2c Plan Sponsor's telephone number 808-501-1138
2d Business code (see instructions) 238300

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 11/15/2025, MC GROUP HAWAII INC; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 11/15/2025, MC GROUP HAWAII INC; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	188
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	188
	6a(2)	188
	6b	0
	6c	0
	6d	188
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE</p>	<p>D Employer Identification Number (EIN) 23-7116870</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	184	56	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	287813
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE</p>	<p>D Employer Identification Number (EIN) 23-7116870</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	2918,117,203,94	402	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	2147619
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	2147619
b	Benefit charges (1) Claims paid	9b(1)	1754402
	(2) Increase (decrease) in claim reserves	9b(2)	22685
	(3) Incurred claims (add (1) and (2))	9b(3)	1777087
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	-144026
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	-131074
	(G) Other retention charges	9c(1)(G)	-1393
	(H) Total retention	9c(1)(H)	-276493
	(2) Dividends or retroactive rate refunds. (These amounts were <input checked="" type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	177421
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	88790
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE		D Employer Identification Number (EIN) 23-7116870

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

1 Coverage Information:

(a) Name of insurance carrier

PACIFIC GUARDIAN LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0108050	64343	20592	192	03/01/2024	02/28/2025

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

(a) Total amount of commissions paid 1572	(b) Total amount of fees paid
--	--------------------------------------

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

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

BENEFIT & RISK MANAGEMENT SVCS

**80 IRON POINT CIRCLE STE 200
FOLSOM, CA 95630**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1572			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	34264
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE</p>	<p>D Employer Identification Number (EIN) 23-7116870</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII DENTAL SERVICE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0107971		185	415	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 3898</p>	<p>(b) Total amount of fees paid</p>
--	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT & RISK MANAGEMENT SERVICES **80 IRON POINT CIRCLE STE200**
FOLSOM, CA 95630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3898			3

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFAR	D Employer Identification Number (EIN) 23-7116870	

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

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

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

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

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

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

BENEFIT & RISK MANAGEMENT SERVICES

560 N. NIMITZ HWY STE 209
HONOLULU, HI 96817

68-0306908

(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 15 14 99	NONE	64289	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)

CENTRAL PACIFIC BANK

220 S KING STREET
HONOLULU, HI 96813

99-0309010

(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 50	NONE	10887	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)

YAMAMOTO CALIBOSO

1100 ALAKEA ST 3100
HONOLULU, HI 96813

20-5115756

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5398	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)

MC GROUP HAWAII INC

P.O. BOX 62030
HONOLULU, HI 96839

27-3701730

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13822	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)

THE SEGAL COMPANY

180 HOWARD ST. STE 1100
SAN FRANCISCO, CA 94105

94-1503999

(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?
23 16	NONE	26750	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE	D Employer Identification Number (EIN) 23-7116870

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	838078	146004
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	258846	216261
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	268370	1376541
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4782739	4957190
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6148033	6695996
Liabilities			
g Benefit claims payable.....	1g	432549	401033
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	915181	900968
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1347730	1302001
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4800303	5393995

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2871892	
(B) Participants.....	2a(1)(B)	13175	
(C) Others (including rollovers).....	2a(1)(C)	2176	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2887243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	193	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		193
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	209180	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209180
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1869391	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1884107	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-14716
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	82030	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	131146
d Total income. Add all income amounts in column (b) and enter total	2d	3295076

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	2618754
(3) Other	2e(3)	-45729
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2573025
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	62578
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	13822
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	10887
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	5398
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	35674
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	128359
j Total expenses. Add all expense amounts in column (b) and enter total	2j	2701384

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	593692
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MC GROUP HAWAII, INC.**

(2) EIN: **27-3701730**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926

HEALTH AND WELFARE FUND

Financial Statements

with

Independent Auditor's Report

February 28, 2025 and February 29, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of the Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and of benefit obligations of Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund 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 Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (Continued)

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 Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund'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 Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund'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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500 Schedule H, Line 4i-Schedule of Assets (Held at End of Year) and Form 5500 Schedule H, Line 4j-Schedule of Reportable Transactions as of February 28, 2025 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in blue ink that reads "MC Group Hawaii, Inc." in a cursive script.

December 13, 2025

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Statements of Net Assets Available for Benefits

February 28, 2025 and February 29, 2024

	2025	2024
ASSETS		
Investments, at fair value:		
Short-term investments	\$ 1,302,503	\$ 268,370
Mutual funds	4,957,190	4,782,739
Employer contributions receivable	216,261	258,846
Cash	220,042	838,078
TOTAL ASSETS	\$ 6,695,996	\$ 6,148,033
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,695,996	\$ 6,148,033

See accompanying notes to financial statements.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Statements of Changes in Net Assets Available for Benefits

Years Ended February 28, 2025 and February 29, 2024

	2025	2024
ADDITIONS		
Investment income		
Net change in fair value of investments	\$ 67,314	\$ 55,800
Capital gain distribution	-	3
Interest and dividends	209,373	146,358
Total investment income	276,687	202,161
Less: investment expense	(10,887)	(10,480)
Net investment income	265,800	191,681
Employer contributions	2,871,892	2,945,313
Self-contributions	13,175	26,563
Employee COBRA	1,117	-
Liquidated damages	1,059	3,043
HMSA experience refunds	131,146	-
	3,284,189	3,166,600
TOTAL ADDITIONS		
DEDUCTIONS		
Insured benefits		
Hawaii Medical Service Association	1,991,748	2,065,896
HMSA-stop loss	127,951	131,329
Kaiser Foundation Health Plan	292,810	255,670
HMSA-Kaiser premiums	4,519	5,136
Hawaii Dental Service	167,462	162,020
Pacific Guardian Life	34,264	34,687
	\$ 2,618,754	\$ 2,654,738

See accompanying notes to financial statements.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Statements of Changes in Net Assets Available for Benefits (Continued)

Years Ended February 28, 2025 and February 29, 2024

	2025	2024
DEDUCTIONS (CONTINUED)		
Operating expenses		
Administrative fees		
Group Plan Administrators, Inc.	\$ -	\$ 50,786
Benefit & Risk Management Services Inc.	62,578	8,387
	62,578	59,173
Professional services		
Audit fees	13,822	22,243
Legal and collection fees	5,398	11,388
Benefit consultant	26,750	12,214
	45,970	45,845
General expenses		
HMSA experience settlement	-	110,367
Insurance	4,309	5,921
Printing and postage	2,405	4,424
Meetings and conferences	281	431
Data processing fee	550	6,859
Payroll audit fee	-	2,005
Educational expenses	1,071	1,446
Bank charges	308	-
	8,924	131,453
Total operating expenses	117,472	236,471
TOTAL DEDUCTIONS	2,736,226	2,891,209
Net increase	547,963	275,391
Net assets available for benefits		
Beginning of year	6,148,033	5,872,642
End of year	\$ 6,695,996	\$ 6,148,033

See accompanying notes to financial statements.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Statements of Benefit Obligations

February 28, 2025 and February 29, 2024

	2025	2024
Amounts currently payable		
Group insurance premiums payable	\$ 401,033	\$ 432,549
	401,033	432,549
Other obligations for current benefit coverage at estimated amounts		
Bank of hours liability	576,165	573,450
Subsidized self contributions	324,803	341,731
	900,968	915,181
Total obligations other than postretirement benefit obligations- current benefit obligations	1,302,001	1,347,730
Postretirement benefit obligations		
Other participants fully eligible for benefits	34,623	26,275
Other participants not yet fully eligible for benefits	83,829	69,361
	118,452	95,636
TOTAL BENEFIT OBLIGATIONS	\$ 1,420,453	\$ 1,443,366

See accompanying notes to financial statements.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Statements of Changes in Benefit Obligations

February 28, 2025 and February 29, 2024

	2025	2024
Amounts currently payable		
Balance at beginning of year	\$ 432,549	\$ 440,245
Premiums reported and approved for payment	2,587,238	2,647,042
Premiums paid	(2,618,754)	(2,654,738)
Balance at end of year	401,033	432,549
Other obligations for current benefit coverage at estimated amounts		
Balance at beginning of year	915,181	846,198
Net change during year		
Bank of hours	2,716	52,340
Subsidized self contributions	(16,929)	16,643
Balance at end of year	900,968	915,181
Total obligations other than postretirement benefit obligations- current benefit obligations	1,302,001	1,347,730
Postretirement benefit obligations		
Balance at beginning of year	95,636	84,781
Net change during the year attributable to		
Benefits earned net of benefits paid	9,375	10,013
Actuarial experience loss	5,517	-
Changes in actuarial assumptions	7,924	842
Balance at end of year	118,452	95,636
TOTAL BENEFIT OBLIGATIONS AT YEAR END	\$ 1,420,453	\$ 1,443,366

See accompanying notes to financial statements.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

1. DESCRIPTION OF THE PLAN

The following brief description of Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare Fund (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan was established between contributing employers and Carpet Linoleum and Soft Tile Local Union 1926 Health and Welfare for the purpose of providing health care benefits to eligible participants covered by collective bargaining agreements as defined in the Plan Agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and is exempt from federal taxes on income under the current provisions of the Internal Revenue Code (IRC).

The Plan's management believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provision of IRC for which the Plan has received a favorable tax exemption letter.

Benefits

The following insured benefits were in effect for eligible active members at January 1, 2025 and January 1, 2024:

<u>Coverage</u>	<u>Carrier</u>	<u>Monthly Per Capita Premium</u>	
		2025	2024
Medical	Health Medical Service Association	\$ 936.48	\$ 937.10
Vision/Chiro	Health Medical Service Association	27.52	20.14
Stop Loss	Health Medical Service Association	54.42	61.99
Medical	Kaiser	1,059.32	999.35
Dental	Hawaii Dental Service	81.40	76.43

Retired participants are provided benefit coverage in accordance with the eligibility provisions of the Health and Welfare Plan.

The following self-funded benefits were in effect for eligible participants at February 28, 2025 and February 29, 2024:

<u>Active Employees</u>	<u>Retirees</u>
Medical (HMSA or Kaiser)	Medical (HMSA or Kaiser)
Prescription Drug	Prescription Drug
Hospital	Hospital
Dental	Life Insurance
Vision	
Chiropractic benefits	
Life Insurance	

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

1. DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Participating employees are eligible for benefits on the first day of the month following the month in which the participant has completed 100 hours of work for contributing employers within one month. A participant will remain eligible for benefits provided they work a minimum of 100 hours each month. Hours worked in excess of 100 in a given month are credited to a reserve account, up to a maximum of 400 hours, to be used to continue eligibility for the participant in the event the minimum hours are not worked in any given month. Participant who falls below the required number of hours in their reserve bank, may make self-payments, for a portion of their insurance premium, to maintain eligibility.

If a participant fails to meet the necessary work hours required for eligibility and was covered in the previous month, the participant may continue coverage for themselves, spouse and eligible dependents through the Plan's COBRA or Self-Payment Provisions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), as applicable to defined contribution employee benefit plans. The financial statements present the net assets available for benefits and changes therein, and reflect investment transactions, income, and contributions as reported by the Plan's trustee and recordkeeper.

b. Cash and Cash Equivalents

Cash and cash equivalents include short-term, highly liquid investments with original maturities of three months or less at the date of acquisition, other than those held in investment accounts. These balances may include demand deposits money market funds, and short-term certificates of deposit. Cash and cash equivalents are stated at cost, which approximates fair value.

c. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Also, the preparation of financial statements inherently requires the rounding of amounts and estimates. Management believes that any differences due to rounding are trivial.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

d. Revenue Recognition

The Plan receives contributions from multiple participating employers under the terms of the collective bargaining agreement. Employer contributions are recognized in the period in which covered employee service is performed and the contribution is due, in accordance with the terms of the respective agreements.

Investment income, including interest and dividends, is recognized as earned on an accrual basis. Purchases and sales of investments are recorded on a trade-date basis. Net change in the fair value of investments includes realized gains and losses on investment sold during the year and unrealized gains and losses on investments held at year-end.

e. Employer Contributions

Contributions receivable represents amounts due from participating employers based on covered employee hours worked prior to year-end, as required under the terms of applicable collective bargaining agreements, but not yet received by the Plan. Contributions are recorded as receivable when the underlying service has been performed by participants and the employer is obligated to remit payment to the Plan.

Receivables are reported at the amount the Plan expects to collect. The Plan uses the direct write-off method to account for uncollectible contributions, under which receivables are written off when determined to be uncollectible. The Plan evaluates collectability based on historical trends, communications with contributing employers, and other relevant factors. As such, the Plan has concluded that an allowance for doubtful accounts is not necessary as of the reporting date.

Under Department of Labor (DOL) guidelines, employer contributions must be transmitted to the Plan as soon as they can reasonably be segregated from the employer's general assets. The Plan monitors compliance with these contribution deadlines on an ongoing basis.

During the years ended February 28, 2025 and February 29, 2024, certain participating employers did not remit contributions with the required timeframe. The plan identified these instances of delinquent contributions and pursued collection through its standard enforcement procedures, including follow-up communications and legal action, when necessary. Most delinquent amounts were subsequently paid, and any unresolved items remain under review.

f. Stop Loss

The Plan management has entered into a stop-loss insurance arrangement in an effort to limit the Plan's exposure for medical benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Under the terms of the contract individual participants claims incurred in excess of \$350,000 are reimbursed to the Plan.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

g. Risk and Uncertainties

Due to the uncertainties inherent in the benefit obligation 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.

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

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

h. Operating and Administrative Expenses

The Plan's expenses are paid by the Plan as provided in the Plan provisions. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits and benefit obligations. In addition, certain investment related expenses are included in net appreciation depreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Administrative expenses to the Plan include costs related to legal, accounting, auditing, consulting, trustee meetings, recordkeeping, and other services necessary for the administration and operation of the Plan. These expenses are paid directly from Plan assets, as permitted under the Plan document. All administrative expenses are reviewed and approved by the Board of Trustees to ensure reasonableness, consistency with fiduciary standards under ERISA, and compliance with the terms of the Plan.

i. Concentration of Risk

The Plan maintains its cash balances at high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000. As of February 28, 2025, no bank accounts with balances that exceeded the insured amount, and the plan had cash accounts which exceeded the FDIC amount by approximately \$591,000 as of February 29, 2024, respectively.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

j. Investment Valuation

Investments are stated at fair value. Fair value is determined based on quoted market prices when available or through the use of observable inputs and valuation techniques. The Plan's investments may include mutual funds, U.S. government securities, corporate and foreign bonds, common stocks, and short-term investment funds.

Purchases and sales of securities are recorded on a trade-date basis. The cost of securities sold includes brokerage commissions and other direct expenses. Identification of the cost of investments sold is determined on the average cost basis.

Investment management and custodial fees are either paid directly by the Plan or deducted from investment returns. Such fees are reflected as reductions of investment income on the Statements of Changes in Net Assets Available for Benefits.

k. Payment of Benefits and Current Benefit Obligations

Claims and insurance premiums are recorded when paid. Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefits obligations.

As a result of the eligibility provisions of the Plan, hours worked by participants through February 28, 2025, produced eligibility through April 30, 2025, for active participants (see Note 1).

Accordingly, group insurance premiums are accrued on the basis of hours worked through February 28, 2025, and eligibility through April 30, 2025, respectively. The estimated liability for future benefits (bank of hour's liability) is based on the accumulated months of eligibility at February 28, multiplied by effective premium rates for insured benefits and by the per capita cost of self-funded benefits.

The estimated self-pay subsidy liability is based on the total possible future payment of premiums by the Plan, after accounting for the self-payment portion to be paid by participants. Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

I. Postretirement Benefits

The accounting for this Plan follows the Financial Accounting Standards Board Accounting Standards Codification No. 965 (ASC 965) which requires the Plan to present the amounts of benefit obligations in their entirety in the same location.

Postretirement benefit obligations have been recognized for retiree health benefits for eligible participants and their dependents. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers, from existing Plan assets, and from self-payments by the participants. These benefits are not vested, and can be terminated at any time.

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

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. The weighted-average health care cost-trend rate assumption has a significant effect on the postretirement benefit obligations. Effective January 1, 2016, the spouse age difference for future retirees was reduced from three years to one year, as per the average age difference for married retirees in recent census files, and there was a decrease in the Kaiser benefit trend rates (while also lowering the expected increase rates on self-pays for Kaiser retirees). Effective February 29, 2024, the discount rate is 5.25% and the initial medical/drug benefit trend rates were raised. If the assumed rates increased by one percentage point in each year, it would increase the obligation by an amount of \$12,627 as of February 29, 2024.

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.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

I. Postretirement Benefits (Continued)

For measurement purposes, health care cost-trend rate assumptions for the average per capita cost of covered health care benefits are 8.00% as of February 28, 2025; the rates are assumed to remain the same at that level thereafter. These assumptions are consistent with those used to measure the benefit obligation at February 28, 2025.

The contributing employers makes contributions to the Plan as needed to fund claims in excess of participants' contributions. The Plan's unfunded benefit obligations at February 28, 2025 and February 29, 2024, relate primarily to the portion of postretirement benefit obligations not covered by participant contributions. Any deficiency of the Plan's net assets over the benefit obligations is funded by the contributing employer on a pay-as-you-go basis.

The following were other significant assumptions used in the valuations as of February 28, 2025 and February 29, 2024:

	2025	2024
Discount rate:	5.25%	5.25%
Retirement age:	59.8	59.6
Mortality table:	Pri-2012 Blue Collar Healthy Retiree Headcount-Weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021.	Pri-2012 Blue Collar Healthy Retiree Headcount-Weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021.

3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Sponsor by a letter dated October 22, 1971, that the Plan and related Plan were designed in accordance with the applicable regulations of the IRC. Subsequent to the issuance of this determination letter, the Plan was amended. However, the Sponsor and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related Plan continue to be tax-exempt.

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

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

4. SELF PAYMENTS

Retired employees with for the first 18 months, the self-payment schedule will be the same as the Active Participants. After 18 months, to continue enrollment in the Plan, eligible retirees have the option by paying monthly premiums directly or having the amount deducted from their pension benefit check.

Participants who fall below the required number of hours in their reserve bank, may make self-payments, for a portion of their insurance premium, to maintain eligibility. The Plan subsidizes the other portion of the premiums.

The monthly self-payment schedule is as follows:

Months	Monthly Self-Pay
1-6	\$50
7-12	\$75
13-18	\$150
19 and later	\$1,059.32(Kaiser)/\$991.04(HMSA)

Retirees and dependents pay 100% of the death benefit premium

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Board of Trustees may terminate the Trust at any time. The Trust shall not be terminated without terminating the Plan, but the Plan may be wholly or partially terminated without terminating the Trust. Termination shall be accomplished in the same manner amendments are made to the Trust Agreement.

Upon termination of the Trust, all debts and obligations of the Trust shall first be satisfied. The Board of Trustees shall thereupon use the remaining Trust assets to distribute benefits in a manner provided under the Plan, or in the absence of a Plan provision, to distribute benefits in a manner permitted under ERISA for so long as Trust assets permit.

6. PROHIBITED TRANSACTIONS

The Plan is subject to prohibited transactions rules under ERISA and the IRC, which generally prohibit transactions between the Plan and parties in interest unless an exemption applies.

For the years ended February 28, 2025 and February 29, 2024, the Plan reviewed its operations, contracts, and service agreements to identify any transactions that may be considered prohibited under ERISA or IRC. Based on this review, the Plan is not aware of any non-exempt prohibited transactions that occurred for both years.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

7. FAIR VALUE MEASUREMENT

The framework for measuring fair value 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 (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under the 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 market 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 market prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value at February 28, 2025 and February 29, 2024.

- Short-term investments are valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.
- Mutual funds are valued at the daily closing price as reported by the Plan. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

7. FAIR VALUE MEASUREMENT (CONTINUED)

The following is a summary of the inputs used as of February 28, 2025 and February 29, 2024, in valuing the Plan's investments carried at fair value:

	February 28, 2025			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 1,302,503			\$ 1,302,503
Mutual funds	4,957,190			4,957,190
Total assets at fair value	\$ 6,259,693	\$ -	\$ -	\$ 6,259,693
	February 29, 2024			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 268,370	\$ -	\$ -	\$ 268,370
Mutual funds	4,782,739	-	-	4,782,739
Total assets at fair value	\$ 5,051,109	\$ -	\$ -	\$ 5,051,109

For the years ended February 28, 2025 and February 29, 2024, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

8. NET CHANGE IN FAIR VALUE OF INVESTMENTS

Net changes in the fair value of investments include both realized gains and losses on investments sold during the year and change in unrealized gains and losses on investments held at year-end. Realized gains and losses are calculated based on the difference between the proceeds received and the average cost of the investments sold.

The components of investment appreciation for the years ended February 28, 2025 and February 29, 2024 are as follows:

	2025	2024
Mutual funds	\$ 67,314	\$ 55,800
Net change in fair value of investments	\$ 67,314	\$ 55,800

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

9. BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR BENEFITS LESS CURRENT BENEFIT OBLIGATIONS (RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500)

Net Assets Available for Benefits less Current Benefit Obligations is a measurement of the Plan's ability to pay existing obligations that would expect to be satisfied within one year period. At February 28, 2025 and February 29, 2024, the calculation of Net Assets Available for Benefits less Current Benefit Obligations is as follows:

	2025	2024
Net Assets Available for Benefits (Per Financial Statements)	\$ 6,695,996	\$ 6,148,033
Less Current Benefit Obligations (Per Form 5500)	(1,302,001)	(1,347,730)
Net Assets Available for Benefits Less Current Benefit Obligations (Net Assets per Form 5500)	\$ 5,393,995	\$ 4,800,303

For the year ended February 28, 2025 and February 29, 2024, the calculation of the Change in Net Assets Available for Benefits less the Change in Benefit Obligations is as follows:

	2025	2024
Increase in Net Assets (Per Financial Statements)	\$ 547,963	\$ 275,391
(Decrease) Increase in Benefit Obligation (Per Form 5500)	(45,729)	61,287
Increase in Net Assets Available for Benefits Less Current Benefit Obligations (Net income per Form 5500)	\$ 593,692	\$ 214,104

10. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at February 28, 2025 and February 29, 2024, to the Form 5500:

	2025	2024
Net assets available for benefits per Financial Statements	\$ 6,695,996	\$ 6,148,033
Less: benefit obligations currently payable per financial statements	(1,302,001)	(1,347,730)
Net assets available for benefits per Form 5500	\$ 5,393,995	\$ 4,800,303

The following is a reconciliation of the total benefits paid per the financial statements to the Form 5500 for the year ended February 28, 2025:

Total benefits paid per the Financial Statements	\$ 2,618,754
Add: amounts currently payable at end of year	1,302,001
Less: amounts currently payable at beginning of year	(1,347,730)
Total benefits paid per the Form 5500	\$ 2,573,025

**CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND**

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

10. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities in the accompanying financial statements but are recorded on the Form 5500 as a liability.

11. PARTY IN INTEREST TRANSACTIONS

Certain transactions occurred during the year with parties considered to be parties-in-interest, as defined under ERISA. These parties include the Plan's trustees, service providers, investment managers, record keeper, and any sponsoring employers.

The Plan engaged in routine transactions with these parties, including payment of administrative expenses, investment management fees, and trustee-related expenses. All such transactions are conducted in the ordinary course of business and are permitted under the provisions of the Plan and ERISA. These transactions are exempt from the prohibited transactions provisions of ERISA under statutory or administrative exemptions.

During the years ended February 28, 2025 and February 29, 2024, the Plan paid recordkeeping, investment management, and advising fees totaling \$128,359 and \$136,584, respectively, to service providers who are considered parties-in-interest. Additionally, certain Plan investments are held in investment vehicles managed by institutions that may be related to the Plan's investment managers. Fees related to these investments are reflected as a reduction in investment income on the accompanying financial statements.

12. SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 13, 2025, the date on which the financial statements were available to be issued.

CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926

HEALTH AND WELFARE FUND

Plan Sponsor EIN: 23-7116870

Plan Number: 501

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

February 28, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity, date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
<u>Money Market Deposit Accounts</u>				
	FIDELITY GOVERNMENT PORTFOLIO		\$ 1,302,503	\$ 1,302,503
	Total money market deposit accounts		\$ 1,302,503	\$ 1,302,503
<u>Mutual Funds</u>				
	ISHARES 0-5 YEAR HIGH YIELD CORPORATE BOND ETF		\$ 250,101	\$ 249,812
	ISHARES 0-5 YEAR INVESTMENT GRADE CORPORATE BOND ETF		972,663	996,159
	ISHARES CONVERTIBLE BOND ETF		250,793	261,429
	ISHARES CORE TOTAL USD BOND MARKET ETF		1,737,131	1,714,811
	VANGUARD SHORT-TERM BOND ETF		1,780,795	1,734,979
	Total mutual funds		\$ 4,991,483	\$ 4,957,190
	Total investments held for investment purposes		\$ 6,293,986	\$ 6,259,693

See accompanying notes to financial statements.

CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND
Plan Sponsor EIN 23-7116870
Plan Number: 501
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
February 28, 2025

[a] Identity of party involved	[b] Description of Asset (Include interest rate and maturity in case of a loan)	[c] Purchase price	[d] Selling price	[e] Lease rental	[f] Expense incurred with transaction	[g] Cost of asset	[h] Current value of asset on transaction date	[i] Net gain or (loss)
<u>Single transaction:</u>								
Central Pacific Bank	FIDELITY GOVERNMENT PORTFOLIO	\$ 666,678				\$ 666,678	666,678	\$ -
Central Pacific Bank	SDIT GOVERNMENT FUND		\$ 425,182			\$ 425,182	425,182	\$ -
Central Pacific Bank	ISHARES CORE TOTAL USD BOND MKT	\$1,272,461				\$ 1,272,461	1,272,461	\$ -
Central Pacific Bank	ISHARES TREASURY FLOATING RATE		\$ 963,709			\$ 965,356	963,709	\$ (1,647)
Central Pacific Bank	VANGUARD ST BOND ETF		\$ 710,168			\$ 723,238	710,168	\$ (13,070)
<u>Series in the same security:</u>								
Central Pacific Bank	SDIT GOVERNMENT FUND	\$1,813,753				\$ 1,813,753	1,813,753	\$ -
Central Pacific Bank	FIDELITY GOVERNMENT PORTFOLIO	\$1,953,789				\$ 1,953,789	1,953,789	\$ -
Central Pacific Bank	SDIT GOVERNMENT FUND		\$ 2,033,845			\$ 2,033,845	2,033,845	\$ -
Central Pacific Bank	FIDELITY GOVERNMENT PORTFOLIO		\$ 783,038			\$ 783,038	783,038	\$ -

See accompanying notes to financial statements.

Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Employee Benefits Security
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).
 ▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
 1210-0089
2024
 This Form is Open to Public Inspection

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

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

1a Name of plan CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 03/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926 HEALTH AND WELFARE BENEFIT & RISK MANAGEMENT SERV 560 N. NIMITZ HIGHWAY, STE 209 HONOLULU HI 96817	2b Employer Identification Number (EIN) 23-7116870
	2c Plan Sponsor's telephone number 808-762-1479
	2d Business code (see instructions) 238300

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

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

SIGN HERE		11/13/25	DOUGLAS KEMA, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/13/25	KEITH EMERSON
	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

CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926
HEALTH AND WELFARE FUND
Plan Sponsor EIN 23-7116870
Plan Number: 501
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
February 28, 2025

[a] Identity of party involved	[b] Description of Asset (Include interest rate and maturity in case of a loan)	[c] Purchase price	[d] Selling price	[e] Lease rental	[f] Expense incurred with transaction	[g] Cost of asset	[h] Current value of asset on transaction date	[i] Net gain or (loss)
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Central Pacific Bank	SDIT GOVERNMENT FUND		\$ 425,182			\$ 425,182	425,182	\$ -
Central Pacific Bank	ISHARES CORE TOTAL USD BOND MKT	\$1,272,461				\$ 1,272,461	1,272,461	\$ -
Central Pacific Bank	ISHARES TREASURY FLOATING RATE		\$ 963,709			\$ 965,356	963,709	\$ (1,647)
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Central Pacific Bank	FIDELITY GOVERNMENT PORTFOLIO	\$1,953,789				\$ 1,953,789	1,953,789	\$ -
Central Pacific Bank	SDIT GOVERNMENT FUND		\$ 2,033,845			\$ 2,033,845	2,033,845	\$ -
Central Pacific Bank	FIDELITY GOVERNMENT PORTFOLIO		\$ 783,038			\$ 783,038	783,038	\$ -

See accompanying notes to financial statements.

CARPET LINOLEUM AND SOFT TILE LOCAL UNION 1926

HEALTH AND WELFARE FUND

Plan Sponsor EIN: 23-7116870

Plan Number: 501

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

February 28, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity, date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
<u>Money Market Deposit Accounts</u>				
	FIDELITY GOVERNMENT PORTFOLIO		\$ 1,302,503	\$ 1,302,503
	Total money market deposit accounts		\$ 1,302,503	\$ 1,302,503
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	ISHARES 0-5 YEAR HIGH YIELD CORPORATE BOND ETF		\$ 250,101	\$ 249,812
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	ISHARES CORE TOTAL USD BOND MARKET ETF		1,737,131	1,714,811
	VANGUARD SHORT-TERM BOND ETF		1,780,795	1,734,979
	Total mutual funds		\$ 4,991,483	\$ 4,957,190
	Total investments held for investment purposes		\$ 6,293,986	\$ 6,259,693

See accompanying notes to financial statements.