

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

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1957
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) BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017
2b	Employer Identification Number (EIN) 95-6035266
2c	Plan Sponsor's telephone number 562-463-5000
2d	Business code (see instructions) 321900

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

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

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

3a Plan administrator's name and address ☒ 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 5824
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) 951 6a(2) 916 6b 2460 6c 1631 6d 5007 6e 708 6f 5715 6g(1) 0 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 26

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER	D Employer Identification Number (EIN) 95-6035266	

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 PRUDENTIAL INSURANCE COMPANY OF AMERICA
--

(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
22-1211670	68241	030560	5715	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10455462

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	
---	-----------	--

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

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

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

A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER	D Employer Identification Number (EIN) 95-6035266

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 201771258
(2) Actuarial value of assets for funding standard account	1b(2) 219485315
c (1) Accrued liability for plan using immediate gain methods	1c(1) 200490946
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 200479074
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 283785876
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1170907
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 28336383
(3) Expected plan disbursements for the plan year	1d(3) 29158109

Statement by Enrolled Actuary

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

SIGN HERE	09/30/2025
Signature of actuary NANCY TEAGUE LEE	Date 23-07500
Type or print name of actuary NWPS	Most recent enrollment number 206-713-3801
Firm name 160 W SANTA CLARA ST STE 1550 SAN JOSE, CA 95113	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	201771258
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3220	162937838
(2) For terminated vested participants	1653	88572529
(3) For active participants:		
(a) Non-vested benefits		995328
(b) Vested benefits		31280181
(c) Total active	951	32275509
(4) Total	5824	283785876
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	2151289	0			
07/01/2024	306085	0			
Totals ►			3(b)	2457374	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		306085

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	109.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	3P2016+1	3P2016+1
(2) Females	6c(2)	3P2016+1	3P2016+1
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		11.1 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		821726
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1104451	113330

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1537728

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	36452649	4772582
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 441722**e** Total charges. Add lines 9a through 9d.....**9e** 6752032**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 26176230**g** Employer contributions. Total from column (b) of line 3.....**9g** 2457374**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2022410**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	10276419	1507433
9j(1)	28284001	
9j(2)	34307549	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

9k(1) 0**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 32163447**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 25411415**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER	D Employer Identification Number (EIN) 95-6035266	

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
PACIFIC INVESTMENT MANAGEMENT CO.
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN REALTY ADVISORS
33-0123114

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WHITE OAK GLOBAL ADVISORS, LLC
26-0340395

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

BOSTON PARTNERS TRUST COMPANY

37-1947777

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

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

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

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

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

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

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 PROGRAMS ADMINISTRATION

13-2501278

(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?
14	NONE	343452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARROW, HANLEY, MEWHINNEY & STRAUSS

75-2403190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	52417	Yes ☐ No ☒	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SCHRODER INV MGMT NORTH AMERICA INC

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	85145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KRAW LAW GROUP

32-0465891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	96000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN D. BILLER & ASSOCIATES, INC.

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	112644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TR CO, N.A.

94-3112180

(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 24 28 51	NONE	21983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	44750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	169159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWPS

04-3721424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	100800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LOOMIS, SAYLES & COMPANY, INC.

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	55642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL CUSTODY SOLUTIONS

510 N VALLEY MILLS DR STE 400
WACO, TX 76710

(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	NONE	69659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE COMPANY OF AME

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	74333	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

SHANLEY, A PROFESSIONAL CORP

533 S FREMONT AVE 9TH FL
LOS ANGELES, CA 90071

(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	8139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER		D Employer Identification Number (EIN) 95-6035266
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS SMALL MID CAP VALUE		
b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY		
c EIN-PN 37-1947777-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5963245
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10835500
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MARKET EX-US INDEX NON-LE		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 27-1709876-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18045980
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM REAL ESTATE U.S. DEBT FUND S.A		
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-219	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10455462
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX NON-LENDABLE		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 80-0300291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33941017
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER	D Employer Identification Number (EIN) 95-6035266

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7735658	11632767
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	206814	210513
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	453270	261675
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5794055	7384967
(2) U.S. Government securities	1c(2)	13349717	14614215
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5645000	4843488
(B) All other	1c(3)(B)	2964873	2940894
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16702908	14973018
(5) Partnership/joint venture interests	1c(5)	23284247	21135726
(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)	57582137	57950242
(10) Value of interest in pooled separate accounts	1c(10)	10671459	10455462
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	10238911	10835500
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	47261243	47406871
(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	31135	71624
f Total assets (add all amounts in lines 1a through 1e)	1f	201921427	204716962
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	150169	157152
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	150169	157152
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	201771258	204559810

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)	2457374	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2457374
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	333974	
(B) U.S. Government securities	2b(1)(B)	568714	
(C) Corporate debt instruments	2b(1)(C)	364210	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	840027	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2106925
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	253585	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2459595	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2713180
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	76241788	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	75335273	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		906515
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	193308	
(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)		9468105
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		730942
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		972662
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2816033
c Other income	2c		528
d Total income. Add all income amounts in column (b) and enter total	2d		22365572

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18026319	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18026319
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)	343452	
(3) Recordkeeping fees	2i(3)	2487	
(4) IQPA audit fees	2i(4)	44750	
(5) Investment advisory and investment management fees	2i(5)	571323	
(6) Bank or trust company trustee/custodial fees	2i(6)	69828	
(7) Actuarial fees	2i(7)	100800	
(8) Legal fees	2i(8)	104139	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	5580	
(11) Other expenses	2i(11)	308342	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1550701
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19577020

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2788552
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555381.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER		D Employer Identification Number (EIN) 95-6035266
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 7
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer L-3 ETI

b EIN 91-2046609

c Dollar amount contributed by employer 732543

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 1.40

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

a Name of contributing employer HUSSMAN-LOS ANGELES

b EIN 43-0888518

c Dollar amount contributed by employer 257878

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 02 Day 28 Year 2026

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

(1) Contribution rate (in dollars and cents) 204.75

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

a Name of contributing employer RELIABLE LUMBER COMPANY

b EIN 95-2743856

c Dollar amount contributed by employer 221302

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2012

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

(1) Contribution rate (in dollars and cents) 207.60

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

a Name of contributing employer GW SURFACES

b EIN 95-3049395

c Dollar amount contributed by employer 44880

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2016

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

(1) Contribution rate (in dollars and cents) 1.39

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

a Name of contributing employer SEELY BROTHERS

b EIN 95-3947183

c Dollar amount contributed by employer 73185

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 105.00

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

a Name of contributing employer HUTTIG BUILDING PRODUCTS

b EIN 38-1941409

c Dollar amount contributed by employer 59799

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2023

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

(1) Contribution rate (in dollars and cents) 172.33

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer WEYERHAEUSER COMPANY

b EIN 26-3481257

c Dollar amount contributed by employer 50064

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 298.00

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

a Name of contributing employer K & Z CABINET CO. INC.

b EIN 95-2380558

c Dollar amount contributed by employer 52443

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 187.45

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

a Name of contributing employer CHAMPION LUMBER CO.

b EIN 95-2275678

c Dollar amount contributed by employer 243445

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 180.00

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

a Name of contributing employer ROY E. WHITEHEAD INC.

b EIN 95-2553265

c Dollar amount contributed by employer 41998

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 166.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	2694
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	2726
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	2813

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.99
b The corresponding number for the second preceding plan year.....	15b	0.96

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

a Enter the number of employers who withdrew during the preceding plan year.....	16a	2
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	2412514

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 51.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.6 %
 High-Yield Debt: 9.4 % Real Assets: 14.2 % Cash or Cash Equivalents: 0.9 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
--	---	---

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001

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

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

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001

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

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

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2024 This Form is Open to Public Inspection
--	--	---

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND							
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001	

[illegible]

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule MB, line 3(d)
Withdrawal Liability Amounts

This Form is Open to Public Inspection

Name of Plan	SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND							
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	95-6035266	PN	001	

[illegible]

[illegible]

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Southern California Lumber
Industry Retirement Fund
1200 Wilshire Boulevard, Fifth Floor
Los Angeles, California 90017

Members of the Board:

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 4, 2025

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
ASSETS		
CASH	\$ 11,632,767	\$ 7,735,658
INVESTMENTS AT FAIR VALUE		
Corporate Debt Securities	\$ 7,784,382	\$ 8,609,873
Government Debt Securities	14,614,215	13,349,717
Common Stock	14,973,018	16,702,908
Mutual Funds	47,406,871	47,261,243
Common/Collective Funds	57,950,242	57,582,137
Pooled Separate Account	10,455,462	10,671,459
103-12 Entity	10,835,500	10,238,911
Limited Partnerships	21,135,726	23,284,247
Money Market Fund	<u>7,384,967</u>	<u>5,794,055</u>
	192,540,383	193,494,550
TOTAL CASH AND INVESTMENTS	204,173,150	201,230,208
OTHER ASSETS		
Employer Contributions Receivable	210,513	206,814
Underpayments from Employers	68,571	8,636
Accrued Income on Investments	193,104	222,038
Prepaid Insurance	25,253	23,558
Prepaid Expenses	1,938	713
Prepaid Retirement Benefits	44,433	6,864
Receivable for Investments Sold	<u>-</u>	<u>222,596</u>
	543,812	691,219
TOTAL ASSETS	204,716,962	201,921,427
LIABILITIES		
Accrued Expenses	130,379	149,669
Due to Welfare Fund	500	500
Payable for Investments Purchased	<u>26,273</u>	<u>-</u>
TOTAL LIABILITIES	157,152	150,169
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 204,559,810</u></u>	<u><u>\$ 201,771,258</u></u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024		January 1, 2023 to December 31, 2023	
ADDITIONS				
NET INVESTMENT INCOME				
Interest and Dividends	\$ 4,820,105		\$ 4,601,398	
Commission Recapture	528		686	
Net Appreciation of Investments	15,087,565		16,978,000	
Less: Investment Expenses	<u>(640,982)</u>	\$ 19,267,216	<u>(543,723)</u>	\$ 21,036,361
CONTRIBUTIONS				
Employer Contributions	2,151,289		2,168,553	
Withdrawal Liability Contributions	<u>306,085</u>	<u>2,457,374</u>	<u>474,564</u>	<u>2,643,117</u>
TOTAL ADDITIONS		<u>21,724,590</u>		<u>23,679,478</u>
DEDUCTIONS				
BENEFITS				
Retirement, Disability and Death Benefits:				
Monthly Payments	15,069,914		15,258,881	
Supplemental Lump Sum Payments	2,939,372		4,497,997	
Lump Sum Payouts	<u>17,033</u>	18,026,319	<u>4,480</u>	19,761,358
ADMINISTRATIVE EXPENSES				
Administration and Data Processing Fees	343,452		337,156	
Actuarial Fees	100,800		100,800	
Audit Fees	44,750		42,800	
Bank Charges	169		9,157	
Cybersecurity Assessment	2,600		4,000	
Conferences and Meetings	5,580		11,706	
Insurance	35,159		34,639	
Legal Fees	96,000		96,000	
Legal Fees - Collections	8,139		916	
Payroll Compliance Fees	2,487		17,567	
Pension Benefit Guaranty Corp.	215,488		207,375	
Pension Benefit Information	12,647		7,716	
Printing and Supplies	20,845		25,107	
Postage	14,792		14,666	
Telephone	1,388		1,475	
Storage	3,306		3,403	
Miscellaneous Expenses	<u>2,117</u>	<u>909,719</u>	<u>683</u>	<u>915,166</u>
TOTAL DEDUCTIONS		<u>18,936,038</u>		<u>20,676,524</u>
NET INCREASE FOR THE YEAR		2,788,552		3,002,954
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of Year		<u>201,771,258</u>		<u>198,768,304</u>
End of Year		<u>\$ 204,559,810</u>		<u>\$ 201,771,258</u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

Vested Benefits

Participants Currently Receiving
Payments
Other Participants

\$ 119,116,905
80,827,549

TOTAL VESTED BENEFITS

199,944,454

Nonvested Benefits

534,620

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 200,479,074

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023 TO JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 205,896,614
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Actuarial Experience During the Year	\$ 611,005	
Benefits Paid	(19,761,358)	
Interest	<u>13,732,813</u>	
NET (DECREASE)		<u>(5,417,540)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u><u>\$ 200,479,074</u></u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Southern California Lumber Industry Retirement Fund (the "Plan") is provided for general information purposes only. SINCE THE PLAN INCLUDES DETAILED PROVISIONS FOR EACH SITUATION, PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS FOR MORE COMPLETE INFORMATION.

A. General

The Plan is a defined benefit plan providing retirement, disability and death benefits to employees of companies that have signed appropriate collective bargaining agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The disbursements of the Plan are under the joint control of union and management trustees.

B. Plan Participation

Employees covered by collective bargaining agreements which require contributions to the Plan are entitled to participation upon attainment of 1,000 hours of contributory service in a period not exceeding 2 consecutive years.

C. Benefits

The Plan provides normal retirement, early retirement, and death benefits. The monthly benefit amount shall be calculated by multiplying the pensioner's service credits plus 1% of contributions paid by the employer on behalf of the participant by the benefit rate. A year of credited Past Service Credit is earned for each calendar year in which a participant was continuously employed in the Southern California Lumber Industry from December 31, 1962 and prior, not to exceed 14 years. Prior to January 1, 1976, one year of Current Service Credit is earned for each Plan year in which Employer contributions have been received for the participant for 80 or more hours in each month of such year. Employer contributions of less than 80 hours per month will be prorated. Effective January 1, 1976, one year of Current Service Credit is earned for each year in which the participant has accrued 1,000 or more hours of Contributory Service.

Upon retirement, the forms of retirement available to an eligible participant are a joint and survivor annuity, a single life annuity, and the social security option. In addition to the normal retirement and early retirement benefits, a participant may be eligible for an Individual Account Benefit.

D. Vesting

A participant shall become vested at the time he or she satisfies one of the following conditions:

- a) The participant has accumulated 10 years of unbroken Credited Service, including at least one year of Current Service Credit or,
- b) The participant has accumulated 5 years of unbroken Credited Service and twelve months of contributions after June 1, 1988 or,
- c) The participant has accumulated 5 years of unbroken Credited Service which includes at least one hour of service earned on or after January 1, 1999,
- d) The participant has accumulated 3 years of unbroken Credited Service which includes at least one hour of service earned on or after January 1, 2010,
- e) The participant has met the age and service requirements for a retirement, but has not yet submitted an application for a retirement.

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Employer Contributions

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

As of December 31, 2024, employer contributions receivable includes \$129,857 from two significant employers. Employer contributions from these two employers totaled \$1,204,222 or 56% of total employer contributions for the year ended December 31, 2024. The December 31, 2023 employer contributions receivable includes \$126,092 from two significant employers. Employer contributions from these two employers totaled \$1,277,339 or 59% of total employer contributions for the year ended December 31, 2023.

D. Employer Payroll Compliance Program

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

E. Investment Valuation and Income Recognition

GAAP establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are based on quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset liability.

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

The following tables summarize the Plan's investments at December 31, 2024 and 2023 based on the inputs used to value them:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Corporate Debt Securities	\$ -	\$ 7,784,382	\$ -	\$ 7,784,382
Government Debt Securities	-	14,614,215	-	14,614,215
Common Stock	14,973,018	-	-	14,973,018
Mutual Funds	47,406,871	-	-	47,406,871
Money Market Fund	-	7,384,967	-	7,384,967
Total Assets in the Fair Value Hierarchy	<u>\$ 62,379,889</u>	<u>\$ 29,783,564</u>	<u>\$ -</u>	92,163,453
Investments Measured at Net Asset Value ^A				<u>100,376,930</u>
				<u>\$ 192,540,383</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Corporate Debt Securities	\$ -	\$ 8,609,873	\$ -	\$ 8,609,873
Government Debt Securities	-	13,349,717	-	13,349,717
Common Stock	16,702,908	-	-	16,702,908
Mutual Funds	47,261,243	-	-	47,261,243
Money Market Fund	-	5,794,055	-	5,794,055
Total Assets in the Fair Value Hierarchy	<u>\$ 63,964,151</u>	<u>\$ 27,753,645</u>	<u>\$ -</u>	91,717,796
Investments Measured at Net Asset Value ^A				<u>101,776,754</u>
				<u>\$ 193,494,550</u>

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

Level 1 investments consist of common stock and mutual funds that are traded on a national exchange. Level 2 investments consist of government debt securities and corporate debt securities that are valued using matrices of trades in similar securities or third-party pricing vendors and a money market fund that is reported at amortized cost, which approximates fair value.

The unfunded commitments and significant terms of redemption for the Plan's common/collective funds, limited partnerships, 103-12 entity and pooled separate account investments valued at net asset value are as follows:

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
American Core Realty Fund LP ⁽¹⁾	\$ 15,597,099	None	Quarterly	None
BlackRock Equity Index Non-Lendable Fund	33,941,017	None	Daily	2 days prior to trade
BlackRock MSCI ACWI EX-US Index Non-Lendable Fund	18,045,980	None	Daily	2 days prior to trade
Boston Partners Small/Mid Cap Value Equity Fund ⁽²⁾	5,963,245	None	Daily	2 days prior to trade
ULLICO Infrastructure Tax Exempt Fund	10,835,500	None	Daily	45 days prior to trade
PGIM Real Estate US Debt Fund	10,455,462	None	General Partner Discretion	General Partner Discretion
White Oak Summit Peer Fund - LP ⁽³⁾	<u>5,538,627</u>	\$ 333,429	90% upon request	60 days prior to trade
	<u>\$ 100,376,930</u>		10% Annually	

(1) The Fund's investment strategy is to invest in private real estate.

(2) The Fund's investment strategy is to outperform its benchmark index, the Russell 2500 Value Index, over rolling three-to-five-year periods, or a full market cycle, whichever is longer.

(3) The Fund's investment strategy is to trade and invest in senior secured debt of private and publicly held middle market businesses in the United States.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the unrealized appreciation of investments results in differences in reporting on the financial statements and Form 5500.

F. Tax-Exempt Status

The Internal Revenue Service has determined and informed the Board of Trustees by a letter dated March 8, 2021, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Tax-Exempt Status (Continued)

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

G. Actuarial Present Value of Accumulated Plan Benefits

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

Retirement, death and disability benefits under the Plan are based on the participant's total credited service, which is the sum of (a) past service credits and (b) future service credits. Such total service is taken into account and attributed to periods of participant service in determining the funding status and the yearly costs of the Plan using the Participant Entry Age Normal actuarial cost method.

Additional valuations are conducted to determine the maximum deductible contributions, as well as to conform with the pension plan accounting requirements. The Plan had an unfunded vested benefit liability of \$26,314,714 as of December 31, 2023.

The actuarial present value of plan benefits is determined by actuaries from NWPS and results from applying actuarial assumptions to the expected plan benefits and related expenses to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used at December 31, 2023 were as follows: (a) assumed average rate of return of 7.00% per annum for regular funding purposes and 3.29% for current liability calculations; (b) life expectancy of participants pursuant to the 1994 Group Annuity Mortality Table for males and females, set forward one year, projected to 2016; (c) operating expenses: flat rate of \$850,000; (d) retirement between the ages of 60-70; and (e) other assumptions for termination, disability, and surviving spouses' benefits.

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

The following actuarial assumption change was adopted for the year ended December 31, 2023:

- The current liability interest rate changed from 2.55% to 3.29%.
- The current liability mortality table was updated to the 2024 Applicable Mortality Table as described in IRC 430(h)(3)(A) and in compliance with IRC 412(l)(7).

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Administration

Benefit Programs Administration provides monthly administration services on a combination flat fee plus unit cost arrangement, as follows:

	Effective January 1, 2024	January 1, 2023 to December 31, 2023
Flat Fee:	\$ 12,757.59	\$ 12,386.01
Employer Control		
(Per Participating Employer):	26.40	25.63
(Per Employee Unit):	3.95	3.84
General Administration		
(Per Retired Employee in Pay Status):	2.50	2.43
Benefits Administration		
(Per Check Issued for Retirement Benefits):	1.03	1.01

I. Risks and Uncertainties

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

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the disclosure in the financial statements of actuarial present value of accumulated plan benefits.

J. Reclassification

Certain 2023 balances have been reclassified to conform to the 2024 financial statement presentation.

NOTE 3 - FUNDING POLICY

The Board of Trustees established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as required by the provisions of the applicable collective bargaining agreement. Contributions are based on various hourly as well as various fixed contribution rates, such rates being included in the computation of the participants' benefits. Contributions are made on a monthly basis throughout the year. The annual contributions for the year exceeded the minimum funding requirements of ERISA.

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

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

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 - AMENDMENTS

The Plan adopted Amendment No. 2 to increase the age a participant is required to commence benefits under the Plan from April 1 of the calendar year following the calendar year in which he/she attains age 72, to April 1 of the calendar year in which he/she attains age 73, as permitted by the Secure 2.0 Act of 2022, effective January 1, 2024.

The Plan adopted Amendment No. 3 to clarify the Plan's suspension of benefits rules that a retiree's benefits will continue to not be suspended based on employment and earnings after age 70, effective January 1, 2023.

NOTE 6 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 4, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

SCHEDULE H, LINE 4

E.I.N. 95-6035266; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
Southern California Lumber
Industry Retirement Fund
1200 Wilshire Boulevard, Fifth Floor
Los Angeles, California 90017

Members of the Board:

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 4, 2025

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Corporate Debt Securities	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 60,000	ADVENTIST HEALTH SYS	5.757	12/01/34	\$ 60,401	\$ 60,000
42,000	AGCO CORP	5.800	03/21/34	42,214	41,887
260,000	AMAZON.COM INC	3.300	04/13/27	253,750	256,976
153,000	AMEREN MISSOURI	4.850	10/01/41	149,684	152,982
118,000	AMERICAN EXPRESS CO	4.050	12/03/42	98,793	149,440
67,000	AT&T INC DTD 05/04/15	4.500	05/15/35	61,967	66,993
74,000	AT&T INC DTD 05/28/20	3.650	06/01/51	52,261	78,490
148,000	BANK OF AMERICA CORP	3.500	04/19/26	145,790	149,792
89,000	BANK OF AMERICA CORP	Var	03/08/37	78,836	89,000
147,000	BANK OF AMERICA CORP	Var	04/02/26	146,431	147,000
60,000	BANK OF AMERICA CORP	Var	01/20/27	60,174	60,000
400,000	BANK OF NY MELLON CORP	1.900	01/25/29	359,012	399,760
133,000	BAT CAPITAL CORP	6.343	08/02/30	139,851	133,253
298,000	BERKSHIRE HATHAWAY ENERG	1.650	05/15/31	242,101	284,963
40,000	BOSTON PROPERTIES INC	3.400	06/21/29	36,706	39,926
127,000	BOSTON PROPERTIES LP	2.450	10/01/33	97,862	126,948
30,000	BOSTON PROPERTIES LP	5.750	01/15/35	29,410	29,988
95,000	CENCORA INC	5.150	02/15/35	92,613	94,948
259,000	CINTAS CORP	3.450	05/01/25	257,780	258,448
250,000	CITIBANK	5.803	09/29/28	257,805	250,000
104,000	CITIGROUP INC	Var	06/03/31	90,642	110,289
76,000	CITIGROUP INC	Var	09/19/39	72,376	76,000
145,000	COMCAST CORP	2.650	02/01/30	129,898	144,784
107,000	COMCAST CORP	3.750	04/01/40	86,063	119,379
19,000	COUSINS PPTYS LP	5.375	02/15/32	18,660	18,898
54,000	CVS HEALTH CORP	5.050	03/25/48	44,526	58,340
78,000	DIAMONDBACK ENERGY INC	5.400	04/18/34	76,693	77,750
224,000	ENERGY TRANSFER LP	5.600	09/01/34	223,803	223,420
88,000	EXPAND ENERGY CORP	5.700	01/15/35	86,370	87,656
152,000	GENERAL MOTORS FINL CO	2.400	10/15/28	137,800	151,620
31,000	GENERAL MOTORS FINL CO	5.750	02/08/31	31,408	30,915
57,000	GENERAL MOTORS FINL CO	5.600	06/18/31	57,285	56,918
85,000	GENERAL MOTORS FINL CO	5.950	04/04/34	85,444	84,981
140,000	GLP CAPITAL LP / FIN II	5.625	09/15/34	137,753	138,732
327,000	GOLDMAN SACHS GROUP INC	Var	10/21/27	310,251	325,902
64,000	HIGHWOODS RLTY LTD PARTNERSHIP	7.650	02/01/34	71,034	63,150
191,000	JPMORGAN CHASE & CO	2.950	10/01/26	186,091	175,968
30,000	KILROY RLTY LP	6.250	01/15/36	29,763	29,664
147,000	MERCK & CO INC	2.750	02/10/25	146,721	146,757
59,000	MORGAN STANLEY	Var	02/07/39	59,194	59,000
93,000	MORGAN STANLEY	Var	05/04/27	89,143	91,750
259,000	NORTHERN TRUST CORP	4.000	05/10/27	255,592	258,580
81,000	PHILLIPS EDISON GROCERY	5.750	07/15/34	81,093	79,938
49,000	PNC FINANCIAL SERVICES	Var	08/18/34	50,468	49,000
42,000	PNC FINANCIAL SERVICES	Var	10/20/34	45,846	42,000
151,000	ROYAL BANK OF CANADA	2.300	11/03/31	126,799	150,825
<u>Forward</u>				\$ 5,394,157	\$ 5,723,010

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 5,394,157	\$ 5,723,010
\$ 146,000	SOUTHERN CAL EDISON	2.250	06/01/30	126,858	148,974
41,000	UNITEDHEALTH GROUP INC	3.875	12/15/28	39,648	41,700
274,000	US BANCORP	Var	11/03/36	221,926	273,181
19,000	US BANCORP	Var	01/23/30	19,157	19,000
135,000	WALT DISNEY COMPANY	3.500	05/13/40	108,257	148,036
63,000	WARNERMEDIA HOLDINGS INC	4.279	03/15/32	55,516	56,325
182,000	WELLS FARGO & COMPANY	Var	10/30/30	164,168	188,767
77,000	WELLS FARGO & COMPANY	Var	06/02/28	72,521	77,000
116,000	WELLS FARGO & COMPANY	Var	07/25/29	117,775	116,000
82,000	WELLS FARGO & COMPANY	Var	12/03/35	79,784	82,000
125,000	PG&E ENERGY RECOVERY FND	2.822	07/15/46	87,616	124,994
146,000	SWEPSCO STORM RECOVERY	4.880	09/01/41	142,670	145,928
275,000	DEUTSCHE BANK AG	5.414	05/10/29	279,087	275,000
158,000	MAGNA INTERNATIONAL INC	5.980	03/01/26	157,990	158,000
98,000	BMW Vehicle Owner Trust	5.180	02/26/29	99,156	97,985
151,000	Honda Auto Receivables	5.270	11/20/28	152,833	150,982
164,000	Nissan Auto Receivables	5.280	12/15/28	166,239	163,985
295,000	Toyota Auto Receivables	5.330	01/16/29	299,024	294,958
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 7,784,382</u>	<u>\$ 8,285,825</u>

Government Debt Securities

\$ 579,295	FED HOME LN MTG CORP POOL #SD8090	2.000	09/01/50	\$ 455,187	\$ 453,117
181,449	FED HOME LN MTG CORP POOL #SD8178	2.500	11/01/51	148,053	186,304
122,812	FED HOME LOAN MTGE CORP POOL #SD8206	3.000	04/01/52	104,572	108,564
166,300	FED HOME LOAN MTGE CORP POOL #SD8214	3.500	05/01/52	147,367	163,592
219,252	FED HOME LOAN MTGE CORP POOL #SD8222	4.000	06/01/52	200,739	217,163
225,740	FED HOME LOAN MTGE CORP POOL #SD8239	5.000	08/01/52	218,248	225,565
220,979	FED HOME LOAN MTGE CORP POOL #SD8245	4.500	09/01/52	208,262	215,765
105,813	FED HOME LOAN MTGE CORP POOL #SD8246	5.000	09/01/52	102,460	105,978
236,236	FED HOME LOAN MTGE CORP POOL #SD8257	4.500	10/01/52	222,650	226,418
211,255	FED HOME LOAN MTGE CORP POOL #SD8267	5.000	11/01/52	204,528	209,769
201,101	FED HOME LOAN MTGE CORP POOL #SD8289	5.500	01/01/53	198,668	203,865
93,029	FED HOME LOAN MTGE CORP POOL #SD8290	6.000	01/01/53	93,495	95,493
223,901	FED HOME LOAN MTGE CORP POOL #SD8476	6.000	11/01/54	225,005	227,925
292,537	FED NATL MTG ASSN POOL #MA4437	2.000	10/01/51	228,793	241,646
316,228	FED NATL MTG ASSN POOL #MA4466	2.500	11/01/51	259,275	324,689
499,018	FED NATL MTG ASSN POOL #MA4548	2.500	02/01/52	407,443	415,823
222,685	FEDL NATL MTGE ASSN POOL #FS2637	2.500	05/01/52	183,109	194,745
398,639	FEDL NATL MTGE ASSN POOL #MA4562	2.000	03/01/52	310,643	330,048
223,678	FEDL NATL MTGE ASSN POOL #MA4600	3.500	05/01/52	198,241	219,983
217,966	FEDL NATL MTGE ASSN POOL #MA4626	4.000	06/01/52	199,689	215,888
	<u>Forward</u>			<u>\$ 4,316,427</u>	<u>\$ 4,582,340</u>

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 4,316,427	\$ 4,582,340
\$ 126,793	FEDL NATL MTGE ASSN POOL #MA4653	3.000	07/01/52	107,908	112,024
129,771	FEDL NATL MTGE ASSN POOL #MA4698	3.000	08/01/52	110,456	113,225
161,439	FEDL NATL MTGE ASSN POOL #MA4701	4.500	08/01/52	152,148	159,936
271,856	FEDL NATL MTGE ASSN POOL #MA4737	5.000	08/01/52	263,263	271,835
103,926	FEDL NATL MTGE ASSN POOL #MA4785	5.000	10/01/52	100,624	98,584
197,794	FEDL NATL MTGE ASSN POOL #MA4869	5.500	01/01/53	195,321	200,493
89,124	FEDL NATL MTGE ASSN POOL #MA4894	6.000	01/01/53	89,616	91,484
105,369	FEDL NATL MTGE ASSN POOL #MA5072	5.500	07/01/53	104,149	105,773
151,406	FEDL NATL MTGE ASSN POOL #MA5329	6.500	04/01/54	154,563	153,653
110,515	FEDL NATL MTGE ASSN POOL #MA5471	6.000	09/01/54	111,062	111,943
226,627	FEDL NATL MTGE ASSN POOL #MA5497	5.500	10/01/54	223,717	227,600
234,169	GOVT NATL MTGE ASSN II POOL #MA7988	3.000	04/20/52	203,170	198,666
170,550	GOVT NATL MTGE ASSN II POOL #MA8487	3.500	12/20/52	152,536	153,881
155,749	GOVT NATL MTGE ASSN II POOL #MA8492	6.000	12/20/52	157,539	157,648
196,334	GOVT NATL MTGE ASSN II POOL #MA8879	5.500	05/20/53	195,272	195,559
99,912	GOVT NATL MTGE ASSN II POOL #MA8948	5.500	06/20/53	99,282	99,912
84,599	GOVT NATL MTGE ASSN II POOL #MA8949	6.000	06/20/53	85,545	85,584
99,495	GOVT NATL MTGE ASSN II POOL #MA9017	5.500	07/20/53	98,915	97,392
108,382	GOVT NATL MTGE ASSN II POOL #MA9170	5.000	09/20/53	105,285	107,548
187,624	GOVT NATL MTGE ASSN II POOL #MA9424	6.000	01/20/54	189,014	188,818
481,000	UNITED STATES TREASURY BONDS	2.875	05/15/52	336,378	419,800
658,000	UNITED STATES TREASURY BONDS	3.000	08/15/52	472,095	583,130
438,700	UNITED STATES TREASURY BONDS	3.375	08/15/42	362,125	413,819
184,000	UNITED STATES TREASURY BONDS	4.000	11/15/52	160,284	191,618
44,600	UNITED STATES TREASURY BONDS	4.000	11/15/42	40,130	45,473
74,000	UNITED STATES TREASURY BONDS	3.625	02/15/53	60,124	72,490
118,000	UNITED STATES TREASURY BONDS	3.875	02/15/43	104,115	115,840
595,000	UNITED STATES TREASURY BONDS	3.875	05/15/43	523,660	575,150
44,000	UNITED STATES TREASURY BONDS	4.125	08/15/53	39,188	40,788
63,000	UNITED STATES TREASURY BONDS	4.375	08/15/43	59,278	62,874
244,000	UNITED STATES TREASURY BONDS	4.750	11/15/53	241,387	266,532
128,000	UNITED STATES TREASURY BONDS	4.750	11/15/43	126,385	128,821
36,000	UNITED STATES TREASURY BONDS	4.500	02/15/44	34,361	34,228
54,000	UNITED STATES TREASURY BONDS	4.625	05/15/54	52,466	57,983
227,000	UNITED STATES TREASURY BONDS	4.625	05/15/44	220,067	227,136
166,000	UNITED STATES TREASURY BONDS	4.250	08/15/54	151,591	166,834
246,000	UNITED STATES TREASURY BONDS	4.125	08/15/44	222,623	236,535
117,500	UNITED STATES TREASURY BONDS	4.500	11/15/54	112,028	119,887
53,000	UNITED STATES TREASURY BONDS	4.625	11/15/44	51,389	54,008
147,000	UNITED STATES TREASURY BONDS	4.250	11/15/34	143,169	143,830
139,000	UNITED STATES TREASURY NOTES	4.500	11/15/25	139,259	139,889
17,000	UNITED STATES TREASURY NOTES	4.000	12/15/25	16,971	17,084
78,000	UNITED STATES TREASURY NOTES	3.875	03/31/25	77,920	77,601
139,000	UNITED STATES TREASURY NOTES	4.250	05/31/25	138,965	138,110
	<u>Forward</u>			\$ 11,101,770	\$ 11,843,358

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 11,101,770	\$ 11,843,358
\$ 45,000	UNITED STATES TREASURY NOTES	4.500	07/15/26	45,162	44,780
7,000	UNITED STATES TREASURY NOTES	4.625	09/15/26	7,042	6,964
22,500	UNITED STATES TREASURY NOTES	5.000	09/30/25	22,617	22,443
119,000	UNITED STATES TREASURY NOTES	4.375	12/15/26	119,270	119,725
50,000	UNITED STATES TREASURY NOTES	3.750	12/31/30	48,174	48,857
75,000	UNITED STATES TREASURY NOTES	4.250	02/28/29	74,650	75,127
66,000	UNITED STATES TREASURY NOTES	4.500	05/31/29	66,315	66,688
411,000	UNITED STATES TREASURY NOTES	4.250	06/30/29	408,723	418,616
139,000	UNITED STATES TREASURY NOTES	3.750	08/31/31	133,173	140,569
121,000	UNITED STATES TREASURY NOTES	3.500	09/30/29	116,425	118,172
233,000	UNITED STATES TREASURY NOTES	4.125	10/31/29	230,316	232,230
67,000	UNITED STATES TREASURY NOTES	4.125	10/31/31	65,580	66,233
373,000	UNITED STATES TREASURY NOTES	4.125	11/15/27	371,355	371,470
68,000	US TREASURY BOND	1.250	05/15/50	32,238	39,735
891,000	UNITED STATES TREASURY BILLS	Var	03/20/25	884,140	880,454
40,000	NEW HAMPSHIRE STATE HLTH & EDU REVENUE	5.040	11/01/34	38,956	40,000
45,937	OKLAHOMA DEV FIN AUTH	3.877	05/01/37	43,883	45,937
50,980	TEXAS NATURAL GAS SECURITIZATION	5.102	04/01/25	51,087	50,980
345,000	TEXAS NATURAL GAS SECURITIZATION	5.169	04/01/41	339,753	351,702
210,000	GOLDEN ST TOBACCO SECURITIZATI	3.000	06/01/46	195,075	194,002
225,000	LOUISIANA LOCAL GOVT ENVIRONMENTAL	4.145	02/01/33	218,511	224,997
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 14,614,215</u>	<u>\$ 15,403,039</u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stock</u>	<u>Fair Value</u>	<u>Cost</u>
2,230	ALKERMES PLC	\$ 64,135	\$ 62,520
513	ASCENDIS PHARMA	70,625	70,332
1,557	AXALTA COATING SYSTEMS LTD.	53,281	48,825
2,917	BANK N S HALIFAX COM	156,701	137,573
11,280	CARNIVAL CORP	281,098	183,468
2,556	CELLEBRITE DI LTD	56,309	52,722
424	COLLIERS INTERNATIONAL GROUP INC.	57,651	60,940
2,607	CRH PLC	241,200	160,252
416	CYBER-ARK SOFTWARE LTD/ISRAEL	138,590	63,771
6,844	ENBRIDGE INC	290,391	254,046
365	FTAI AVIATION LTD	52,575	48,696
5,201	GENIUS SPORTS LTD	44,989	51,301
2,830	JOHNSON CONTROLS INTERNATIONAL PLC	223,372	191,767
2,771	MEDTRONIC, PLC	221,347	237,733
361	NOVA LTD	71,099	24,763
6,820	ROIVANT SCIENCES LTD	80,681	68,528
4,511	SANOFI-AVENTIS	217,566	220,535
682	WILLIS TOWERS WATSON PUB LTDCO	213,630	147,648
523	WIX.COM LTD	112,210	76,261
1,157	AIR PRODS & CHEMS INC COM	335,576	310,324
1,548	ATI INC	85,202	61,441
292	RBC BEARINGS INC	87,349	61,284
77	AXON ENTERPRISE INC	45,763	6,843
1,663	AZEK CO INC/THE	78,943	49,726
856	BWX TECHNOLOGIES INC	95,350	66,929
606	CASELLA WASTE SYS INC CL A	64,121	62,119
508	ESAB CORP	60,930	63,908
1,188	FLOWERVE CORP COM	68,334	65,207
762	FORTIVE CORP	57,150	57,350
561	GENERAC HOLDINGS INC	86,983	78,682
1,095	HEXCEL CORP NEW COM	68,657	62,904
1,137	HUNT J B TRANS SVCS INC	194,040	138,279
604	ITT INC	86,300	61,018
1,202	JACOBS SOLUTIONS INC	160,611	136,501
544	KBR INC	31,514	19,619
1,178	KNIFE RIVER CORP	119,732	79,985
805	LOAR HOLDINGS INC	59,498	42,341
664	PARSONS CORP	61,254	33,232
469	SITEONE LANDSCAPE SUPPLY INC	61,800	40,612
1,510	STANDARD AERO INC	37,388	45,806
2,248	TETRA TECH INC NEW	89,560	51,290
2,437	ARAMARK	90,924	61,149
761	BRIGHT HORIZONS FAMILY SOLUTIO	84,357	82,584
490	CHAMPION HOMES INC	43,169	51,265
	<u>Forward</u>	\$ 4,901,955	\$ 3,952,079

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 4,901,955	\$ 3,952,079
587	CHURCHILL DOWNS INC	78,388	61,302
559	COLUMBIA SPORTSWEAR CO COM	46,917	38,206
7,500	COMCAST CORP CLASS A	281,475	298,983
5,112	LAUREATE EDUCATION INC	93,498	73,918
3,615	LIFE TIME GROUP HOLDINGS INC	79,964	84,486
556	LIGHT & WONDER INC	48,027	33,477
666	LITHIA MOTORS INC CL A COM	238,048	194,900
1,402	SKECHERS U S A INC	94,270	58,258
564	TEXAS ROADHOUSE, INC COMMON STOCK	101,763	35,978
993	BJ'S WHOLESALE CLUB HOLDINGS, INC.	88,725	68,856
252	CASEYS GEN STORES INC	99,850	38,833
644	FRESHPET INC	95,383	48,941
8,934	KEURIG DR PEPPER INC	286,960	282,863
682	PERFORMANCE FOOD GROUP CO	57,663	36,640
2,526	PHILIP MORRIS INTERNATIONAL IN	304,004	250,583
1,842	CHAMPIONX CORP	50,084	40,798
2,147	EXXON MOBIL CORPORATION	230,953	161,680
6,162	HALLIBURTON CO	167,545	203,534
1,204	HESS CORP	160,144	92,544
3,193	MAGNOLIA OIL & GAS CORP CL A	74,652	75,165
1,260	MATADOR RESOURCES CO	70,888	73,893
3,677	NOV INC	53,684	74,885
1,020	PHILLIPS 66	116,209	85,671
822	AMERICAN EXPRESS CO	243,961	72,390
2,548	AMERICAN INTERNATIONAL GROUP, INC	185,494	111,461
1,258	AXOS FINANCIAL, INC	87,871	63,965
7,133	BANK OF AMERICA CORP	313,495	280,445
3,700	CLEARWATER ANALYTICS HLDGS INC	101,824	70,192
716	HAMILTON LANE INC	106,004	57,510
1,272	JEFFERIES FINANCIAL GROUP INC.	99,725	51,503
106	KINSALE CAPITAL GROUP INC	49,304	25,578
480	M & T BANK CORPORATION COM	90,245	77,455
853	PROLOGIS, INC.	90,162	92,188
637	PUBLIC STORAGE INC COM	190,743	172,114
291	REINSURANCE GROUP AMERICA CLASS A	62,166	41,436
1,868	STEPSTONE GROUP INC	108,120	73,257
2,034	US BANCORP	97,286	84,032
9,587	VICI PROPERTIES INC	280,036	228,368
1,947	WELLS FARGO & CO	136,757	69,238
769	ADVANCED ENERGY INDS INC	88,919	52,570
2,512	ALKAMI TECHNOLOGY INC	92,140	85,023
2,515	ALLEGRO MICROSYSTEMS INC	54,978	60,246
	<u>Forward</u>	\$ 10,300,279	\$ 8,135,444

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 10,300,279	\$ 8,135,444
203	BROADCOM INC	47,064	7,440
1,228	CIENA CORP USD 0.01	104,147	65,662
2,651	COGNIZANT TECH SOLUTIONS CRP COM	203,862	171,995
415	EURONET WORLDWIDE INC.	42,679	45,505
1,656	EXLSERVICE HOLDINGS INC	73,493	66,318
4,598	FIDELITY NATL INFORMATION SVCS INC	371,380	365,908
392	GUIDEWIRE SOFTWARE INC	66,083	58,559
1,626	MICROCHIP TECHNOLOGY INC COM	93,251	94,001
500	MKS INSTRS INC COM	52,195	66,536
1,575	NCINO INC	52,889	64,058
1,026	ORACLE CORPORATION	170,973	67,006
984	POWER INTERGRATIONS INC COM	60,713	76,515
4,060	PRIVIA HEALTH GROUP INC	79,373	98,947
1,993	QUALCOMM INC	306,165	210,792
437	SILICON LABORATORIES INC	54,284	38,433
281	SPS COMMERCE INC	51,701	53,662
1,330	TRIMBLE INC	93,978	58,348
138	TYLER TECHNOLOGIES INC	79,576	36,615
410	WEX INC.	71,881	68,675
976	WORKIVA INC	106,872	90,819
4,720	ENTERGY CORP NEW COM	357,870	244,105
2,478	PINNACLE WEST CAP CORP	210,060	188,719
3,284	XCEL ENERGY INC COM	221,736	210,730
836	DOXIMITY INC	44,634	48,460
473	ELEVANCE HEALTH INC	174,490	137,855
726	GLAUKOS CORP	108,856	81,827
1,053	HEALTH EQUITY INC	101,035	69,379
1,534	INSMED INC	105,907	31,937
716	INTEGER HOLDINGS CORP	94,884	81,510
2,296	MERCK & CO INC NEW	228,406	194,345
1,097	MERIT MEDICAL SYSTEMS INC	106,102	87,071
739	NATERA INC	116,984	40,807
351	PENUMBRA INC	83,355	74,205
1,349	PROCEPT BIOROBOTICS CORP	108,621	48,683
88	UNITED THERAPEUTICS CORP DEL	31,050	19,958
367	UNITEDHEALTH GROUP INC	185,651	111,960
1,185	VERACYTE INC	46,926	51,937
774	OLLIE'S BARGAIN OUTLET HOLDING	84,931	79,037
1,301	APTIV PLC	78,682	126,138
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 14,973,018</u>	<u>\$ 11,869,901</u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	<u>Mutual Funds</u>	Fair Value	Cost
263,642	American Funds EuroPacific Growth Fund	\$ 14,162,867	\$ 10,186,343
2,262,514	PIMCO Income Fund	23,801,647	23,959,663
256,377	Fidelity Blue Chip Growth K6 Fund	9,442,357	6,959,939
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 47,406,871</u>	<u>\$ 41,105,945</u>
	<u>Common/Collective Funds</u>		
315,635	BlackRock Equity Index Non-Lendable Fund	\$ 33,941,017	\$ 25,670,620
512,096	BlackRock MSCI ACWI EX-US Index Non-Lendable Fund	18,045,980	13,881,809
371,848	Boston Partners Small/Mid Cap Value Equity Fund	5,963,245	4,778,129
	<u>TOTALS - COMMON/COLLECTIVE FUNDS</u>	<u>\$ 57,950,242</u>	<u>\$ 44,330,558</u>
	<u>Pooled Separate Account</u>		
6,604	PGIM Real Estate US Debt Fund	\$ 10,455,462	\$ 8,571,876
	<u>103-12 Entity</u>		
36,402	ULLICO Infrastructure Tax Exempt Fund	\$ 10,835,500	\$ 9,647,899
	<u>Limited Partnerships</u>		
	American Core Realty Fund LP	\$ 15,597,099	\$ 12,891,570
	White Oak Summit Peer Fund, LP	5,538,627	6,865,963
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 21,135,726</u>	<u>\$ 19,757,533</u>
No. of Units	<u>Money Market Fund</u>		
7,384,967	Allspring 100% Treasury Admin Money Market Fund	\$ 7,384,967	\$ 7,384,967

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6035266; PLAN NO. 001

JANUARY 1, 2024 TO DECEMBER 31, 2024

Issuer	Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Net Gain or (Loss)
Allspring	Allspring 100% Treasury Admin Money Market Fund	Purchases	Var.	-	\$ 48,902,566	\$ -	\$ 48,902,566	\$ -
		Sales	Var.	-	-	47,311,654	47,311,654	-

Schedule MB (Form 5500) 2024**Plan Name: Southern California Lumber Industry Retirement Plan****Employer ID: 95-6035266****Plan Number: 001****SCHEDULE MB, LINE 8B(2) - SCHEDULE OF ACTIVE PARTICIPANT DATA**

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	11	14	1	0	0	0	0	0	0	0
25 to 29	9	19	14	1	0	0	0	0	0	0
30 to 34	5	30	28	3	0	0	0	0	0	0
35 to 39	1	23	21	1	8	0	0	0	0	0
40 to 44	1	21	23	9	14	4	0	0	0	0
45 to 49	80	170	52	5	10	9	1	0	0	0
50 to 54	1	19	30	13	15	20	7	5	1	0
55 to 59	1	18	36	9	12	12	6	7	2	0
60 to 64	0	16	34	7	15	11	7	12	4	2
65 to 69	1	4	14	4	4	3	1	1	1	1
70 & up	0	0	2	2	1	1	0	0	1	0

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Entry Age Normal Cost Method.

Actuarial Assumptions:

Interest Discount Rate: For funding and ASC 960: 7.00% compounded annually.
For current liability: 3.29% compounded annually.

Investment Yield: 7.00% compounded annually, net of investment expenses.

Individual Account Benefit Interest Credit: 3.00% compounded quarterly.

Administrative Expenses: \$850,000 payable mid-year (equivalent to \$821,726 payable at the beginning of the year.)

Mortality: For funding and ASC 960:

Healthy: 1994 Group Annuity Mortality Table, set forward 1 year, projected to 2016.

Disabled: 1994 Group Annuity Mortality Table, set forward 4 years.

For current liability: 2024 Applicable Mortality Table

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Termination before Retirement:	<u>Age</u>	<u>Less than 3 Years since Entry</u>	<u>3 or More Years since Entry</u>
	20	27.12%	17.14%
	25	32.80	20.72
	30	28.16	16.49
	35	25.50	13.49
	40	24.36	12.82
	45	24.03	12.01
	50	24.76	11.77
	55	22.55	11.20
	60	24.11	9.41

Retirement:	<u>Age</u>	<u>Retirement Rate</u>
	60	22%
	61	8
	62	33
	63-64	18
	65	40
	66-69	30
	70	100

Inactive vested participants are assumed to retire at age 63; Future inactive vested participants are assumed to retire at age 63 for the normal or early retirement benefit and the Individual Account benefit.

Employment: Future annual contributions are assumed to be at \$1,200 per active employee.

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status:	80% of non-retired participants are married. Wife is assumed to be five years younger than the husband.
Form of Payments:	65% of participants are assumed to elect the 75% Joint and Survivor annuity for the normal or early retirement benefit and 35% are assumed to elect the life annuity. 100% are assumed to elect the lump sum option for the Individual Account Benefit.
Unknown Data:	Participants with unreported data, such as missing birthdates, are assumed to have the same characteristics as similar participants. If not specified, participants are assumed to be male.
Exclusions:	Inactive vested participants over age 70 are excluded from the valuation.
Asset Valuation Method:	Adjusted market value. Difference between actual investment return and expected return on the market value is recognized over a five-year period. Actuarial value may not be less than 80% or more than 120% of market value.

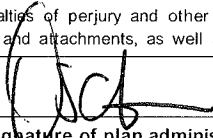
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 _____ and ending _____	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II		Basic Plan Information - enter all requested information	
1a Name of plan	1b Three-digit plan number (PN) ▶	001	
SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND		1c Effective date of plan	05/01/1957
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)	2b Employer Identification Number (EIN)	95-6035266	
BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017	2c Plan Sponsor's telephone number	562-463-5000	
	2d Business code (see instructions)	321900	

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		10082025	OSCAR GORDONA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 and ending	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	1b Three-digit plan number (PN) ▶ 001
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) BOARD OF TRUSTEES, SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017	1c Effective date of plan 05/01/1957 2b Employer Identification Number (EIN) 95-6035266 2c Plan Sponsor's telephone number 562-463-5000 2d Business code (see instructions) 321900

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		7/09/2025	
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 95-6035266 3c Administrator's telephone number 562-463-5000
--	---

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 5824
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 951
a(2) Total number of active participants at the end of the plan year	6a(2) 916
b Retired or separated participants receiving benefits	6b 2460
c Other retired or separated participants entitled to future benefits.	6c 1631
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 5007
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 708
f Total. Add lines 6d and 6e.	6f 5715
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 26

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6035266; PLAN NO. 001

JANUARY 1, 2024 TO DECEMBER 31, 2024

Issuer	Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Net Gain or (Loss)
Allspring	Allspring 100% Treasury Admin Money Market Fund	Purchases	Var.	-	\$ 48,902,566	\$ -	\$ 48,902,566	\$ -
		Sales	Var.	-	-	47,311,654	47,311,654	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

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

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

A Name of plan Southern California Lumber Industry Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Southern California Lumber Industry	D Employer Identification Number (EIN) 95-6035266

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 201,771,258
(2) Actuarial value of assets for funding standard account.....	1b(2) 219,485,315
c (1) Accrued liability for plan using immediate gain methods	1c(1) 200,490,946
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 200,479,074
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 283,785,876
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,170,907
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 28,336,383
(3) Expected plan disbursements for the plan year	1d(3) 29,158,109

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

SIGN HERE	<i>Nancy Teague Lee</i>	<i>9/30/2025</i>
	Signature of actuary	Date
Nancy Teague Lee		2307500
	Type or print name of actuary	Most recent enrollment number
NWPS		206-713-3801
	Firm name	Telephone number (including area code)
160 W. Santa Clara Street	Suite 1550	
San Jose	CA 95113	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	201,771,258
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,220	162,937,838
(2) For terminated vested participants	1,653	88,572,529
(3) For active participants:		
(a) Non-vested benefits		995,328
(b) Vested benefits		31,280,181
(c) Total active	951	32,275,509
(4) Total	5,824	283,785,876
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	2,151,289	0			
07/01/2024	306,085	0			
Totals ▶			3(b)	2,457,374	0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 306,085

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	109.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	3P2016+1
(2) Females	6c(2)	3P2016+1
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	821,726
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,104,451	113,330

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
--	-----------	--

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,537,728

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	36,452,649		4,772,582
(2) Funding waivers.....	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0		0

d Interest as applicable on lines 9a, 9b, and 9c	9d	441,722
e Total charges. Add lines 9a through 9d.....	9e	6,752,032

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	26,176,230
g Employer contributions. Total from column (b) of line 3.....	9g	2,457,374

		Outstanding balance		
h Amortization credits as of valuation date.....	9h	10,276,419		1,507,433

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	2,022,410
--	-----------	-----------

j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL).....	9j(1)	28,284,001		
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	34,307,549		
(3) FFL credit.....	9j(3)			0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	32,163,447
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	25,411,415
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
---	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	--



September 30, 2025

Heather Shipley
Benefit Programs Administration
1200 Wilshire Blvd, Fifth Floor
Los Angeles, CA 90017-1906

Re: Southern California Lumber Industry Retirement Plan

Dear Heather:

Enclosed are the following government schedules and forms for the Southern California Lumber Industry Retirement Plan:

- 2024 Schedule MB (Form 5500) Actuarial Information, with attachments. The Schedule MB should be attached to the 2024 IRS Form 5500 filing.

Please let me know if you have any questions about the enclosed or need further assistance or information.

Sincerely,

A handwritten signature in dark ink that reads "Nancy Teague Lee". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Nancy Teague Lee
Managing Actuary

Enclosures

cc: Jamie Baldwin
Arlene Santos

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6(F)(1) – DESCRIPTION OF WITHDRAWAL LIABILITY INTEREST RATE

The PBGC ERISA 4044 interest rates for valuing immediate and deferred annuities on the last day of the plan year and the funding interest rate.

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 8B(1) - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

<u>Plan Year</u>	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,415,225	12,157,880	14,763,277	28,336,383
2025	1,218,333	5,055,621	14,090,662	20,364,616
2026	1,361,678	5,457,011	13,458,920	20,277,608
2027	1,318,745	5,783,135	12,832,762	19,934,642
2028	1,329,370	5,622,443	12,230,292	19,182,105
2029	1,349,982	4,535,059	11,636,253	17,521,294
2030	1,333,762	5,524,922	11,049,323	17,908,007
2031	1,365,030	4,711,257	10,468,431	16,544,718
2032	1,402,366	4,224,702	9,892,684	15,519,752
2033	1,407,774	3,913,286	9,321,383	14,642,444
2034	1,459,007	3,357,793	8,754,397	13,571,197
2035	1,487,370	3,428,987	8,192,158	13,108,515
2036	1,539,229	3,262,475	7,635,552	12,437,256
2037	1,555,540	3,294,074	7,086,100	11,935,714
2038	1,545,096	3,129,104	6,545,595	11,219,796
2039	1,543,513	3,103,628	6,016,157	10,663,298
2040	1,546,931	3,079,802	5,500,245	10,126,979
2041	1,537,289	3,045,833	5,000,177	9,583,298
2042	1,526,044	2,952,710	4,518,373	8,997,127
2043	1,521,646	2,894,914	4,057,140	8,473,700
2044	1,494,108	2,832,306	3,618,524	7,944,938
2045	1,472,571	2,743,725	3,204,611	7,420,906
2046	1,457,302	2,631,826	2,817,385	6,906,513
2047	1,423,083	2,500,115	2,458,494	6,381,692
2048	1,388,437	2,403,998	2,129,184	5,921,620
2049	1,341,968	2,255,048	1,830,210	5,427,226
2050	1,305,788	2,165,065	1,561,796	5,032,649
2051	1,253,543	2,037,574	1,323,571	4,614,688
2052	1,203,600	1,917,410	1,114,703	4,235,713
2053	1,157,327	1,773,426	933,785	3,864,538
2054	1,104,609	1,675,645	778,938	3,559,191
2055	1,053,502	1,531,326	647,888	3,232,716
2056	997,010	1,436,258	538,129	2,971,397
2057	939,378	1,292,622	447,136	2,679,136
2058	883,311	1,218,396	372,318	2,474,025
2059	829,520	1,067,828	311,189	2,208,536
2060	773,213	944,593	261,518	1,979,324
2061	716,784	850,600	221,268	1,788,653
2062	662,924	758,040	188,630	1,609,595
2063	610,032	667,284	162,093	1,439,409
2064	560,069	591,542	140,388	1,291,999
2065	512,823	523,021	122,472	1,158,316
2066	468,056	461,396	107,499	1,036,950
2067	425,517	406,246	94,823	926,586
2068	385,847	357,093	83,957	826,897
2069	349,097	313,427	74,520	737,044
2070	315,210	274,739	66,235	656,184
2071	284,043	240,529	58,908	583,480
2072	255,438	210,317	52,391	518,146
2073	229,258	183,658	46,569	459,485

Schedule MB (Form 5500) 2024**Plan Name:** Southern California Lumber Industry Retirement Plan**Employer ID:** 95-6035266**Plan Number:** 001**SCHEDULE MB, LINE 8B(3) - SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS AND WITHDRAWAL LIABILITY PAYMENTS**

<u>Plan Year</u>	Employer Contributions	Withdrawal Liability Payments	Total
2024	2,151,289	306,085	2,457,374
2025	2,119,275	87,573	2,206,848
2026	2,121,525	87,573	2,209,098
2027	2,109,825	87,573	2,197,398
2028	2,109,825	87,573	2,197,398
2029	2,109,825	87,573	2,197,398
2030	2,109,825	87,573	2,197,398
2031	2,109,825	87,573	2,197,398
2032	2,109,825	87,573	2,197,398
2033	2,109,825	87,573	2,197,398

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: May 1, 1957.

Plan Year: January 1 – December 31.

Monthly Normal Retirement Benefit: \$5.50 times the number of years of Credited Past Service (to a maximum of 14 years), plus 2.75% times the amount of contributions credited through April 30, 2009, plus 1.00% times the amount of contributions credited on or after May 1, 2009.

Credited Past Service: Number of completed full years of continuous service of the participant in the Southern California Lumber Industry prior to the date on which a participating employer first began making contributions to the plan for the participant. Limited to a maximum of 14 years.

Current Service Credit: Service credited from date of participation of 1/12th of a year for each 80 hours worked.

Credited Service: The sum of Credited Past Service and Current Service Credit.

Normal Form of Benefit: Lifetime payments to retiree.

Normal Retirement Age: Age 65 and vested or age 65 with 5 years of participation.

Early Retirement Age: Age 60 and 5 years of Credited Service including one year of Current Service Credit.

Early Retirement Benefit: Accrued benefit reduced 6.67% for each year preceding age 65 (prorated for partial years).

Vesting: 3 Years of Credited Service.

Participation: After completion of 1,000 hours of service in a period not exceeding 2 consecutive plan years.

Break-in-Service: Less than 500 hours in a plan year.

Permanent Break-in-Service: 5 consecutive 1-year breaks-in-service.

Pre-Retirement Death Eligibility (monthly accrued benefit): Vested or eligible for Early or Normal Retirement and married.

Pre-Retirement Death Benefit: Surviving spouse will receive an annuity equal to 75% of the amount the participant would have received under the 75% joint and survivor form of payment if he/she had retired on the day before death. If the participant died prior to early retirement eligibility, the benefit is deferred to the date the participant would have been age 60.

Post-Retirement Death Benefit: Survivor benefit, if any, based on the form of payment in effect at time of death.

Optional Forms of Benefit Payment: Single life annuity, 50% and 75% joint and survivor annuity with pop-up option, social security (level income) option, lump sum.



Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS (CONTINUED)

Individual Account Benefit: Individual account maintained for each participant with a contribution amount of 20% of contributions each year with interest credited quarterly at the annual rate of 30-year Treasury securities. Participants meeting the eligibility rules for a normal or early retirement benefit are eligible for an Individual Account Benefit.

Form of Benefit Payment for Individual Account Benefit:

Lump sum distribution or an actuarially equivalent monthly payment in the same form of payment as the normal or early retirement benefit.

Pre-Retirement Individual Account Death Benefit

Eligibility: Vested.

Pre-Retirement Individual Account Death Benefit: A

beneficiary will receive a distribution of the participant's total account. Spouses who are eligible for the Pre-Retirement Death Benefit based on the participants monthly accrued benefit may elect to receive an actuarially equivalent monthly annuity.

Plan Provisions Excluded from Measurement: None.

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Corporate Debt Securities	Interest Rate (%)	Maturity Date	Fair Value	Cost
\$ 60,000	ADVENTIST HEALTH SYS	5.757	12/01/34	\$ 60,401	\$ 60,000
42,000	AGCO CORP	5.800	03/21/34	42,214	41,887
260,000	AMAZON.COM INC	3.300	04/13/27	253,750	256,976
153,000	AMEREN MISSOURI	4.850	10/01/41	149,684	152,982
118,000	AMERICAN EXPRESS CO	4.050	12/03/42	98,793	149,440
67,000	AT&T INC DTD 05/04/15	4.500	05/15/35	61,967	66,993
74,000	AT&T INC DTD 05/28/20	3.650	06/01/51	52,261	78,490
148,000	BANK OF AMERICA CORP	3.500	04/19/26	145,790	149,792
89,000	BANK OF AMERICA CORP	Var	03/08/37	78,836	89,000
147,000	BANK OF AMERICA CORP	Var	04/02/26	146,431	147,000
60,000	BANK OF AMERICA CORP	Var	01/20/27	60,174	60,000
400,000	BANK OF NY MELLON CORP	1.900	01/25/29	359,012	399,760
133,000	BAT CAPITAL CORP	6.343	08/02/30	139,851	133,253
298,000	BERKSHIRE HATHAWAY ENERG	1.650	05/15/31	242,101	284,963
40,000	BOSTON PROPERTIES INC	3.400	06/21/29	36,706	39,926
127,000	BOSTON PROPERTIES LP	2.450	10/01/33	97,862	126,948
30,000	BOSTON PROPERTIES LP	5.750	01/15/35	29,410	29,988
95,000	CENCORA INC	5.150	02/15/35	92,613	94,948
259,000	CINTAS CORP	3.450	05/01/25	257,780	258,448
250,000	CITIBANK	5.803	09/29/28	257,805	250,000
104,000	CITIGROUP INC	Var	06/03/31	90,642	110,289
76,000	CITIGROUP INC	Var	09/19/39	72,376	76,000
145,000	COMCAST CORP	2.650	02/01/30	129,898	144,784
107,000	COMCAST CORP	3.750	04/01/40	86,063	119,379
19,000	COUSINS PPTYS LP	5.375	02/15/32	18,660	18,898
54,000	CVS HEALTH CORP	5.050	03/25/48	44,526	58,340
78,000	DIAMONDBACK ENERGY INC	5.400	04/18/34	76,693	77,750
224,000	ENERGY TRANSFER LP	5.600	09/01/34	223,803	223,420
88,000	EXPAND ENERGY CORP	5.700	01/15/35	86,370	87,656
152,000	GENERAL MOTORS FINL CO	2.400	10/15/28	137,800	151,620
31,000	GENERAL MOTORS FINL CO	5.750	02/08/31	31,408	30,915
57,000	GENERAL MOTORS FINL CO	5.600	06/18/31	57,285	56,918
85,000	GENERAL MOTORS FINL CO	5.950	04/04/34	85,444	84,981
140,000	GLP CAPITAL LP / FIN II	5.625	09/15/34	137,753	138,732
327,000	GOLDMAN SACHS GROUP INC	Var	10/21/27	310,251	325,902
64,000	HIGHWOODS RLTY LTD PARTNERSHIP	7.650	02/01/34	71,034	63,150
191,000	JPMORGAN CHASE & CO	2.950	10/01/26	186,091	175,968
30,000	KILROY RLTY LP	6.250	01/15/36	29,763	29,664
147,000	MERCK & CO INC	2.750	02/10/25	146,721	146,757
59,000	MORGAN STANLEY	Var	02/07/39	59,194	59,000
93,000	MORGAN STANLEY	Var	05/04/27	89,143	91,750
259,000	NORTHERN TRUST CORP	4.000	05/10/27	255,592	258,580
81,000	PHILLIPS EDISON GROCERY	5.750	07/15/34	81,093	79,938
49,000	PNC FINANCIAL SERVICES	Var	08/18/34	50,468	49,000
42,000	PNC FINANCIAL SERVICES	Var	10/20/34	45,846	42,000
151,000	ROYAL BANK OF CANADA	2.300	11/03/31	126,799	150,825
<u>Forward</u>				\$ 5,394,157	\$ 5,723,010

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 5,394,157	\$ 5,723,010
\$ 146,000	SOUTHERN CAL EDISON	2.250	06/01/30	126,858	148,974
41,000	UNITEDHEALTH GROUP INC	3.875	12/15/28	39,648	41,700
274,000	US BANCORP	Var	11/03/36	221,926	273,181
19,000	US BANCORP	Var	01/23/30	19,157	19,000
135,000	WALT DISNEY COMPANY	3.500	05/13/40	108,257	148,036
63,000	WARNERMEDIA HOLDINGS INC	4.279	03/15/32	55,516	56,325
182,000	WELLS FARGO & COMPANY	Var	10/30/30	164,168	188,767
77,000	WELLS FARGO & COMPANY	Var	06/02/28	72,521	77,000
116,000	WELLS FARGO & COMPANY	Var	07/25/29	117,775	116,000
82,000	WELLS FARGO & COMPANY	Var	12/03/35	79,784	82,000
125,000	PG&E ENERGY RECOVERY FND	2.822	07/15/46	87,616	124,994
146,000	SWEPSCO STORM RECOVERY	4.880	09/01/41	142,670	145,928
275,000	DEUTSCHE BANK AG	5.414	05/10/29	279,087	275,000
158,000	MAGNA INTERNATIONAL INC	5.980	03/01/26	157,990	158,000
98,000	BMW Vehicle Owner Trust	5.180	02/26/29	99,156	97,985
151,000	Honda Auto Receivables	5.270	11/20/28	152,833	150,982
164,000	Nissan Auto Receivables	5.280	12/15/28	166,239	163,985
295,000	Toyota Auto Receivables	5.330	01/16/29	299,024	294,958
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 7,784,382</u>	<u>\$ 8,285,825</u>

Government Debt Securities

\$ 579,295	FED HOME LN MTG CORP POOL #SD8090	2.000	09/01/50	\$ 455,187	\$ 453,117
181,449	FED HOME LN MTG CORP POOL #SD8178	2.500	11/01/51	148,053	186,304
122,812	FED HOME LOAN MTGE CORP POOL #SD8206	3.000	04/01/52	104,572	108,564
166,300	FED HOME LOAN MTGE CORP POOL #SD8214	3.500	05/01/52	147,367	163,592
219,252	FED HOME LOAN MTGE CORP POOL #SD8222	4.000	06/01/52	200,739	217,163
225,740	FED HOME LOAN MTGE CORP POOL #SD8239	5.000	08/01/52	218,248	225,565
220,979	FED HOME LOAN MTGE CORP POOL #SD8245	4.500	09/01/52	208,262	215,765
105,813	FED HOME LOAN MTGE CORP POOL #SD8246	5.000	09/01/52	102,460	105,978
236,236	FED HOME LOAN MTGE CORP POOL #SD8257	4.500	10/01/52	222,650	226,418
211,255	FED HOME LOAN MTGE CORP POOL #SD8267	5.000	11/01/52	204,528	209,769
201,101	FED HOME LOAN MTGE CORP POOL #SD8289	5.500	01/01/53	198,668	203,865
93,029	FED HOME LOAN MTGE CORP POOL #SD8290	6.000	01/01/53	93,495	95,493
223,901	FED HOME LOAN MTGE CORP POOL #SD8476	6.000	11/01/54	225,005	227,925
292,537	FED NATL MTG ASSN POOL #MA4437	2.000	10/01/51	228,793	241,646
316,228	FED NATL MTG ASSN POOL #MA4466	2.500	11/01/51	259,275	324,689
499,018	FED NATL MTG ASSN POOL #MA4548	2.500	02/01/52	407,443	415,823
222,685	FEDL NATL MTGE ASSN POOL #FS2637	2.500	05/01/52	183,109	194,745
398,639	FEDL NATL MTGE ASSN POOL #MA4562	2.000	03/01/52	310,643	330,048
223,678	FEDL NATL MTGE ASSN POOL #MA4600	3.500	05/01/52	198,241	219,983
217,966	FEDL NATL MTGE ASSN POOL #MA4626	4.000	06/01/52	199,689	215,888
	<u>Forward</u>			<u>\$ 4,316,427</u>	<u>\$ 4,582,340</u>

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 4,316,427	\$ 4,582,340
\$ 126,793	FEDL NATL MTGE ASSN POOL #MA4653	3.000	07/01/52	107,908	112,024
129,771	FEDL NATL MTGE ASSN POOL #MA4698	3.000	08/01/52	110,456	113,225
161,439	FEDL NATL MTGE ASSN POOL #MA4701	4.500	08/01/52	152,148	159,936
271,856	FEDL NATL MTGE ASSN POOL #MA4737	5.000	08/01/52	263,263	271,835
103,926	FEDL NATL MTGE ASSN POOL #MA4785	5.000	10/01/52	100,624	98,584
197,794	FEDL NATL MTGE ASSN POOL #MA4869	5.500	01/01/53	195,321	200,493
89,124	FEDL NATL MTGE ASSN POOL #MA4894	6.000	01/01/53	89,616	91,484
105,369	FEDL NATL MTGE ASSN POOL #MA5072	5.500	07/01/53	104,149	105,773
151,406	FEDL NATL MTGE ASSN POOL #MA5329	6.500	04/01/54	154,563	153,653
110,515	FEDL NATL MTGE ASSN POOL #MA5471	6.000	09/01/54	111,062	111,943
226,627	FEDL NATL MTGE ASSN POOL #MA5497	5.500	10/01/54	223,717	227,600
234,169	GOVT NATL MTGE ASSN II POOL #MA7988	3.000	04/20/52	203,170	198,666
170,550	GOVT NATL MTGE ASSN II POOL #MA8487	3.500	12/20/52	152,536	153,881
155,749	GOVT NATL MTGE ASSN II POOL #MA8492	6.000	12/20/52	157,539	157,648
196,334	GOVT NATL MTGE ASSN II POOL #MA8879	5.500	05/20/53	195,272	195,559
99,912	GOVT NATL MTGE ASSN II POOL #MA8948	5.500	06/20/53	99,282	99,912
84,599	GOVT NATL MTGE ASSN II POOL #MA8949	6.000	06/20/53	85,545	85,584
99,495	GOVT NATL MTGE ASSN II POOL #MA9017	5.500	07/20/53	98,915	97,392
108,382	GOVT NATL MTGE ASSN II POOL #MA9170	5.000	09/20/53	105,285	107,548
187,624	GOVT NATL MTGE ASSN II POOL #MA9424	6.000	01/20/54	189,014	188,818
481,000	UNITED STATES TREASURY BONDS	2.875	05/15/52	336,378	419,800
658,000	UNITED STATES TREASURY BONDS	3.000	08/15/52	472,095	583,130
438,700	UNITED STATES TREASURY BONDS	3.375	08/15/42	362,125	413,819
184,000	UNITED STATES TREASURY BONDS	4.000	11/15/52	160,284	191,618
44,600	UNITED STATES TREASURY BONDS	4.000	11/15/42	40,130	45,473
74,000	UNITED STATES TREASURY BONDS	3.625	02/15/53	60,124	72,490
118,000	UNITED STATES TREASURY BONDS	3.875	02/15/43	104,115	115,840
595,000	UNITED STATES TREASURY BONDS	3.875	05/15/43	523,660	575,150
44,000	UNITED STATES TREASURY BONDS	4.125	08/15/53	39,188	40,788
63,000	UNITED STATES TREASURY BONDS	4.375	08/15/43	59,278	62,874
244,000	UNITED STATES TREASURY BONDS	4.750	11/15/53	241,387	266,532
128,000	UNITED STATES TREASURY BONDS	4.750	11/15/43	126,385	128,821
36,000	UNITED STATES TREASURY BONDS	4.500	02/15/44	34,361	34,228
54,000	UNITED STATES TREASURY BONDS	4.625	05/15/54	52,466	57,983
227,000	UNITED STATES TREASURY BONDS	4.625	05/15/44	220,067	227,136
166,000	UNITED STATES TREASURY BONDS	4.250	08/15/54	151,591	166,834
246,000	UNITED STATES TREASURY BONDS	4.125	08/15/44	222,623	236,535
117,500	UNITED STATES TREASURY BONDS	4.500	11/15/54	112,028	119,887
53,000	UNITED STATES TREASURY BONDS	4.625	11/15/44	51,389	54,008
147,000	UNITED STATES TREASURY BONDS	4.250	11/15/34	143,169	143,830
139,000	UNITED STATES TREASURY NOTES	4.500	11/15/25	139,259	139,889
17,000	UNITED STATES TREASURY NOTES	4.000	12/15/25	16,971	17,084
78,000	UNITED STATES TREASURY NOTES	3.875	03/31/25	77,920	77,601
139,000	UNITED STATES TREASURY NOTES	4.250	05/31/25	138,965	138,110
	<u>Forward</u>			\$ 11,101,770	\$ 11,843,358

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 11,101,770	\$ 11,843,358
\$ 45,000	UNITED STATES TREASURY NOTES	4.500	07/15/26	45,162	44,780
7,000	UNITED STATES TREASURY NOTES	4.625	09/15/26	7,042	6,964
22,500	UNITED STATES TREASURY NOTES	5.000	09/30/25	22,617	22,443
119,000	UNITED STATES TREASURY NOTES	4.375	12/15/26	119,270	119,725
50,000	UNITED STATES TREASURY NOTES	3.750	12/31/30	48,174	48,857
75,000	UNITED STATES TREASURY NOTES	4.250	02/28/29	74,650	75,127
66,000	UNITED STATES TREASURY NOTES	4.500	05/31/29	66,315	66,688
411,000	UNITED STATES TREASURY NOTES	4.250	06/30/29	408,723	418,616
139,000	UNITED STATES TREASURY NOTES	3.750	08/31/31	133,173	140,569
121,000	UNITED STATES TREASURY NOTES	3.500	09/30/29	116,425	118,172
233,000	UNITED STATES TREASURY NOTES	4.125	10/31/29	230,316	232,230
67,000	UNITED STATES TREASURY NOTES	4.125	10/31/31	65,580	66,233
373,000	UNITED STATES TREASURY NOTES	4.125	11/15/27	371,355	371,470
68,000	US TREASURY BOND	1.250	05/15/50	32,238	39,735
891,000	UNITED STATES TREASURY BILLS	Var	03/20/25	884,140	880,454
40,000	NEW HAMPSHIRE STATE HLTH & EDU REVENUE	5.040	11/01/34	38,956	40,000
45,937	OKLAHOMA DEV FIN AUTH	3.877	05/01/37	43,883	45,937
50,980	TEXAS NATURAL GAS SECURITIZATION	5.102	04/01/25	51,087	50,980
345,000	TEXAS NATURAL GAS SECURITIZATION	5.169	04/01/41	339,753	351,702
210,000	GOLDEN ST TOBACCO SECURITIZATI	3.000	06/01/46	195,075	194,002
225,000	LOUISIANA LOCAL GOVT ENVIRONMENTAL	4.145	02/01/33	218,511	224,997
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 14,614,215</u>	<u>\$ 15,403,039</u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stock</u>	<u>Fair Value</u>	<u>Cost</u>
2,230	ALKERMES PLC	\$ 64,135	\$ 62,520
513	ASCENDIS PHARMA	70,625	70,332
1,557	AXALTA COATING SYSTEMS LTD.	53,281	48,825
2,917	BANK N S HALIFAX COM	156,701	137,573
11,280	CARNIVAL CORP	281,098	183,468
2,556	CELLEBRITE DI LTD	56,309	52,722
424	COLLIERS INTERNATIONAL GROUP INC.	57,651	60,940
2,607	CRH PLC	241,200	160,252
416	CYBER-ARK SOFTWARE LTD/ISRAEL	138,590	63,771
6,844	ENBRIDGE INC	290,391	254,046
365	FTAI AVIATION LTD	52,575	48,696
5,201	GENIUS SPORTS LTD	44,989	51,301
2,830	JOHNSON CONTROLS INTERNATIONAL PLC	223,372	191,767
2,771	MEDTRONIC, PLC	221,347	237,733
361	NOVA LTD	71,099	24,763
6,820	ROIVANT SCIENCES LTD	80,681	68,528
4,511	SANOFI-AVENTIS	217,566	220,535
682	WILLIS TOWERS WATSON PUB LTDCO	213,630	147,648
523	WIX.COM LTD	112,210	76,261
1,157	AIR PRODS & CHEMS INC COM	335,576	310,324
1,548	ATI INC	85,202	61,441
292	RBC BEARINGS INC	87,349	61,284
77	AXON ENTERPRISE INC	45,763	6,843
1,663	AZEK CO INC/THE	78,943	49,726
856	BWX TECHNOLOGIES INC	95,350	66,929
606	CASELLA WASTE SYS INC CL A	64,121	62,119
508	ESAB CORP	60,930	63,908
1,188	FLOWERVE CORP COM	68,334	65,207
762	FORTIVE CORP	57,150	57,350
561	GENERAC HOLDINGS INC	86,983	78,682
1,095	HEXCEL CORP NEW COM	68,657	62,904
1,137	HUNT J B TRANS SVCS INC	194,040	138,279
604	ITT INC	86,300	61,018
1,202	JACOBS SOLUTIONS INC	160,611	136,501
544	KBR INC	31,514	19,619
1,178	KNIFE RIVER CORP	119,732	79,985
805	LOAR HOLDINGS INC	59,498	42,341
664	PARSONS CORP	61,254	33,232
469	SITEONE LANDSCAPE SUPPLY INC	61,800	40,612
1,510	STANDARD AERO INC	37,388	45,806
2,248	TETRA TECH INC NEW	89,560	51,290
2,437	ARAMARK	90,924	61,149
761	BRIGHT HORIZONS FAMILY SOLUTIO	84,357	82,584
490	CHAMPION HOMES INC	43,169	51,265
	<u>Forward</u>	\$ 4,901,955	\$ 3,952,079

SOUTHERN CALIFORNIA LUMBER INDUSTRY

RETIREMENT FUND

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 4,901,955	\$ 3,952,079
587	CHURCHILL DOWNS INC	78,388	61,302
559	COLUMBIA SPORTSWEAR CO COM	46,917	38,206
7,500	COMCAST CORP CLASS A	281,475	298,983
5,112	LAUREATE EDUCATION INC	93,498	73,918
3,615	LIFE TIME GROUP HOLDINGS INC	79,964	84,486
556	LIGHT & WONDER INC	48,027	33,477
666	LITHIA MOTORS INC CL A COM	238,048	194,900
1,402	SKECHERS U S A INC	94,270	58,258
564	TEXAS ROADHOUSE, INC COMMON STOCK	101,763	35,978
993	BJ'S WHOLESALE CLUB HOLDINGS, INC.	88,725	68,856
252	CASEYS GEN STORES INC	99,850	38,833
644	FRESHPET INC	95,383	48,941
8,934	KEURIG DR PEPPER INC	286,960	282,863
682	PERFORMANCE FOOD GROUP CO	57,663	36,640
2,526	PHILIP MORRIS INTERNATIONAL IN	304,004	250,583
1,842	CHAMPIONX CORP	50,084	40,798
2,147	EXXON MOBIL CORPORATION	230,953	161,680
6,162	HALLIBURTON CO	167,545	203,534
1,204	HESS CORP	160,144	92,544
3,193	MAGNOLIA OIL & GAS CORP CL A	74,652	75,165
1,260	MATADOR RESOURCES CO	70,888	73,893
3,677	NOV INC	53,684	74,885
1,020	PHILLIPS 66	116,209	85,671
822	AMERICAN EXPRESS CO	243,961	72,390
2,548	AMERICAN INTERNATIONAL GROUP, INC	185,494	111,461
1,258	AXOS FINANCIAL, INC	87,871	63,965
7,133	BANK OF AMERICA CORP	313,495	280,445
3,700	CLEARWATER ANALYTICS HLDGS INC	101,824	70,192
716	HAMILTON LANE INC	106,004	57,510
1,272	JEFFERIES FINANCIAL GROUP INC.	99,725	51,503
106	KINSALE CAPITAL GROUP INC	49,304	25,578
480	M & T BANK CORPORATION COM	90,245	77,455
853	PROLOGIS, INC.	90,162	92,188
637	PUBLIC STORAGE INC COM	190,743	172,114
291	REINSURANCE GROUP AMERICA CLASS A	62,166	41,436
1,868	STEPSTONE GROUP INC	108,120	73,257
2,034	US BANCORP	97,286	84,032
9,587	VICI PROPERTIES INC	280,036	228,368
1,947	WELLS FARGO & CO	136,757	69,238
769	ADVANCED ENERGY INDS INC	88,919	52,570
2,512	ALKAMI TECHNOLOGY INC	92,140	85,023
2,515	ALLEGRO MICROSYSTEMS INC	54,978	60,246
	<u>Forward</u>	\$ 10,300,279	\$ 8,135,444

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 10,300,279	\$ 8,135,444
203	BROADCOM INC	47,064	7,440
1,228	CIENA CORP USD 0.01	104,147	65,662
2,651	COGNIZANT TECH SOLUTIONS CRP COM	203,862	171,995
415	EURONET WORLDWIDE INC.	42,679	45,505
1,656	EXLSERVICE HOLDINGS INC	73,493	66,318
4,598	FIDELITY NATL INFORMATION SVCS INC	371,380	365,908
392	GUIDEWIRE SOFTWARE INC	66,083	58,559
1,626	MICROCHIP TECHNOLOGY INC COM	93,251	94,001
500	MKS INSTRS INC COM	52,195	66,536
1,575	NCINO INC	52,889	64,058
1,026	ORACLE CORPORATION	170,973	67,006
984	POWER INTERGRATIONS INC COM	60,713	76,515
4,060	PRIVIA HEALTH GROUP INC	79,373	98,947
1,993	QUALCOMM INC	306,165	210,792
437	SILICON LABORATORIES INC	54,284	38,433
281	SPS COMMERCE INC	51,701	53,662
1,330	TRIMBLE INC	93,978	58,348
138	TYLER TECHNOLOGIES INC	79,576	36,615
410	WEX INC.	71,881	68,675
976	WORKIVA INC	106,872	90,819
4,720	ENTERGY CORP NEW COM	357,870	244,105
2,478	PINNACLE WEST CAP CORP	210,060	188,719
3,284	XCEL ENERGY INC COM	221,736	210,730
836	DOXIMITY INC	44,634	48,460
473	ELEVANCE HEALTH INC	174,490	137,855
726	GLAUKOS CORP	108,856	81,827
1,053	HEALTH EQUITY INC	101,035	69,379
1,534	INSMED INC	105,907	31,937
716	INTEGER HOLDINGS CORP	94,884	81,510
2,296	MERCK & CO INC NEW	228,406	194,345
1,097	MERIT MEDICAL SYSTEMS INC	106,102	87,071
739	NATERA INC	116,984	40,807
351	PENUMBRA INC	83,355	74,205
1,349	PROCEPT BIOROBOTICS CORP	108,621	48,683
88	UNITED THERAPEUTICS CORP DEL	31,050	19,958
367	UNITEDHEALTH GROUP INC	185,651	111,960
1,185	VERACYTE INC	46,926	51,937
774	OLLIE'S BARGAIN OUTLET HOLDING	84,931	79,037
1,301	APTIV PLC	78,682	126,138
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 14,973,018</u>	<u>\$ 11,869,901</u>

**SOUTHERN CALIFORNIA LUMBER INDUSTRY
RETIREMENT FUND**

FORM 5500

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

E.I.N. 95-6035266; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	<u>Mutual Funds</u>	Fair Value	Cost
263,642	American Funds EuroPacific Growth Fund	\$ 14,162,867	\$ 10,186,343
2,262,514	PIMCO Income Fund	23,801,647	23,959,663
256,377	Fidelity Blue Chip Growth K6 Fund	9,442,357	6,959,939
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 47,406,871</u>	<u>\$ 41,105,945</u>
	<u>Common/Collective Funds</u>		
315,635	BlackRock Equity Index Non-Lendable Fund	\$ 33,941,017	\$ 25,670,620
512,096	BlackRock MSCI ACWI EX-US Index Non-Lendable Fund	18,045,980	13,881,809
371,848	Boston Partners Small/Mid Cap Value Equity Fund	5,963,245	4,778,129
	<u>TOTALS - COMMON/COLLECTIVE FUNDS</u>	<u>\$ 57,950,242</u>	<u>\$ 44,330,558</u>
	<u>Pooled Separate Account</u>		
6,604	PGIM Real Estate US Debt Fund	\$ 10,455,462	\$ 8,571,876
	<u>103-12 Entity</u>		
36,402	ULLICO Infrastructure Tax Exempt Fund	\$ 10,835,500	\$ 9,647,899
	<u>Limited Partnerships</u>		
	American Core Realty Fund LP	\$ 15,597,099	\$ 12,891,570
	White Oak Summit Peer Fund, LP	5,538,627	6,865,963
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 21,135,726</u>	<u>\$ 19,757,533</u>
No. of Units	<u>Money Market Fund</u>		
7,384,967	Allspring 100% Treasury Admin Money Market Fund	\$ 7,384,967	\$ 7,384,967

Schedule MB (Form 5500) 2024**Plan Name:** Southern California Lumber Industry Retirement Plan**Employer ID:** 95-6035266**Plan Number:** 001**SCHEDULE MB, LINE 3(d) - WITHDRAWAL LIABILITY AMOUNTS**

<u>Payment Date</u>	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/31/2024	\$1,643	\$0	\$1,643
2/29/2024	\$18,786	\$0	\$18,786
3/31/2024	\$8,873	\$0	\$8,873
4/30/2024	\$23,154	\$0	\$23,154
5/31/2024	\$8,873	\$0	\$8,873
6/30/2024	\$17,070	\$0	\$17,070
7/31/2024	\$8,873	\$0	\$8,873
8/31/2024	\$5,711	\$200,062	\$205,773
9/30/2024	\$6,470	\$0	\$6,470
10/31/2024	\$3,285	\$0	\$3,285
12/30/2024	\$3,285	\$0	\$3,285
Total	\$106,023	\$200,062	\$306,085

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan
Employer ID: 95-6035266
Plan Number: 001

SCHEDULE MB, LINES 9C AND 9H - SCHEDULE OF FUNDING STANDARD ACCOUNT BASES

Description of Base	Date of Establishment	Outstanding Balance	Remaining Amortization Period	Amortization Amounts
<u>Charges</u>				
Plan Amendment	1/1/1995	191,846	1	191,846
Plan Amendment	1/1/1996	53,157	2	27,477
Plan Amendment	1/1/1997	692,860	3	246,742
Plan Amendment	1/1/1998	620,353	4	171,167
Plan Amendment	1/1/1999	524,219	5	119,491
Plan Amendment	1/1/2000	1,037,285	6	203,384
Plan Amendment	1/1/2001	535,724	7	92,900
Assumption Change	1/2/2006	607,788	12	71,514
2008 Investment Loss	1/1/2009	25,876,528	14	2,765,281
Actuarial Loss	1/1/2012	256,009	3	91,171
Actuarial Loss	1/1/2013	14,219	4	3,921
Actuarial Loss	1/1/2014	124,005	5	28,265
Actuarial Loss	1/1/2015	387,471	6	75,972
Actuarial Loss	1/1/2016	184,096	7	31,925
Actuarial Loss	1/1/2017	461,653	8	72,254
Actuarial Loss	1/1/2018	400,614	9	57,467
Actuarial Loss	1/1/2019	1,400,079	10	186,298
Actuarial Loss	1/1/2021	689,351	12	81,112
Actuarial Loss	1/1/2022	626,833	13	70,095
Actuarial Loss	1/1/2023	664,108	14	70,970
Actuarial Loss	1/1/2024	1,104,451	15	113,330
Subtotal Charges		36,452,649		4,772,582
<u>Credits</u>				
Assumption Change	1/1/1995	323,222	1	323,222
Assumption Change	1/1/2003	3,440,483	9	493,522
Assumption Change	1/1/2005	595,849	11	74,264
Asset Method Change	1/1/2009	5,495,289	15	563,883
Actuarial Gain	1/1/2020	421,576	11	52,542
Subtotal Credits		10,276,419		1,507,433
Net Charges/Credits		26,176,230		3,265,149

* For the January 1, 2012 plan year, the Plan had a negative unfunded liability therefore no method change base was required due to the change in actuarial firm.

Schedule MB (Form 5500) 2024

Plan Name: Southern California Lumber Industry Retirement Plan

Employer ID: 95-6035266

Plan Number: 001

SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS

The current liability interest rate was updated from 2.55% to 3.29% in accordance with IRC 412(l)(7)(C). The current liability mortality table was updated to the 2024 Applicable Mortality Table as described in IRC 430(h)(3)(A) and in compliance with IRC 412(l)(7).