Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.)
- [X] 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
CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/2002

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)
CULINARY WORKERS LOCAL 226

1630 SOUTH COMMERCE ST.
LAS VEGAS, NV 89102

2b Employer Identification Number (EIN) 88-0028065

2c Plan Sponsor's telephone number 702-385-2131

2d Business code (see instructions) 813930

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.	09/20/2024	KEN LIU
	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 [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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	159
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)**	134
a(2) Total number of active participants at the end of the plan year	**6a(2)**	124
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	146
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)**	103
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)**	110
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**	

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

2E 2F 2G 2J 2K 2T 3D

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)** [X] 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)** [X] 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)** [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)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CULINARY WORKERS LOCAL 226

D Employer Identification Number (EIN)
88-0028065

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

CHARLES SCHWAB & CO., INC.

94-1733782

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

(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

(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)

MILLIMAN, INC.

91-0675641

(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?
15 17 36 38 50 59 64 70	NONE	38307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT MANAGEMENT CONSULTANTS

88-0444272

(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 50	NONE	16083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH& MCLENNAN AGENCY LLC

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	9489	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(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 25 59 62	NONE	1466	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
25 19 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
CHARLES SCHWAB & CO., INC.	15 59	0

(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.
ALLIANZ GLOBAL INVESTORS 06-1349805	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	15 59	0

(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.
DODGE & COX 94-1441976	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	15 59	0

(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.
JPMORGAN 13-2624428	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
MACQUERIE INVESTMENT MANAGEMENT 50 MARTIN PLACE SYDNEY, NEW SOUTH WALES 2000 AU	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
T. ROWE PRICE 52-2264646	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(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.
WASATCH 87-0319391	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

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
CHARLES SCHWAB TRUST BANK	19 59	0

(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.
RELIANCE TRUST COMPANY 46-6625485	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CULINARY WORKERS LOCAL 226

D Employer Identification Number (EIN)
88-0028065

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: METLIFE MANAGED GIC ABG

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

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)
46-6625485-002	C	1691255

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)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CULINARY WORKERS LOCAL 226

D Employer Identification Number (EIN)
88-0028065

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	2	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9481	34401
(2) Participant contributions	1b(2)	11743	42149
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1766336	1691255
(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)	5876230	7110995
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7663792	8878801
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7663792	8878801

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)	272826	
(B) Participants	2a(1)(B)	338566	
(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)		611392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	221527	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		221527
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		860047
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1692966
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	445841	
(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)		445841
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)		
(3) Recordkeeping fees	2i(3)	32116	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		32116
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		477957
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1215009
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: LAYTON LAYTON & TOBLER LLP **(2)** EIN: 88-0176927

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		42149
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		1000000
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**			

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)	Retirement Plan 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 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CULINARY WORKERS LOCAL 226

D Employer Identification Number (EIN)
88-0028065

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** 0

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): 82-3967259 _____

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**

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**

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

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**

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): _____

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_____.

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

YEARS ENDED DECEMBER 31, 2023 AND 2022

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

YEARS ENDED DECEMBER 31, 2023 AND 2022

CONTENTS

	Page
Independent auditor's report	1-3
Financial statements	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Notes to financial statements	6-12
Supplemental schedules – December 31, 2023	
Assets (held at end of year)	13
Schedule of 5% reportable transactions (Charles Schwab)	14-16
Schedule of delinquent participant contributions	17

Layton Layton & Tobler LLP
Certified Public Accountants
606 South Ninth Street
(702) 384-1995
cpa@lltcpa.com
Las Vegas, Nevada 89101
FAX (702) 384-6949
www.lltcpa.com

Stephen D. Waldron, CPA
Francine M. Miller, CPA

Independent Auditor's Report

Board of Trustees
Culinary Workers Local 226
Retirement Savings Plan
Las Vegas, Nevada

Opinion

We have audited the accompanying financial statements of Culinary Workers Local 226 Retirement Savings 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, 2023 and 2022, and the related statement 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 Culinary Workers Local 226 Retirement Savings Plan as of December 31, 2023 and 2022, 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. 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 Culinary Workers Local 226 Retirement Savings 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 Culinary Workers Local 226 Retirement Savings 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 Culinary Workers Local 226 Retirement Savings 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 Culinary Workers Local 226 Retirement Savings 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 basic financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and the summary of 5% reportable transactions for the year ended December 31, 2023, together referred to as "supplementary information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's 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.

September 5, 2024

Layton, Layton, & Tobler LLP

Layton, Layton, & Tobler LLP
Las Vegas, NV

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
Investments at fair value	$ 8,802,250	$ 7,642,566
Total investments	8,802,250	7,642,566
Receivables:		
Employer's contributions	34,401	9,481
Participants' contributions	42,149	11,743
Total receivables	76,550	21,224
Cash (non-interest-bearing)	1	2
Total assets	8,878,801	7,663,792
LIABILITIES AND NET ASSETS		
Total liabilities		
Net assets available for benefits	$ 8,878,801	$ 7,663,792

See independent auditor's report and notes to financial statements.

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Additions to net assets attributed to:		
Investment income:		
Earnings on investments	$ 221,527	$ 265,399
Net appreciation on investments	860,047	(2,075,698)
Total investment income	1,081,574	(1,810,299)
Contributions:		
Participants' contributions	338,566	294,385
Employer's contributions	272,826	238,229
Rollover contributions		
Total contributions	611,392	532,614
Total additions	1,692,966	(1,277,685)
Deductions from net assets attributed to:		
Benefits paid to participants	445,841	985,034
Administrative expenses	32,116	31,723
Total deductions	477,957	1,016,757
Net increase (decrease)	1,215,009	(2,294,442)
Net assets available for benefits:		
Beginning of year	7,663,792	9,958,234
End of year	$ 8,878,801	$ 7,663,792

See independent auditor's report and notes to financial statements.

1. Description of the Plan:

The following description of the Culinary Workers Union Local 226 Profit-Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan was established in 1985 as a money purchase thrift plan and is a defined contribution plan covering all full-time employees of the Culinary Workers Union Local 226 who elect to participate. There was no minimal amount of service required or age requirement to participate in the Plan.

As of October 16, 2012, the Plan changed to a profit-sharing plan that is intended to qualify for favorable tax treatment under Internal Revenue Code Section 401(a). In addition, the Plan contains a cash or deferral arrangement intended to qualify under the Internal Revenue Code Section 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan now covers all full-time employees of the Union who have three months of service and are age twenty-one or older. The Board of Trustees oversees the governance of the Plan.

Contributions:

The Culinary Workers Local 226 Retirement Savings Plan is a 401(k) plan that provides employees the option to contribute either traditional before-tax or Roth after-tax. The Plan allows employees to contribute up to 100% of their gross wages, subject to ERISA limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants. Contributions are subject to certain statutory limitations.

Each year, the Union may elect to make a discretionary employer match equal to a uniform percentage of the participant's employee 401(k) contribution. The Union shall determine, in its sole discretion, the amount of any such employer matching and may determine that no employer matching will be made during a given year. For 2023 and 2022, the Union elected to match the employee's total contribution up to 5% of participants' compensation.

1. Description of the Plan, continued:

Participant accounts:

Each participant's account is credited with the participant's contribution and an allocation of (a) the Union's profit-sharing contribution and (b) Plan earnings (losses), and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses paid by the Plan. 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:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Union's contributions portion of their accounts plus earnings thereon is based on the employees' years of continuous service. A participant is 100% vested after three years of credited service.

Payment of benefits:

On termination of service due to death, disability, or retirement, a participant may receive an amount equal to the value of the participant's vested interest in his or her account, normally by a lump-sum amount. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts:

For the years ended December 31, 2023 and 2022, there were no forfeited non-vested amounts. These amounts are used to reduce future employer contributions or plan expenses.

2. Summary of significant accounting policies:

Basis of accounting:

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

Investments held by a defined contribution plan are required to be reported at fair value.

2. Summary of significant accounting policies, continued:

Use of estimates:

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

Valuation of investments:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other consultants. See note 3 for discussion of fair market value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan invested in a stable-value collective trust fund valued at net asset value (NAV). The NAV per unit is computed by dividing the Fund's total assets, less its liabilities, by the total number of units outstanding at the time of such computation. Investment income earned is reinvested in the Fund and included in the determination of the unit values.

Administrative expenses:

Certain expenses incurred by the Plan, such as investment management fees, are paid by the Plan and are allocated to the participant accounts. For the year ended December 31, 2023, participants were charged $4 per month for administrative expenses as well as .400% of asset value per month.

The Plan sponsor also pays part of the Plan's administrative and related expenses on behalf of the Plan. These amounts are not reflected in the accompanying financial statements.

3. Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- 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 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 relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. The methodologies used on December 31, 2023, and 2022 have not changed.

Mutual funds - valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

3. Fair value measurements, continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022.

Asset at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 7,110,994	$	$	$7,110,995
Total investments in the fair value hierarchy	$ 7,110,994	$	$	7,110,995
Investments measured at net asset value (NAV)				1,691,255
Investments at fair value				$8,802,250

Asset at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 5,876,230	$	$	$5,876,230
Total investments in the fair value hierarchy	$ 5,876,230	$	$	5,876,230
Investments measured at net asset value (NAV)				1,766,336
Investments at fair value				$7,642,566

4. Group annuity contracts:

The Plan invests in a group annuity contract. The contract is a guaranteed investment contract and is considered to be an indirect investment in a fully benefit-responsive investment contract. The fair value of the contract is measured using the net asset value per share determined by MetLife based on quoted market prices of the underlying investments owned by MetLife. The contract simulates the performance of a guaranteed investment contract through the guarantee of a specific interest and a portfolio of financial instruments that are owned by MetLife. MetLife guarantees the contract value, which represents contributions, plus interest, less participant-initiated withdrawals or transfers.

The contract provides a fixed interest rate for a fixed period that will apply to the entire guaranteed value. The interest rate is reset every quarter as determined by MetLife with consideration of the fair value of the separate accounts, the anticipated market yields-to-maturity of benchmark indices of separate accounts, expected payments into and out of the contract, amortization of the difference, if any, between the fair value of the separate accounts and the guaranteed value of the contract, and the fees allowed under the contract. MetLife guarantees that the rate will never be zero.

5. Rollover contributions:

The Plan allows participants to roll over money from any eligible retirement plan. Such rollovers can be made immediately without having met the eligibility requirements of the Plan and may include after-tax contributions. Amounts rolled over into the Plan are also immediately eligible for the withdrawal options of the Plan. For the years ending December 31, 2023, and 2022, there were no rollover contributions. These amounts, if any, are included as rollover contributions on the statement of changes in net assets available for benefits.

6. Plan termination:

Although it has not expressed any intent to do so, the Plan has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Union may determine.

7. Tax status:

In October of 2012, the Plan changed to a prototype plan with SunGard Corbel LLC. SunGard Corbel LLC obtained its latest determination letter for its prototype plan on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt. The Plan received a new determination letter dated January 31, 2017.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate the plan's tax position and recognize a tax liability for any uncertain position that would more likely than not be sustained upon examination by the IRS. The plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan's tax returns are generally open for examination for three years after filing.

8. Risks and uncertainties:

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

9. Transactions with parties in interest:

Parties-in-interest transactions include the investment in the funds of the trustees and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

10. Subsequent events and date of management's review:

Management evaluated subsequent events through September 5, 2024, the date the financial statements were available to be issued.

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN
EIN # 88-0028065
PLAN NUMBER: 72865
SCHEDULE H, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current Value
	Dodge & Cox Balanced FD	Mutual Fund	$ 777,327	$ 786,047
	Delaware Ivy Mid Cap Gwth Fd Cl Y	Mutual Fund	721,004	735,651
	JPMorgan Eqity Income Cl A	Mutual Fund	552,350	735,087
	PIMCO Investment Grade Cr Bd A	Mutual Fund	2,244,339	2,005,343
*	Schwab S&P 500 Index Fund - Sel S	Mutual Fund	543,143	806,197
	T. Rowe Price Blue Chip Growth Adv	Mutual Fund	782,603	988,153
	Vanguard Real Estate In Fd Adm	Mutual Fund	165,728	166,526
	Vanguard Total Intl Stock Index Adm	Mutual Fund	191,289	181,599
	Wasatch Small Cap Growth Fd Inv	Mutual Fund	792,136	706,392
	Metlife Managed GIC ABG	Collective Trust	1,593,234	1,691,255
				8,802,250
	Cash	Cash		1
				$ 8,802,251

Note: Column (a) parties-in-interest.

See independent auditor's report and notes to financial statements.

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

PIMCO INVESTMENT GRADE CR BD A
TICKER: PBDAX

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
1/ 3/23	11.517	SOLD	8.67	0.00	99.85	118.16
1/ 5/23	15.672	SOLD	8.72	0.00	136.66	160.72
1/ 5/23	616.891	PURCHASED	8.72	0.00	-5,379.29	5,379.29
1/ 6/23	108.052	SOLD	8.82	0.00	953.02	1,108.12
1/13/23	72.583	PURCHASED	8.93	0.00	-648.17	648.17
1/18/23	550.257	PURCHASED	9.01	0.00	-4,957.82	4,957.82
1/23/23	21.489	SOLD	8.93	0.00	191.90	220.30
1/23/23	70.298	SOLD	8.93	0.00	627.76	720.68
1/23/23	79.991	SOLD	8.93	0.00	714.32	820.06
1/25/23	1.793	SOLD	8.98	0.00	16.10	18.38
1/25/23	5,589.424	SOLD	8.98	0.00	50,193.03	57,301.97
1/26/23	200.738	SOLD	8.98	0.00	1,802.63	2,057.94
1/30/23	101.585	SOLD	8.95	0.00	909.19	1,041.43
1/31/23	487.028	PURCHASED	0.00	0.00	-4,373.51	4,373.51
2/ 1/23	1.730	PURCHASED	9.04	0.00	-15.64	15.64
2/ 1/23	10.852	SOLD	9.04	0.00	98.10	111.22
2/ 2/23	4.561	PURCHASED	9.07	0.00	-41.37	41.37
2/ 2/23	587.916	PURCHASED	9.07	0.00	-5,332.40	5,332.40
2/14/23	0.020	PURCHASED	9.00	0.00	-0.18	0.18
2/15/23	591.300	PURCHASED	8.82	0.00	-5,215.27	5,215.27
2/17/23	13.899	PURCHASED	8.80	0.00	-122.31	122.31
2/21/23	8.409	PURCHASED	8.71	0.00	-73.24	73.24
2/24/23	34.127	SOLD	8.71	0.00	297.25	349.52
2/28/23	630.959	PURCHASED	0.00	0.00	-5,508.27	5,508.27
2/28/23	0.743	PURCHASED	8.73	0.00	-6.49	6.49
2/28/23	18.603	SOLD	8.73	0.00	162.40	190.34
2/28/23	213.000	PURCHASED	8.73	0.00	-1,859.49	1,859.49
2/28/23	618.609	PURCHASED	8.73	0.00	-5,400.46	5,400.46
3/ 1/23	0.171	SOLD	8.65	0.00	1.48	1.75
3/ 1/23	11.718	SOLD	8.68	0.00	101.71	119.89
3/ 7/23	59.689	PURCHASED	8.71	0.00	-519.89	519.89
3/ 8/23	39.055	SOLD	8.70	0.00	339.78	399.57
3/16/23	2.778	PURCHASED	8.74	0.00	-24.28	24.28
3/16/23	628.887	PURCHASED	8.74	0.00	-5,496.47	5,496.47
3/27/23	593.181	PURCHASED	8.80	0.00	-5,219.99	5,219.99
3/28/23	74.399	SOLD	8.79	0.00	653.97	760.57
3/31/23	586.066	PURCHASED	0.00	0.00	-5,204.27	5,204.27
4/ 3/23	11.474	SOLD	8.92	0.00	102.35	117.25
4/ 3/23	13.330	PURCHASED	8.92	0.00	-118.90	118.90
4/ 5/23	1.902	SOLD	8.97	0.00	17.06	19.44
4/ 5/23	109.918	SOLD	8.97	0.00	985.96	1,123.27
4/11/23	603.126	PURCHASED	8.92	0.00	-5,379.88	5,379.88
4/12/23	0.574	SOLD	8.94	0.00	5.13	5.86
4/13/23	53.879	PURCHASED	8.92	0.00	-480.60	480.60
4/17/23	0.237	SOLD	8.86	0.00	2.10	2.42
4/17/23	38.349	SOLD	8.85	0.00	339.39	391.75
4/24/23	5.836	PURCHASED	8.89	0.00	-51.88	51.88
4/25/23	634.265	PURCHASED	8.95	0.00	-5,676.67	5,676.67
4/26/23	73.632	SOLD	8.91	0.00	656.06	751.90
4/26/23	100.963	SOLD	8.91	0.00	899.58	1,030.99
4/28/23	584.685	PURCHASED	0.00	0.00	-5,215.39	5,215.39
4/28/23	6.215	PURCHASED	8.92	0.00	-55.44	55.44
5/ 1/23	11.537	SOLD	8.83	0.00	101.87	117.77
5/ 1/23	27.007	SOLD	8.83	0.00	238.47	275.69

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.

0000385-0116218 JE875P5C

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
5/ 2/23	7.157	SOLD	8.90	0.00	63.70	73.06
5/ 8/23	626.651	PURCHASED	8.83	0.00	-5,533.33	5,533.33
5/15/23	0.058	SOLD	8.79	0.00	0.51	0.59
5/17/23	15.987	SOLD	8.79	0.00	140.53	163.13
5/22/23	27.533	PURCHASED	8.73	0.00	-240.36	240.36
5/24/23	142.777	PURCHASED	8.71	0.00	-1,243.59	1,243.59
5/24/23	627.741	PURCHASED	8.71	0.00	-5,467.62	5,467.62
5/26/23	1.507	PURCHASED	8.70	0.00	-13.11	13.11
5/31/23	672.467	PURCHASED	0.00	0.00	-5,904.26	5,904.26
5/31/23	1.752	SOLD	8.78	0.00	15.38	17.86
6/ 1/23	0.229	SOLD	8.82	0.00	2.02	2.33
6/ 1/23	11.555	SOLD	8.81	0.00	101.80	117.80
6/ 6/23	667.063	PURCHASED	8.79	0.00	-5,863.48	5,863.48
6/ 7/23	50.650	PURCHASED	8.74	0.00	-442.68	442.68
6/16/23	128.736	PURCHASED	8.78	0.00	-1,130.30	1,130.30
6/20/23	638.424	PURCHASED	8.80	0.00	-5,618.13	5,618.13
6/23/23	0.319	SOLD	8.78	0.00	2.80	3.25
6/23/23	48.781	SOLD	8.78	0.00	428.30	496.85
6/27/23	72.369	SOLD	8.78	0.00	635.40	737.10
6/30/23	716.536	PURCHASED	0.00	0.00	-6,284.02	6,284.02
7/ 3/23	11.458	SOLD	8.76	0.00	100.37	116.60
7/ 3/23	713.661	PURCHASED	8.76	0.00	-6,251.67	6,251.67
7/ 5/23	58.806	PURCHASED	8.72	0.00	-512.79	512.79
7/ 7/23	113.787	SOLD	8.65	0.00	984.26	1,157.88
7/12/23	4.881	PURCHASED	8.77	0.00	-42.81	42.81
7/13/23	375.572	PURCHASED	8.83	0.00	-3,316.30	3,316.30
7/17/23	647.495	PURCHASED	8.80	0.00	-5,697.96	5,697.96
7/21/23	1.432	SOLD	8.80	0.00	12.60	14.56
7/21/23	5,096.560	SOLD	8.80	0.00	44,849.73	51,830.19
7/24/23	73.642	SOLD	8.79	0.00	647.31	748.79
7/24/23	264.879	PURCHASED	8.79	0.00	-2,328.29	2,328.29
7/26/23	3,577.018	PURCHASED	8.80	0.00	-31,477.76	31,477.76
7/27/23	171.732	SOLD	8.74	0.00	1,500.94	1,742.43
7/28/23	136.536	PURCHASED	8.77	0.00	-1,197.42	1,197.42
7/31/23	644.049	PURCHASED	0.00	0.00	-5,654.75	5,654.75
7/31/23	628.346	PURCHASED	8.78	0.00	-5,516.88	5,516.88
8/ 1/23	11.357	SOLD	8.73	0.00	99.15	115.13
8/ 1/23	15.987	PURCHASED	8.73	0.00	-139.57	139.57
8/ 2/23	26.351	PURCHASED	8.70	0.00	-229.25	229.25
8/ 9/23	14.525	PURCHASED	8.72	0.00	-126.66	126.66
8/14/23	2.870	PURCHASED	8.63	0.00	-24.77	24.77
8/16/23	227.186	PURCHASED	8.57	0.00	-1,946.98	1,946.98
8/16/23	665.849	PURCHASED	8.57	0.00	-5,706.33	5,706.33
8/17/23	58.324	PURCHASED	8.56	0.00	-499.25	499.25
8/18/23	78.383	SOLD	8.57	0.00	671.74	794.08
8/21/23	80.502	PURCHASED	8.52	0.00	-685.88	685.88
8/28/23	2.472	PURCHASED	8.62	0.00	-21.31	21.31
8/28/23	625.778	PURCHASED	8.62	0.00	-5,394.21	5,394.21
8/30/23	82.509	SOLD	8.68	0.00	716.18	835.49
8/31/23	721.201	PURCHASED	0.00	0.00	-6,267.24	6,267.24
8/31/23	62.830	PURCHASED	8.69	0.00	-545.99	545.99
9/ 1/23	4.174	PURCHASED	8.64	0.00	-36.06	36.06
9/ 1/23	11.582	SOLD	8.64	0.00	100.07	117.22
9/ 5/23	103.163	SOLD	8.59	0.00	886.17	1,044.12
9/ 7/23	54.452	PURCHASED	8.60	0.00	-468.29	468.29
9/11/23	677.867	PURCHASED	8.60	0.00	-5,829.66	5,829.66
9/18/23	2.796	PURCHASED	8.59	0.00	-24.02	24.02
9/20/23	1.881	SOLD	8.56	0.00	16.10	19.03

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
9/20/23	7,194.602	SOLD	8.56	0.00	61,585.79	72,781.94
9/22/23	77.370	SOLD	8.52	0.00	659.19	782.69
9/25/23	312.545	PURCHASED	8.46	0.00	-2,644.13	2,644.13
9/25/23	465.853	SOLD	8.46	0.00	3,941.12	4,709.27
9/25/23	664.285	PURCHASED	8.46	0.00	-5,619.85	5,619.85
9/29/23	786.752	PURCHASED	0.00	0.00	-6,624.45	6,624.45
10/ 2/23	11.861	SOLD	8.35	0.00	99.04	119.83
10/ 4/23	112.662	SOLD	8.32	0.00	937.35	1,138.22
10/ 5/23	9.302	PURCHASED	8.31	0.00	-77.30	77.30
10/11/23	679.171	PURCHASED	8.41	0.00	-5,711.83	5,711.83
10/12/23	0.008	SOLD	8.75	0.00	0.07	0.08
10/13/23	104.252	SOLD	8.37	0.00	872.59	1,052.71
10/24/23	75.642	SOLD	8.26	0.00	624.80	763.42
10/24/23	635.849	PURCHASED	8.26	0.00	-5,252.11	5,252.11
10/26/23	41.352	SOLD	8.25	0.00	341.15	417.35
10/30/23	15.158	SOLD	8.23	0.00	124.75	152.98
10/31/23	748.321	PURCHASED	0.00	0.00	-6,151.20	6,151.20
11/ 1/23	12.051	SOLD	8.30	0.00	100.02	121.52
11/ 1/23	15.219	SOLD	8.30	0.00	126.32	153.47
11/ 1/23	265.455	PURCHASED	8.30	0.00	-2,203.28	2,203.28
11/ 2/23	8.528	SOLD	8.37	0.00	71.38	86.00
11/ 6/23	626.886	PURCHASED	8.40	0.00	-5,265.84	5,265.84
11/14/23	4,595.045	SOLD	8.54	0.00	39,241.68	46,315.84
11/16/23	230.836	PURCHASED	8.54	0.00	-1,971.34	1,971.34
11/17/23	4.937	PURCHASED	8.55	0.00	-42.21	42.21
11/20/23	3.595	SOLD	8.57	0.00	30.81	36.21
11/20/23	624.372	PURCHASED	8.57	0.00	-5,350.87	5,350.87
11/21/23	9.338	PURCHASED	8.58	0.00	-80.12	80.12
11/22/23	70.090	SOLD	8.59	0.00	602.07	706.06
11/22/23	92.685	SOLD	8.59	0.00	796.16	933.67
11/27/23	0.518	SOLD	8.61	0.00	4.46	5.22
11/28/23	0.854	PURCHASED	8.64	0.00	-7.38	7.38
11/28/23	6.938	SOLD	8.64	0.00	59.94	69.89
11/28/23	158.469	SOLD	8.64	0.00	1,369.17	1,596.35
11/30/23	636.642	PURCHASED	0.00	0.00	-5,513.32	5,513.32
11/30/23	8.614	SOLD	8.66	0.00	74.60	86.74
12/ 1/23	1.290	SOLD	8.73	0.00	11.26	12.99
12/ 1/23	11.365	SOLD	8.73	0.00	99.22	114.44
12/ 6/23	593.722	PURCHASED	8.79	0.00	-5,218.82	5,218.82
12/ 7/23	273.604	PURCHASED	8.78	0.00	-2,402.24	2,402.24
12/ 7/23	273.604	SOLD	8.78	0.00	2,402.24	2,753.70
12/ 7/23	294.224	SOLD	8.78	0.00	2,583.29	2,961.23
12/18/23	3.068	SOLD	8.94	0.00	27.43	30.88
12/26/23	75.746	SOLD	8.97	0.00	679.44	762.35
12/29/23	645.048	PURCHASED	0.00	0.00	-5,798.98	5,798.98
T						
				0.00	496,083.34	

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

MODIFIED CASH BASIS

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2023

Schedule H Line 4a – Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
$42,149	$42,149

◯ **Late participant loan repayments are included in the schedule (if checked).**

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN

MODIFIED CASH BASIS

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2023

Schedule H Line 4a – Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
$42,149	$42,149

◯ **Late participant loan repayments are included in the schedule (if checked).**

CULINARY WORKERS LOCAL 226 RETIREMENT SAVINGS PLAN
EIN # 88-0028065
PLAN NUMBER: 72865
SCHEDULE H, LINE 4i --
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current Value
	Dodge & Cox Balanced FD	Mutual Fund	$ 777,327	$ 786,047
	Delaware Ivy Mid Cap Gwth Fd Cl Y	Mutual Fund	721,004	735,651
	JPMorgan Eqity Income Cl A	Mutual Fund	552,350	735,087
	PIMCO Investment Grade Cr Bd A	Mutual Fund	2,244,339	2,005,343
*	Schwab S&P 500 Index Fund - Sel S	Mutual Fund	543,143	806,197
	T. Rowe Price Blue Chip Growth Adv	Mutual Fund	782,603	988,153
	Vanguard Real Estate In Fd Adm	Mutual Fund	165,728	166,526
	Vanguard Total Intl Stock Index Adm	Mutual Fund	191,289	181,599
	Wasatch Small Cap Growth Fd Inv	Mutual Fund	792,136	706,392
	Metlife Managed GIC ABG	Collective Trust	1,593,234	1,691,255
				8,802,250
	Cash	Cash		1
				$ 8,802,251

Note: Column (a) parties-in-interest.

See independent auditor's report and notes to financial statements.

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

PIMCO INVESTMENT GRADE CR BD A
TICKER: PBDAX

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
1/ 3/23	11.517	SOLD	8.67	0.00	99.85	118.16
1/ 5/23	15.672	SOLD	8.72	0.00	136.66	160.72
1/ 5/23	616.891	PURCHASED	8.72	0.00	-5,379.29	5,379.29
1/ 6/23	108.052	SOLD	8.82	0.00	953.02	1,108.12
1/13/23	72.583	PURCHASED	8.93	0.00	-648.17	648.17
1/18/23	550.257	PURCHASED	9.01	0.00	-4,957.82	4,957.82
1/23/23	21.489	SOLD	8.93	0.00	191.90	220.30
1/23/23	70.298	SOLD	8.93	0.00	627.76	720.68
1/23/23	79.991	SOLD	8.93	0.00	714.32	820.06
1/25/23	1.793	SOLD	8.98	0.00	16.10	18.38
1/25/23	5,589.424	SOLD	8.98	0.00	50,193.03	57,301.97
1/26/23	200.738	SOLD	8.98	0.00	1,802.63	2,057.94
1/30/23	101.585	SOLD	8.95	0.00	909.19	1,041.43
1/31/23	487.028	PURCHASED	0.00	0.00	-4,373.51	4,373.51
2/ 1/23	1.730	PURCHASED	9.04	0.00	-15.64	15.64
2/ 1/23	10.852	SOLD	9.04	0.00	98.10	111.22
2/ 2/23	4.561	PURCHASED	9.07	0.00	-41.37	41.37
2/ 2/23	587.916	PURCHASED	9.07	0.00	-5,332.40	5,332.40
2/14/23	0.020	PURCHASED	9.00	0.00	-0.18	0.18
2/15/23	591.300	PURCHASED	8.82	0.00	-5,215.27	5,215.27
2/17/23	13.899	PURCHASED	8.80	0.00	-122.31	122.31
2/21/23	8.409	PURCHASED	8.71	0.00	-73.24	73.24
2/24/23	34.127	SOLD	8.71	0.00	297.25	349.52
2/28/23	630.959	PURCHASED	0.00	0.00	-5,508.27	5,508.27
2/28/23	0.743	PURCHASED	8.73	0.00	-6.49	6.49
2/28/23	18.603	SOLD	8.73	0.00	162.40	190.34
2/28/23	213.000	PURCHASED	8.73	0.00	-1,859.49	1,859.49
2/28/23	618.609	PURCHASED	8.73	0.00	-5,400.46	5,400.46
3/ 1/23	0.171	SOLD	8.65	0.00	1.48	1.75
3/ 1/23	11.718	SOLD	8.68	0.00	101.71	119.89
3/ 7/23	59.689	PURCHASED	8.71	0.00	-519.89	519.89
3/ 8/23	39.055	SOLD	8.70	0.00	339.78	399.57
3/16/23	2.778	PURCHASED	8.74	0.00	-24.28	24.28
3/16/23	628.887	PURCHASED	8.74	0.00	-5,496.47	5,496.47
3/27/23	593.181	PURCHASED	8.80	0.00	-5,219.99	5,219.99
3/28/23	74.399	SOLD	8.79	0.00	653.97	760.57
3/31/23	586.066	PURCHASED	0.00	0.00	-5,204.27	5,204.27
4/ 3/23	11.474	SOLD	8.92	0.00	102.35	117.25
4/ 3/23	13.330	PURCHASED	8.92	0.00	-118.90	118.90
4/ 5/23	1.902	SOLD	8.97	0.00	17.06	19.44
4/ 5/23	109.918	SOLD	8.97	0.00	985.96	1,123.27
4/11/23	603.126	PURCHASED	8.92	0.00	-5,379.88	5,379.88
4/12/23	0.574	SOLD	8.94	0.00	5.13	5.86
4/13/23	53.879	PURCHASED	8.92	0.00	-480.60	480.60
4/17/23	0.237	SOLD	8.86	0.00	2.10	2.42
4/17/23	38.349	SOLD	8.85	0.00	339.39	391.75
4/24/23	5.836	PURCHASED	8.89	0.00	-51.88	51.88
4/25/23	634.265	PURCHASED	8.95	0.00	-5,676.67	5,676.67
4/26/23	73.632	SOLD	8.91	0.00	656.06	751.90
4/26/23	100.963	SOLD	8.91	0.00	899.58	1,030.99
4/28/23	584.685	PURCHASED	0.00	0.00	-5,215.39	5,215.39
4/28/23	6.215	PURCHASED	8.92	0.00	-55.44	55.44
5/ 1/23	11.537	SOLD	8.83	0.00	101.87	117.77
5/ 1/23	27.007	SOLD	8.83	0.00	238.47	275.69

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
5/ 2/23	7.157	SOLD	8.90	0.00	63.70	73.06
5/ 8/23	626.651	PURCHASED	8.83	0.00	-5,533.33	5,533.33
5/15/23	0.058	SOLD	8.79	0.00	0.51	0.59
5/17/23	15.987	SOLD	8.79	0.00	140.53	163.13
5/22/23	27.533	PURCHASED	8.73	0.00	-240.36	240.36
5/24/23	142.777	PURCHASED	8.71	0.00	-1,243.59	1,243.59
5/24/23	627.741	PURCHASED	8.71	0.00	-5,467.62	5,467.62
5/26/23	1.507	PURCHASED	8.70	0.00	-13.11	13.11
5/31/23	672.467	PURCHASED	0.00	0.00	-5,904.26	5,904.26
5/31/23	1.752	SOLD	8.78	0.00	15.38	17.86
6/ 1/23	0.229	SOLD	8.82	0.00	2.02	2.33
6/ 1/23	11.555	SOLD	8.81	0.00	101.80	117.80
6/ 6/23	667.063	PURCHASED	8.79	0.00	-5,863.48	5,863.48
6/ 7/23	50.650	PURCHASED	8.74	0.00	-442.68	442.68
6/16/23	128.736	PURCHASED	8.78	0.00	-1,130.30	1,130.30
6/20/23	638.424	PURCHASED	8.80	0.00	-5,618.13	5,618.13
6/23/23	0.319	SOLD	8.78	0.00	2.80	3.25
6/23/23	48.781	SOLD	8.78	0.00	428.30	496.85
6/27/23	72.369	SOLD	8.78	0.00	635.40	737.10
6/30/23	716.536	PURCHASED	0.00	0.00	-6,284.02	6,284.02
7/ 3/23	11.458	SOLD	8.76	0.00	100.37	116.60
7/ 3/23	713.661	PURCHASED	8.76	0.00	-6,251.67	6,251.67
7/ 5/23	58.806	PURCHASED	8.72	0.00	-512.79	512.79
7/ 7/23	113.787	SOLD	8.65	0.00	984.26	1,157.88
7/12/23	4.881	PURCHASED	8.77	0.00	-42.81	42.81
7/13/23	375.572	PURCHASED	8.83	0.00	-3,316.30	3,316.30
7/17/23	647.495	PURCHASED	8.80	0.00	-5,697.96	5,697.96
7/21/23	1.432	SOLD	8.80	0.00	12.60	14.56
7/21/23	5,096.560	SOLD	8.80	0.00	44,849.73	51,830.19
7/24/23	73.642	SOLD	8.79	0.00	647.31	748.79
7/24/23	264.879	PURCHASED	8.79	0.00	-2,328.29	2,328.29
7/26/23	3,577.018	PURCHASED	8.80	0.00	-31,477.76	31,477.76
7/27/23	171.732	SOLD	8.74	0.00	1,500.94	1,742.43
7/28/23	136.536	PURCHASED	8.77	0.00	-1,197.42	1,197.42
7/31/23	644.049	PURCHASED	0.00	0.00	-5,654.75	5,654.75
7/31/23	628.346	PURCHASED	8.78	0.00	-5,516.88	5,516.88
8/ 1/23	11.357	SOLD	8.73	0.00	99.15	115.13
8/ 1/23	15.987	PURCHASED	8.73	0.00	-139.57	139.57
8/ 2/23	26.351	PURCHASED	8.70	0.00	-229.25	229.25
8/ 9/23	14.525	PURCHASED	8.72	0.00	-126.66	126.66
8/14/23	2.870	PURCHASED	8.63	0.00	-24.77	24.77
8/16/23	227.186	PURCHASED	8.57	0.00	-1,946.98	1,946.98
8/16/23	665.849	PURCHASED	8.57	0.00	-5,706.33	5,706.33
8/17/23	58.324	PURCHASED	8.56	0.00	-499.25	499.25
8/18/23	78.383	SOLD	8.57	0.00	671.74	794.08
8/21/23	80.502	PURCHASED	8.52	0.00	-685.88	685.88
8/28/23	2.472	PURCHASED	8.62	0.00	-21.31	21.31
8/28/23	625.778	PURCHASED	8.62	0.00	-5,394.21	5,394.21
8/30/23	82.509	SOLD	8.68	0.00	716.18	835.49
8/31/23	721.201	PURCHASED	0.00	0.00	-6,267.24	6,267.24
8/31/23	62.830	PURCHASED	8.69	0.00	-545.99	545.99
9/ 1/23	4.174	PURCHASED	8.64	0.00	-36.06	36.06
9/ 1/23	11.582	SOLD	8.64	0.00	100.07	117.22
9/ 5/23	103.163	SOLD	8.59	0.00	886.17	1,044.12
9/ 7/23	54.452	PURCHASED	8.60	0.00	-468.29	468.29
9/11/23	677.867	PURCHASED	8.60	0.00	-5,829.66	5,829.66
9/18/23	2.796	PURCHASED	8.59	0.00	-24.02	24.02
9/20/23	1.881	SOLD	8.56	0.00	16.10	19.03

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.

charles SCHWAB

TRUST BANK

CULINARY WORKERS 226 RET SAV PLAN

[redacted]

REPORTING PERIOD: 12/31/22 TO 12/31/23

[redacted]

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 12/31/22 VALUE OF $7,642,567.10

TRADE DATE	SHARES/PV		PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
9/20/23	7,194.602	SOLD	8.56	0.00	61,585.79	72,781.94
9/22/23	77.370	SOLD	8.52	0.00	659.19	782.69
9/25/23	312.545	PURCHASED	8.46	0.00	-2,644.13	2,644.13
9/25/23	465.853	SOLD	8.46	0.00	3,941.12	4,709.27
9/25/23	664.285	PURCHASED	8.46	0.00	-5,619.85	5,619.85
9/29/23	786.752	PURCHASED	0.00	0.00	-6,624.45	6,624.45
10/ 2/23	11.861	SOLD	8.35	0.00	99.04	119.83
10/ 4/23	112.662	SOLD	8.32	0.00	937.35	1,138.22
10/ 5/23	9.302	PURCHASED	8.31	0.00	-77.30	77.30
10/11/23	679.171	PURCHASED	8.41	0.00	-5,711.83	5,711.83
10/12/23	0.008	SOLD	8.75	0.00	0.07	0.08
10/13/23	104.252	SOLD	8.37	0.00	872.59	1,052.71
10/24/23	75.642	SOLD	8.26	0.00	624.80	763.42
10/24/23	635.849	PURCHASED	8.26	0.00	-5,252.11	5,252.11
10/26/23	41.352	SOLD	8.25	0.00	341.15	417.35
10/30/23	15.158	SOLD	8.23	0.00	124.75	152.98
10/31/23	748.321	PURCHASED	0.00	0.00	-6,151.20	6,151.20
11/ 1/23	12.051	SOLD	8.30	0.00	100.02	121.52
11/ 1/23	15.219	SOLD	8.30	0.00	126.32	153.47
11/ 1/23	265.455	PURCHASED	8.30	0.00	-2,203.28	2,203.28
11/ 2/23	8.528	SOLD	8.37	0.00	71.38	86.00
11/ 6/23	626.886	PURCHASED	8.40	0.00	-5,265.84	5,265.84
11/14/23	4,595.045	SOLD	8.54	0.00	39,241.68	46,315.84
11/16/23	230.836	PURCHASED	8.54	0.00	-1,971.34	1,971.34
11/17/23	4.937	PURCHASED	8.55	0.00	-42.21	42.21
11/20/23	3.595	SOLD	8.57	0.00	30.81	36.21
11/20/23	624.372	PURCHASED	8.57	0.00	-5,350.87	5,350.87
11/21/23	9.338	PURCHASED	8.58	0.00	-80.12	80.12
11/22/23	70.090	SOLD	8.59	0.00	602.07	706.06
11/22/23	92.685	SOLD	8.59	0.00	796.16	933.67
11/27/23	0.518	SOLD	8.61	0.00	4.46	5.22
11/28/23	0.854	PURCHASED	8.64	0.00	-7.38	7.38
11/28/23	6.938	SOLD	8.64	0.00	59.94	69.89
11/28/23	158.469	SOLD	8.64	0.00	1,369.17	1,596.35
11/30/23	636.642	PURCHASED	0.00	0.00	-5,513.32	5,513.32
11/30/23	8.614	SOLD	8.66	0.00	74.60	86.74
12/ 1/23	1.290	SOLD	8.73	0.00	11.26	12.99
12/ 1/23	11.365	SOLD	8.73	0.00	99.22	114.44
12/ 6/23	593.722	PURCHASED	8.79	0.00	-5,218.82	5,218.82
12/ 7/23	273.604	PURCHASED	8.78	0.00	-2,402.24	2,402.24
12/ 7/23	273.604	SOLD	8.78	0.00	2,402.24	2,753.70
12/ 7/23	294.224	SOLD	8.78	0.00	2,583.29	2,961.23
12/18/23	3.068	SOLD	8.94	0.00	27.43	30.88
12/26/23	75.746	SOLD	8.97	0.00	679.44	762.35
12/29/23	645.048	PURCHASED	0.00	0.00	-5,798.98	5,798.98
T						
				0.00	496,083.34	

Charles Schwab Trust Bank, 2360 Corporate Circle, Henderson, NV 89074
Investment Products: Not FDIC Insured. No Bank guarantee. May lose value.