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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2018

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,CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALI

1123 PARK VIEW DRIVE, STE 200
COVINA, CA 91724

2b Employer Identification Number (EIN)
95-6031812

2c Plan Sponsor's telephone number
626-279-3000

2d Business code (see instructions)
237990

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.	10/05/2026	JON P. PRECIADO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JEROME DI PADOVA
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	51834
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)**	51399
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	61968
b	Retired or separated participants receiving benefits	**6b**	407
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	62375
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	48
f	Total. Add lines **6d** and **6e**.	**6f**	62423
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)**	51834
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)**	62423
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1901

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

2C

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALI

D Employer Identification Number (EIN)
95-6031812

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).. . . . . [X] 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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

POINT BONITA CAPITAL FUND (CAYMAN)

520 MADISON AVENUE
NEW YORK, NY 10022

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

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

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

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	771114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 36	NONE	253698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52	NONE	73755	Yes [X] No [ ]	Yes [X] 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)

CALIBRE CPA GROUP PLLC

47-0900880

(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	20000	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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALI

D Employer Identification Number (EIN)
95-6031812

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	269646	182267
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7119664	8645983
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3449779	6852803
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	96951007	149927010
(2) U.S. Government securities	1c(2)	41640240	54554750
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	117990304	149843260
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		9556216
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5385907	579268

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	272806547	380141557
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	481260	324354
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	481260	324354
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	272325287	379817203

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)	106782367	
(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)		106782367
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4839346	
(B) U.S. Government securities	2b(1)(B)	1577018	
(C) Corporate debt instruments	2b(1)(C)	4181040	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	99315	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10696719
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	406009119	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	405272010	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		737109
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5120806	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-5120806

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		113095389
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4391617	
(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)		4391617
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)	253698	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	771114	
(6) Bank or trust company trustee/custodial fees	2i(6)	73355	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3633	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	90056	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1211856
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5603473
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		107491916
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) [X] 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)** [X] 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: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES,CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALI

D Employer Identification Number (EIN)
95-6031812

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** | 581

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**	106782367
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	106782367
	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**	0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
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**	
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**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

FINANCIAL STATEMENTS

DECEMBER 31, 2025

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2025 AND 2024

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CALIBRE
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Construction Laborers Annuity Plan
for Southern California

Opinion

We have audited the accompanying financial statements of Construction Laborers Annuity Plan for Southern California (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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Construction Laborers Annuity Plan for Southern California as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Construction Laborers Annuity Plan for Southern California 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 that 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 GAAS 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, including omissions, 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 GAAS, 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of assets (held at end of year) and reportable transactions are supplemental 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 GAAS.

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.

Caliber CPA Group, PLLC

Los Angeles, CA
September 15, 2026

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments - at fair value		
Money market and U.S. Treasury bills	$ 149,927,010	$ 96,951,007
Corporate bonds	149,843,260	117,990,304
Municipal bonds	579,268	5,385,907
U.S. Government obligations	54,554,750	41,640,240
Limited partnership	9,556,216	-
Total investments	364,460,504	261,967,458
Receivables		
Employer contributions	8,645,983	7,119,664
Due from clearing	1,928,772	2,475,197
Due from broker	3,287,399	-
Interest receivable	1,636,632	974,582
Total receivables	15,498,786	10,569,443
Cash	182,267	269,646
Total assets	380,141,557	272,806,547
Liabilities		
Accounts payable and accrued expenses	250,999	229,423
Due to Construction Laborers Pension Trust Fund for Southern California	73,355	251,837
Total liabilities	324,354	481,260
Net assets available for benefits	$ 379,817,203	$ 272,325,287

See accompanying notes to financial statements.

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 10,696,719	$ 7,460,760
Net (depreciation) appreciation in fair value of investments	(4,383,697)	3,673,195
Investment fees	(844,469)	(537,129)
Net investment income	5,468,553	10,596,826
Contribution income		
Employer contributions	106,664,934	87,873,536
Liquidated damages	117,433	85,296
Net contribution income	106,782,367	87,958,832
Total additions	112,250,920	98,555,658
Deductions		
Benefits paid	4,391,617	2,461,924
Administrative expenses		
Administration fees	253,698	13,200
Audit fees	20,000	20,900
Legal fees	3,633	5,078
Office, printing, and postage expense	90,056	64,424
Total administrative expenses	367,387	103,602
Total deductions	4,759,004	2,565,526
Net change	107,491,916	95,990,132
Net assets available for benefits		
Beginning of year	272,325,287	176,335,155
End of year	$ 379,817,203	$ 272,325,287

See accompanying notes to financial statements.

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The Construction Laborers Annuity Plan for Southern California (the Plan) is a defined contribution, multi-employer plan formed on July 1, 2018 for eligible participants of the Construction Laborers Pension Trust Fund for Southern California. The Plan was established to provide benefits to eligible participants and their beneficiaries. The Plan is a supplement to the defined benefit plan of the Construction Laborers Pension Trust Fund for Southern California. Employers participating in the Plan are located and conduct their business activities in the Southern California area. The disbursements of the Plan are under the joint control of labor and management trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended, but only to the extent that ERISA applies to the Plan. Participants should refer to the Plan agreement and any amendments regarding specific provisions of the Plan.

Participant Accounts - Each participant's account is credited with the participant's share of the employer contributions and the participant's share in the Plan's earnings or losses. The Plan's earnings or losses are allocated based on participant's account balances as of the end of the prior allocation period, which includes the allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - The Plan provides that participant account balances, including any employer contributions, shall vest 100% immediately and are non-forfeitable at all times, as defined in the Plan Document.

Retirement Benefits - Participants are entitled to a distribution of their individual account upon retirement (as defined), disability or death. In the event that a participant dies before retirement, their accumulated share shall be paid to their surviving spouse or beneficiary.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (U.S. GAAP). Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates - The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investments - Investments are carried at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are recognized on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments purchases and sold as well as held during the year.

Employer Contributions - The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. The Plan considers the receivables to be fully collectible; accordingly, no allowance for doubtful receivables is required. Employer records are subject to audit, and additional revenue, if any, that may arise as a result of these audits is recognized when received.

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 by the Construction Laborers Trust Funds for Southern California Administrative Company, LLC.

NOTE 3. TAX STATUS

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 401(a) and the state of California under Revenue and Taxation Code Section 17501.

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.

NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include the following:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

Money market fund: Valued based on amortized cost which approximates fair value.

U.S. Treasury bills: Valued based on a discount from the par value. When the bill matures, it is paid at par value.

Corporate and municipal bonds and U.S. Government obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Limited partnership: Limited partnership's value is estimated based on annual independent audits of the respective partnership and the Plan's percentage ownership in each of the respective partnerships.

NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Description	Total Investments at 12/31/25	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market and U.S. Treasury bills	$ 149,927,010	$ 149,927,010	$ -	$ -
Corporate bonds	149,843,260	-	149,843,260	-
Municipal bonds	579,268	-	579,268	-
U.S. Government obligations	54,554,750	-	54,554,750	-
Total	354,904,288	$ 149,927,010	$ 204,977,278	$ -
Investment measured at net asset value*	9,556,216			
	$ 364,460,504			

Description	Total Investments at 12/31/24	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market and U.S. Treasury bills	$ 96,951,007	$ 96,951,007	$ -	$ -
Corporate bonds	117,990,304	-	117,990,304	-
Municipal bonds	5,385,907	-	5,385,907	-
U.S. Government obligations	41,640,240	-	41,640,240	-
	$ 261,967,458	$ 96,951,007	$ 165,016,451	$ -

*In accordance with Accounting Standards Codification, investments that were measured at net asset value (NAV) 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.

The following table sets forth the Plan's investment in certain entity that calculate NAV per share as fair value measurement as of December 31, 2025.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnership				
Point Bonita Capital Fund (Cayman)	$ 9,556,216	$ -	See below	See below

Limited Partnership - Point Bonita Capital Fund LLC's investment objective (as implemented through the Master Fund) is to seek to capitalize on market inefficiencies in trade finance. The Master Fund is organized for the purpose of making investments in short-term trade receivables and short-term trade payables (collectively, the Trade Finance Investments). The Master Fund may also buy, sell, sell short, hold and trade, on margin or otherwise, credit instruments (including bonds, notes and loans) and derivatives that the manager believes to be trade finance focused and cash equivalents, such as U.S. government securities and/or money market funds, for cash

NOTE 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

management purposes. A member may withdraw all or any portion of its capital account as of any quarter-end, upon not less than 90 days' prior written notice to the manager and administrator. The withdrawal is subject to a 12 month lock-up period that begins on the closing date of each capital commitment by a member.

Effective September 30, 2025, the manager has designated investments in trade receivables from First Brands as a side pocket investment with a fair value of $-0- as of December 31, 2025. Side pocket investments are considered illiquid until the investment is disposed of, becomes marketable, or does not need to be treated as a side pocket investment anymore. Any distribution available from the side pocket investment will be made on a monthly basis to members.

NOTE 5. PLAN TERMINATION

In the event of termination, any monies remaining after paying the expenses and obligations of the Plan should be used for the purposes of the Plan.

NOTE 6. ADMINISTRATIVE SERVICES

Pacific Southwest Administrators (PSWA) provides administrative services to the Plan for a monthly fee of $28,200 for the year ended December 31, 2025, plus reimbursements for direct expenses incurred on behalf of the Plan and any other services requested by the trustees.

The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. RELATED PARTY TRANSACTIONS

As of December 31, 2025 and 2024, the Plan owed the Construction Laborers Pension Trust Fund for Southern California (related party) $73,355 and $251,837, respectively, for administrative expenses paid on behalf of the Plan.

NOTE 8. RISKS AND UNCERTAINITIES

The Plan has invested in investment securities that are exposed to risks, such as interest rate, market fluctuations, and credit risks. Due to the risks associated with investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the year ended December 31, 2025:

Total additions per audited financial statements	$ 112,250,920
Add: investment management expenses	844,469
Total additions per the Form 5500	$ 113,095,389
Total deductions per audited financial statements	$ 4,759,004
Add: investment management expenses	844,469
Total deductions per the Form 5500	$ 5,603,473

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 15, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Form 5500, Part IV, Schedule H, Line 4i

EIN: 95-6031812
Plan Number: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Collateral	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Money market and U.S. Treasury bills							
	First American Govt Oblig Fund Class Z	Money market fund	N/A	N/A	N/A	22,207,760	$ 22,207,760	$ 22,207,760
	U.S. Treasury bill	U.S. Treasury bill	03/05/26	N/A	N/A	40,000,000	39,229,744	39,756,400
	U.S. Treasury bill	U.S. Treasury bill	10/01/26	N/A	N/A	30,000,000	28,955,028	29,235,900
	U.S. Treasury bill	U.S. Treasury bill	10/29/26	N/A	N/A	25,000,000	24,199,049	24,297,250
	U.S. Treasury bill	U.S. Treasury bill	04/09/26	N/A	N/A	25,000,000	24,533,625	24,760,500
	U.S. Treasury bill	U.S. Treasury bill	12/24/26	N/A	N/A	10,000,000	9,658,982	9,669,200
	Total money market and U.S. Treasury bills						148,784,188	149,927,010
	Corporate bonds							
	Alexandria Real	Corporate bond	01/15/26	4.30%	N/A	542,000	540,439	542,000
	Simon Property	Corporate bond	01/15/26	3.30%	N/A	3,650,000	3,615,435	3,649,197
	United Air 2020	Corporate bond	01/15/26	4.88%	N/A	2,062,125	2,058,001	2,062,146
	T Mobile USA Inc	Corporate bond	02/15/26	2.25%	N/A	3,000,000	2,936,940	2,993,130
	Caterpillar	Corporate bond	02/27/26	5.05%	N/A	1,775,000	1,779,136	1,777,592
	Bank Of America Corp	Corporate bond	03/03/26	4.45%	N/A	4,000,000	3,992,840	4,002,880
	Hsbc Holdings Plc	Foreign issues	03/08/26	4.30%	N/A	3,000,000	2,991,930	3,001,230
	Citigroup Inc	Corporate bond	03/09/26	4.60%	N/A	3,000,000	2,996,310	3,002,040
	Schwab Charles Corp	Corporate bond	03/11/26	0.90%	N/A	3,500,000	3,467,940	3,480,085
	Fifth Third Bank	Corporate bond	03/15/26	3.85%	N/A	3,000,000	2,975,040	2,997,660
	Welltower Inc	Corporate bond	04/01/26	4.25%	N/A	886,000	881,304	886,035
	United Air 2014	Corporate bond	04/11/26	4.00%	N/A	168,989	168,567	168,960
	Alexandria Real	Corporate bond	04/15/26	3.80%	N/A	2,708,000	2,684,657	2,704,588
	Essex Portfolio LP	Corporate bond	04/15/26	3.38%	N/A	3,000,000	2,964,000	2,992,800
	Chubbs Ina Holdings	Corporate bond	05/03/26	3.35%	N/A	2,475,000	2,454,928	2,470,347
	Schwab Charles Corp	Corporate bond	05/13/26	1.15%	N/A	3,000,000	2,908,710	2,970,390
	Equinix Inc	Corporate bond	05/15/26	1.45%	N/A	1,500,000	1,456,230	1,486,275
	Boardwalk LP	Corporate bond	06/01/26	5.95%	N/A	2,648,000	2,667,595	2,656,103
	Booking Holdings Inc	Corporate bond	06/01/26	3.60%	N/A	2,092,000	2,078,172	2,089,364
	Toronto Dominion	Foreign issues	07/17/26	5.53%	N/A	2,757,000	2,788,647	2,779,387
	Pnc Financial	Corporate bond	07/23/26	2.60%	N/A	5,000,000	4,956,350	4,964,950
	Healthcare Trust	Corporate bond	08/01/26	3.50%	N/A	3,091,000	3,061,883	3,074,340
	Air Lease Corp Mtn	Corporate bond	08/15/26	1.88%	N/A	5,000,000	4,881,900	4,925,900
	Alphabet Inc	Corporate bond	08/15/26	2.00%	N/A	5,000,000	4,908,150	4,947,850
	Amgen Inc	Corporate bond	08/19/26	2.60%	N/A	5,000,000	4,923,300	4,961,250
	Old Republic Intl	Corporate bond	08/26/26	3.88%	N/A	948,000	942,928	946,862
	American Honda	Corporate bond	09/09/26	1.30%	N/A	3,500,000	3,422,720	3,437,455
	Ameriprise Finl	Corporate bond	09/15/26	2.88%	N/A	5,000,000	4,958,250	4,965,700
	Wells Fargo Company	Corporate bond	10/23/26	3.00%	N/A	5,000,000	4,962,950	4,963,450
	Aercap Ireland	Foreign issues	10/29/26	2.45%	N/A	4,575,000	4,502,898	4,512,826
	Rtx Corporation	Corporate bond	11/08/26	5.75%	N/A	5,000,000	5,074,750	5,068,150
	Baylor Scott White	Corporate bond	11/15/26	2.65%	N/A	45,000	44,404	44,383
	Carvana	Corporate bond	03/10/27	1.30%	N/A	949,328	941,614	945,996
	Carmax Auto	Corporate bond	04/15/27	3.97%	N/A	390,426	389,796	390,414
	Gls Auto	Corporate bond	04/15/27	1.42%	N/A	87,379	86,413	87,280
	Tesla Auto	Corporate bond	08/20/27	6.57%	N/A	2,090,000	2,099,470	2,095,392
	Carmax Auto	Corporate bond	09/15/27	1.95%	N/A	1,950,000	1,907,793	1,939,880
	Americredit Auto	Corporate bond	09/20/27	2.98%	N/A	1,283,669	1,277,050	1,277,648
	Carvana	Corporate bond	11/10/27	4.61%	N/A	617,136	616,215	617,747
	Carvana	Corporate bond	12/10/27	1.64%	N/A	3,072,841	3,035,448	3,049,118
	Flagship Cr Aut	Corporate bond	12/15/27	1.96%	N/A	1,139,102	1,125,575	1,130,992

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2025

Form 5500, Part IV, Schedule H, Line 4i

EIN: 95-6031812
Plan Number: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Collateral	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Mmaf Equip Fin LLC	Corporate bond	01/13/28	3.20%	N/A	673,203	$ 670,835	$ 672,307
	Westlake Automobile	Corporate bond	01/15/28	4.66%	N/A	708,635	709,964	709,882
	Flagship Cr Auto	Corporate bond	01/18/28	5.55%	N/A	1,753,617	1,755,672	1,753,441
	Enterprise Fleet	Corporate bond	01/20/28	3.27%	N/A	565,293	561,915	564,824
	Carvana	Corporate bond	02/10/28	4.68%	N/A	923,881	925,432	926,135
	Carvana	Corporate bond	02/10/28	3.52%	N/A	1,394,679	1,388,414	1,391,360
	Cps Auto	Corporate bond	02/15/28	5.88%	N/A	76,380	76,377	76,470
	Americredit Auto	Corporate bond	02/18/28	3.23%	N/A	1,155,000	1,143,450	1,145,575
	Sbna Auto	Corporate bond	02/22/28	4.56%	N/A	909,594	911,299	911,741
	United Air 2014 2	Corporate bond	03/03/28	3.75%	N/A	4,840,564	4,693,634	4,835,191
	Carvana	Corporate bond	03/10/28	0.75%	N/A	821,289	800,051	804,313
	Exeter Auto	Corporate bond	03/15/28	4.53%	N/A	1,330,956	1,331,198	1,332,873
	Gm Fin	Corporate bond	04/17/28	1.94%	N/A	3,345,000	3,317,822	3,336,069
	Exeter Automobile Re	Corporate bond	06/15/28	4.56%	N/A	1,961,000	1,960,992	1,962,804
	Santander Drive	Corporate bond	06/15/28	4.63%	N/A	1,912,091	1,912,685	1,914,940
	Gls Auto	Corporate bond	07/17/28	5.49%	N/A	1,416,101	1,422,015	1,420,038
	Bridgecrest Auto	Corporate bond	08/15/28	5.08%	N/A	2,100,000	2,105,086	2,104,935
	Oscar US Funding	Corporate bond	09/11/28	1.27%	N/A	771,963	754,465	769,297
	Octane	Corporate bond	09/20/28	2.02%	N/A	226,829	222,053	226,404
	Drive Auto	Corporate bond	10/15/28	4.29%	N/A	2,900,000	2,899,713	2,902,059
	Santander Drive	Corporate bond	10/16/28	4.63%	N/A	1,615,458	1,615,409	1,620,385
	BofA Auto Trust	Corporate bond	11/15/28	5.35%	N/A	2,519,713	2,538,709	2,545,212
	Foursight Capital	Corporate bond	01/16/29	5.49%	N/A	276,343	277,192	277,236
	Exeter Automobile	Corporate bond	04/16/29	4.48%	N/A	810,000	810,253	810,575
	Carvana	Corporate bond	07/10/29	5.33%	N/A	966,063	972,952	973,308
	Santander Dr	Corporate bond	07/16/29	3.76%	N/A	1,676,913	1,665,204	1,674,817
	Santander Drive	Corporate bond	08/15/29	4.49%	N/A	2,030,535	2,028,039	2,033,601
	Hpefs Equipment	Corporate bond	06/20/31	5.18%	N/A	575,000	577,336	577,114
	Hpefs Equipment	Corporate bond	10/20/31	5.75%	N/A	503,154	506,259	506,002
	Santander Drive	Corporate bond	N/A	N/A	N/A	2,000,000	1,999,886	2,004,560
	Total corporate bonds						149,080,989	149,843,260
	Municipal bonds							
	Tobacco Wv	Municipal bond	06/01/26	1.82%	N/A	535,000	521,454	530,180
	Dallas Fort	Municipal bond	11/01/26	1.53%	N/A	50,000	48,844	49,088
	Total municipal bonds						570,298	579,268
	U.S. Government obligations							
	U.S. Treasury Note	U.S. Government obligation	01/31/26	4.25%	N/A	30,000,000	30,001,953	30,012,000
	U.S. Treasury Note	U.S. Government obligation	08/31/26	0.75%	N/A	25,000,000	24,306,250	24,542,750
	Total U.S. Government obligations						54,308,203	54,554,750
	Limited partnership							
	Point Bonita Capital Fund (Cayman)	Limited partnership	N/A	N/A	N/A	N/A	20,000,000	9,556,216
	Total assets (held at end of year)						$ 372,743,678	$ 364,460,504

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
CONSTRUCTION LABORERS ANNUITY PLAN
FOR SOUTHERN CALIFORNIA

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2018

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,CONSTRUCTION LABORERS ANNUITY PLA

1123 PARK VIEW DRIVE, STE 200

COVINA CA 91724

2b Employer Identification Number (EIN) 95-6031812

2c Plan Sponsor's telephone number 626-279-3000

2d Business code (see instructions) 237990

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 10/05/2026	JON P. PRECIADO Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/8/2026	Jerome Di Padova Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025)**
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] 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:		**4b** EIN
a Sponsor's name		**4d** PN
c Plan Name		
5 Total number of participants at the beginning of the plan year	**5**	51,834
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)**	51,399
a (2) Total number of active participants at the end of the plan year	**6a(2)**	61,968
b Retired or separated participants receiving benefits	**6b**	407
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	62,375
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	48
f Total. Add lines **6d** and **6e**	**6f**	62,423
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)**	51,834
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	62,423
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1,901

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2C

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **A** (Insurance Information) - Number Attached ____
(4) [X] **C** (Service Provider Information)
(5) [ ] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

CONSTRUCTION LABORERS ANNUITY PLAN FOR SOUTHERN CALIFORNIA

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Part IV, Schedule H, Line 4j

EIN: 95-6031812
Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	First American Govt Oblig Fund Class Z	$ 397,952,454	N/A	N/A	N/A	$ 397,952,454	$ 397,952,454	$ -
N/A	U.S. Treasury Bill 3/19/26	31,867,332	N/A	N/A	N/A	31,867,332	31,867,332	-
N/A	U.S. Treasury Bill 5/14/26	19,275,515	N/A	N/A	N/A	19,275,515	19,275,515	-
N/A	U.S. Treasury Bill 7/9/26	19,229,706	N/A	N/A	N/A	19,229,706	19,229,706	-
N/A	U.S. Treasury Bill 3/5/26	39,229,744	N/A	N/A	N/A	39,229,744	39,229,744	-
N/A	U.S. Treasury Bill 10/1/26	28,955,028	N/A	N/A	N/A	28,955,028	28,955,028	-
N/A	U.S. Treasury Bill 10/29/26	24,199,049	N/A	N/A	N/A	24,199,049	24,199,049	-
N/A	U.S. Treasury Bill 4/9/26	24,533,625	N/A	N/A	N/A	24,533,625	24,533,625	-
N/A	U.S. Treasury Nt 0.500% 2/28/26	7,366,406	N/A	N/A	N/A	7,366,406	7,366,406	-
N/A	U.S. Treasury Nt 0.750% 8/31/26	24,306,250	N/A	N/A	N/A	24,306,250	24,306,250	-
N/A	U.S. Treasury Nt 4.250% 1/31/26	30,001,953	N/A	N/A	N/A	30,001,953	30,001,953	-
N/A	Point Bonita Capital Fund (Cayman)	20,000,000	N/A	N/A	N/A	20,000,000	20,000,000	-
N/A	First American Govt Oblig Fund Class Z	N/A	$ 384,710,660	N/A	N/A	384,710,660	384,710,660	-
N/A	U.S. Treasury Bill 7/10/25	N/A	19,121,861	N/A	N/A	19,121,861	19,121,861	-
N/A	U.S. Treasury Bill 9/4/25	N/A	24,087,875	N/A	N/A	24,087,875	24,087,875	
N/A	U.S. Treasury Bill 10/2/25	N/A	24,034,723	N/A	N/A	24,034,723	24,034,723	-
N/A	U.S. Treasury Bill 3/19/26	N/A	31,867,332	N/A	N/A	31,867,332	31,867,332	-
N/A	U.S. Treasury Bill 5/14/26	N/A	19,275,515	N/A	N/A	19,275,515	19,275,515	-
N/A	U.S. Treasury Bill 7/9/26	N/A	19,229,706	N/A	N/A	19,229,706	19,229,706	-
N/A	U.S. Treasury Nt 0.500% 2/28/26	N/A	7,397,754	N/A	N/A	7,366,406	7,397,754	31,348
N/A	U.S. Treasury Nt 2.125% 5/15/25	N/A	22,000,000	N/A	N/A	21,460,313	22,000,000	539,687