

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</u></p> <p><u>7180 KOLL CENTER PKWY STE 200</u> <u>PLEASANTON, CA 94566</u></p>	<p>1c Effective date of plan <u>01/01/1982</u></p> <p>2b Employer Identification Number (EIN) <u>94-6076428</u></p> <p>2c Plan Sponsor's telephone number <u>925-398-7060</u></p> <p>2d Business code (see instructions) <u>721110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4313
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4313
	6a(2)	1764
	6b	19
	6c	2848
	6d	4631
	6e	18
	6f	4649
	6g(1)	0
	6g(2)	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	18

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN	D Employer Identification Number (EIN) 94-6076428	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

LEONARD CARDER

94-2819269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	21531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVESTMENT SERVICES, INC.

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	16800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS, SAYLES & COMPANY, L.P.

4 ORINDA WAY STE 200-A
ORINDA, CA 94563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17699	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	147814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRON MOUNTAIN

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	8619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL COMPLIANCE SERVICE

77-0547053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SMART SOURCE LLC

30-0830429

(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?
49 50	NONE	19755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EPIC INSURANCE

94-3195221

(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?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6489	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN</u>	D Employer Identification Number (EIN) <u>94-6076428</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN MULTIPLE INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>26-3653822-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4951872</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SENIOR FLOATING RATE FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES AND COMPANY, L.P.</u>		
c EIN-PN <u>82-0542784-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3889969</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD QP FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>82-4051841-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>386337</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS PREFERRED STOCK QP FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>82-4034866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>455435</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN QP FUND</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>82-4069919-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>678744</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS CORE FIXED INCOME QP FUND, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>82-4028492-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7813131</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN	D Employer Identification Number (EIN) 94-6076428

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1143664	138333
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	179745	239004
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	302436	288389
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	284624	425720
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6665803	7032078
(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)	12858681	18175488
(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)	546223	669266
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	9725546	8805297

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31706722	35773575
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	33679	40522
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	33679	40522
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	31673043	35733053

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)	2248677	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2248677
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	69877	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	315184	
(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)		385061
(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)	184630	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		184630
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7400057	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7535492	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-135435
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	84086	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	-1509062
(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)	4707426
c Other income	2c	20891
d Total income. Add all income amounts in column (b) and enter total.....	2d	5986274

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1506980
(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)	1506980
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)	147814
(3) Recordkeeping fees	2i(3)	29000
(4) IQPA audit fees	2i(4)	34770
(5) Investment advisory and investment management fees	2i(5)	97744
(6) Bank or trust company trustee/custodial fees	2i(6)	4197
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	39915
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	1388
(11) Other expenses.....	2i(11)	64456
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	419284
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	1926264

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	4060010
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

A Name of plan <u>EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN</u>	D Employer Identification Number (EIN) <u>94-6076428</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-6076428</u>		
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	423

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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	2248677	
b Enter the amount contributed by the employer to the plan for this plan year	6b	2248677	
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 _____.

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
East Bay Restaurant and Tavern
Retirement Plan

Members of the Board:

Opinion

We have audited the accompanying financial statements of East Bay Restaurant and Tavern Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

San Francisco, California

September 24, 2025

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	<u>December 31, 2024</u>	<u>December 31, 2023</u>
INVESTMENTS, AT FAIR VALUE		
Mutual and Exchange Traded Funds	\$ 9,474,563	\$ 10,271,769
Common/Collective Trusts	18,175,488	12,858,681
Corporate Obligations	7,032,078	6,665,803
Government Obligations	425,720	284,624
Limited Partnerships	-	-
	<u>35,107,849</u>	<u>30,080,877</u>
TOTAL INVESTMENTS		
CASH	<u>138,333</u>	<u>1,143,664</u>
TOTAL INVESTMENTS AND CASH	<u>35,246,182</u>	<u>31,224,541</u>
OTHER ASSETS		
Employer Contributions Receivable	239,004	179,745
Accrued Investment Income	88,399	80,138
Due from Health Fund	198,337	220,233
Prepaid Insurance	<u>1,653</u>	<u>2,065</u>
TOTAL OTHER ASSETS	<u>527,393</u>	<u>482,181</u>
TOTAL ASSETS	<u>35,773,575</u>	<u>31,706,722</u>
LIABILITIES		
Accrued Expenses	<u>40,522</u>	<u>33,679</u>
TOTAL LIABILITIES	<u>40,522</u>	<u>33,679</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 35,733,053</u></u>	<u><u>\$ 31,673,043</u></u>

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 569,691	\$ 438,885
Net Appreciation of Investments	3,147,015	3,653,102
Less: Investment Expenses	<u>(97,744)</u>	<u>(86,024)</u>
NET INVESTMENT INCOME	3,618,962	4,005,963
CONTRIBUTIONS AND OTHER INCOME		
Employer Contributions	2,248,677	2,315,273
Settlement Income	<u>20,891</u>	<u>11,244</u>
TOTAL CONTRIBUTIONS AND OTHER INCOME	<u>2,269,568</u>	<u>2,326,517</u>
TOTAL ADDITIONS	<u>5,888,530</u>	<u>6,332,480</u>
DEDUCTIONS		
BENEFITS PAID	1,506,980	1,023,493
ADMINISTRATIVE EXPENSES		
Administration Fees	147,814	147,438
Audit Fees	34,770	33,600
Consulting Fees	16,800	16,800
Insurance	9,881	37,964
Legal Fees	39,915	90,085
Office Expenses and Other	42,610	33,646
Payroll Compliance Fees	29,000	19,787
Trustee Services	<u>750</u>	<u>2,000</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>321,540</u>	<u>381,320</u>
TOTAL DEDUCTIONS	<u>1,828,520</u>	<u>1,404,813</u>
NET INCREASE FOR THE YEAR	4,060,010	4,927,667
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>31,673,043</u>	<u>26,745,376</u>
END OF YEAR	<u>\$ 35,733,053</u>	<u>\$ 31,673,043</u>

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The East Bay Restaurant and Tavern Retirement Plan (the "Plan") is a defined contribution multiemployer plan that provides pension benefits to eligible participants covered by the applicable collective bargaining agreements between the Hotel Employees and Restaurant Workers Union Local 2850 and UNITE HERE Local 2 and the individual employers' signatory to the agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN DOCUMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Contributions

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

D. Payroll Compliance Program

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

E. Participants' Account and Vesting

The Plan credits employer contributions to each individual account when those contributions are required to be made to the Plan. Valuations of account balances are determined annually. Each participants' account value is the sum of the amount of the employer contributions required to be made on the participant's behalf and the pro rata share of the earnings (or losses) of the Plan, less benefits paid and the pro rata share of the Plan's expenses. Plan expenses are netted against earnings and allocated to all participant accounts at the valuation date.

A participant becomes vested by completing three consecutive years of service in the Plan, or five years of service which are not consecutive, without incurring an intervening permanent break in service, or attaining normal retirement age while working in covered employment. To earn credit for a year of service, the participant must work a minimum of 1,000 hours or earn four monthly employer contributions in a plan year.

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition

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 or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- 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 asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. Mutual funds, exchange-traded funds and U.S. Treasury securities are stated at fair market value based on quoted market prices. Corporate obligations are valued at fair value based on closing prices provided by third party pricing vendors.

Limited partnerships are valued at fair value based on independent third-party appraisals. The Plan maintains ownership interests in limited partnerships, however, those appraisals, as of December 31, 2024 and 2023, indicate that the fair value of the limited partnership investments was virtually zero and the Plan accordingly adjusted the fair value of the investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables represent the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual and Exchange Traded Funds	\$ 9,474,563	\$ -	\$ -	\$ 9,474,563
Corporate Obligations	-	7,032,078	-	7,032,078
Government Obligations	425,720	-	-	425,720
Limited Partnerships	-	-	-	-
Total Assets in the Fair Value Hierarchy	\$ 9,900,283	\$ 7,032,078	\$ -	16,932,361
Investments Measured at Net Asset Value ^A				<u>18,175,488</u>
				<u>\$ 35,107,849</u>

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual and Exchange Traded Funds	\$ 10,271,769	\$ -	\$ -	\$ 10,271,769
Corporate Obligations	-	6,665,803	-	6,665,803
Government Obligations	284,624	-	-	284,624
Limited Partnerships	-	-	-	-
Total Assets in the Fair Value Hierarchy	\$ 10,556,393	\$ 6,665,803	\$ -	17,222,196
Investments Measured at Net Asset Value ^A				<u>12,858,681</u>
				<u>\$ 30,080,877</u>

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

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation of investments include gains and losses on investments bought and sold as well as held during the year.

G. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investments and the uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

H. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received its most recent favorable Internal Revenue Service determination letter dated September 2, 2015. The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Tax-Exempt Status (Continued)

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

NOTE 3 - FAIR VALUE OF INVESTMENTS CALCULATED AT NET ASSET VALUE

The following table summarizes investments measured at fair value based on net asset value (NAV) per share or its equivalent at December 31, 2024 and 2023. All funds below file U.S. Department of Labor Forms 5500 as direct filing entities. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Artisan Multiple Inv't Tr Global Opportunities Trust	\$ 4,951,872	\$ 4,294,712	None	Daily	5 days
Loomis Sayles Senior Loan Fund LLC	3,889,969	3,553,485	None	Daily	3 to 5 days
NIS Core Fixed Income QP Fund LLC	7,813,131	4,181,431	None	Monthly	3 days
NIS High Yield QP Fund LLC	386,337	203,489	None	Monthly	3 days
NIS Preferred Stock QP Fund II LLC	455,435	245,428	None	Monthly	3 days
NIS Total Absolute Return QP Fund LLC	678,744	380,136	None	Monthly	3 days

NOTE 4 - FUNDING POLICY

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

NOTE 5 - PLAN TERMINATION

Upon the termination of the Plan, per the agreement and declaration of Trust, any and all monies remaining in the Plan after payment of all expenses and obligations of the Plan shall be distributed among the participants.

NOTE 6 - RELATED PARTY TRANSACTIONS

The Hotel & Restaurant Employees Health and Welfare Trust ("Health Trust") receives contributions and pays certain expenses on behalf of the Plan. These plans are related through common trustees. At December 31, 2024 and 2023, \$198,337 and \$220,233, respectively, was due from the Health Trust for contributions received but not yet transferred. The allocation methodology is periodically approved by the Board of Trustees.

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 24, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

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

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

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

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

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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)</p> <p>BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN</p> <p>7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</p>	<p>1c Effective date of plan <u>01/01/1982</u></p> <p>2b Employer Identification Number (EIN) <u>94-6076428</u></p> <p>2c Plan Sponsor's telephone number <u>925-398-7060</u></p> <p>2d Business code (see instructions) <u>721110</u></p>

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

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

SIGN HERE	<i>Lian Alan</i>	10/9/2025 3:25 PM PDT	Lian Alan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Douglas Cornford
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

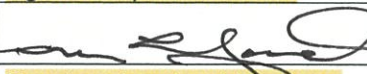
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN	1b Three-digit plan number (PN) ► 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN 7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566	1c Effective date of plan 01/01/1982 2b Employer Identification Number (EIN) 94-6076428 2c Plan Sponsor's telephone number 925-398-7060 2d Business code (see instructions) 721110

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			Lian Alan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/25	Douglas Cornford
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 94-6076428 3c Administrator's telephone number 925-398-7060
--	---

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">4313</td> </tr> </table>	5	4313
5	4313		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">4313</td> </tr> </table>	6a(1)	4313
6a(1)	4313		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">1764</td> </tr> </table>	6a(2)	1764
6a(2)	1764		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">19</td> </tr> </table>	6b	19
6b	19		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">2848</td> </tr> </table>	6c	2848
6c	2848		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">4631</td> </tr> </table>	6d	4631
6d	4631		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td style="text-align: right;">18</td> </tr> </table>	6e	18
6e	18		
f Total. Add lines 6d and 6e.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td style="text-align: right;">4649</td> </tr> </table>	6f	4649
6f	4649		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(1)	0
6g(1)	0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(2)	0
6g(2)	0		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6h</td> <td style="text-align: right;">0</td> </tr> </table>	6h	0
6h	0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">18</td> </tr> </table>	7	18
7	18		

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

EAST BAY RESTAURANT AND TAVERN RETIREMENT PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-6076428; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

Identity of Party Involved	Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
Goldman Sachs Financial Square Government Inst	Mutual Fund	-	-	\$ 7,210,993	\$ -	\$ 7,210,993	\$ -
		-	-	-	7,087,744	7,087,744	-
Vanguard Total Stock Market Vipers	Exchange-Traded Fund	-	-	-	-	-	-
		-	-	-	3,000,070	2,518,090	481,980
NIS Core Fixed Income QP Fund LLC	Common/Collective Trust	-	-	-	-	-	-
		-	-	-	2,550,000	2,550,000	-



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - VAN

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Equity Securities							
Closely Held - Equity							
ARTISAN MULTIPLE INVNT TR GLOBAL Bank: CHL000080	118,835.4130	41.67	4,951,871.66	4,294,711.83	657,159.83	0.00	0.00
LOOMIS SAYLES SENIOR LOAN FUND LLC Bank: CHB017556	3,889,969.0400	1.00	3,889,969.04	3,553,492.24	336,476.80	0.00	0.00
Total Closely Held - Equity			8,841,840.70	7,848,204.07	993,636.63	0.00	0.00
Mutual Funds - Closed End							
VANGUARD TOTAL STK MKT VIPERS EXCHANGE TRADED SHARES Cusip: 922908769	30,383.0000	289.81	8,805,297.23	7,207,455.26	1,597,841.97	0.00	111,627.14
Total Mutual Funds - Closed End			8,805,297.23	7,207,455.26	1,597,841.97	0.00	111,627.14
Total Equity Securities			17,647,137.93	15,055,659.33	2,591,478.60	0.00	111,627.14
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	617,931.1800	1.00	617,931.18	617,931.18	0.00	2,260.27	27,140.94
Total Short Term Investments			617,931.18	617,931.18	0.00	2,260.27	27,140.94
Total Short Term Investments			617,931.18	617,931.18	0.00	2,260.27	27,140.94
Total Market Value			18,265,069.11	15,673,590.51	2,591,478.60	2,260.27	138,768.08



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
UNITED STATES TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029 03/31/2029 Cusip: 91282CEE7	98,000.0000	92.29	90,444.20	90,543.29	(99.09)	594.66 2,327.50	0.0440
UNITED STATES TREAS 2.875% DTD 5/15/2022 2.875% 5/15/2032 Cusip: 91282CEP2	73,000.0000	89.81	65,561.30	69,134.41	(3,573.11)	272.49 2,098.75	0.0450
UNITED STATES TREAS BDS 3.875% DTD 2/15/2023 3.875% 2/15/2043 Cusip: 912810TQ1	106,000.0000	88.23	93,526.98	94,800.82	(1,273.84)	1,551.47 4,107.50	0.0490
UNITED STATES TREASURY NOTE DTD 08/15/2024 0.00% 08/15/2034 Cusip: 91282CLF6	150,000.0000	94.55	141,831.00	144,670.90	(2,839.90)	0.00 0.00	
UNITED STATES TREASURY NOTES DTD 03/31/2024 4.125% 03/31/2031 Cusip: 91282CKF7	35,000.0000	98.16	34,356.70	34,766.48	(409.78)	368.87 1,443.75	0.0450
Total U S Government Obligations			425,720.18	433,915.90	(8,195.72)	2,787.49 9,977.50	
U S Federal Agencies							
MERCEDES-BENZ AUTO LEASE TRUST Cusip: 58768RAC4, Standard & Poor's AAA	37,855.0000	100.09	37,889.23	37,694.89	194.34	79.75 1,794.33	
Total U S Federal Agencies			37,889.23	37,694.89	194.34	79.75 1,794.33	
Asset Back Securities							
AMERICAN AIRLS 2017-2 CL AA PASS DTD 8/14/2017 3.35% 4/15/2031 Cusip: 02376AAA7	45,374.3800	93.68	42,504.60	40,936.26	1,568.34	320.90 1,520.04	
FIRST HELP FINANCIAL LLC 4.94 11/15/2030 Cusip: 30339EAB4, Standard & Poor's AA	55,000.0000	99.78	54,879.43	54,896.88	(17.45)	120.76 2,717.00	
GM FINANCIAL CONSUMER AUTOMOBILE ABS 3.1% 02/16/2027 Cusip: 362585AC5, Standard & Poor's AAA	18,421.7000	99.37	18,306.03	18,063.96	242.07	47.59 571.07	
TESLA AUTO 4.88% 06/20/2028 Cusip: 881934AE3	45,000.0000	100.04	45,019.10	44,977.15	41.95	67.10 2,196.00	



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Asset Back Securities							
US AWYS 2013-1 PASS THRU TRS DTD 4/24/2013 3.95% 5/15/2027 Cusip: 90346WAA1, Standard & Poor's BBB+	46,002.8800	98.99	45,539.35	43,950.51	1,588.84	232.19 1,817.11	
WORLD OMNI AUT LEA 5.68% 09/15/2026 Ser 2023-A DTD 5/24/2023 5.68% 9/15/2026 Cusip: 981944AD3	70,000.0000	100.17	70,122.05	69,983.78	138.27	157.73 3,976.00	
Total Asset Back Securities			276,370.56	272,808.54	3,562.02	946.27 12,797.22	
Municipal Obligations							
METROPOLITAN TRANSN AUTH N Y REV REV DTD 01/13/10 6.668% 11/15/39 Cusip: 59259YBY4, Standard & Poor's A-	50,000.0000	106.62	53,311.50	53,789.50	(478.00)	426.01 3,334.00	0.0600
Total Municipal Obligations			53,311.50	53,789.50	(478.00)	426.01 3,334.00	
Corporate Bonds							
ABBOTT LABS NT 4.9% 11/30/2046-2046 Cusip: 002824BH2, Standard & Poor's AA-	75,000.0000	93.34	70,007.25	76,634.25	(6,627.00)	316.46 3,675.00	0.0540
ACCENTURE CAPITAL INC 4.50% 10/04/2034 CALLABLE Cusip: 00440KAD5, Standard & Poor's AA-	55,000.0000	95.03	52,267.60	55,104.50	(2,836.90)	598.13 2,475.00	0.0520
AFLAC INC 4% 10/15/2046-2046 Cusip: 001055AR3, Standard & Poor's A-	75,000.0000	78.42	58,814.25	61,632.00	(2,817.75)	633.33 3,000.00	0.0570
AGREE LP 2.6% 06/15/2033-2033 Cusip: 008513AC7, Standard & Poor's BBB+	90,000.0000	80.38	72,337.50	74,125.80	(1,788.30)	104.00 2,340.00	0.0550
AIR LEASE CORP FR 3.125% 12/01/2030 CALLABLE Cusip: 00914AAK8, Standard & Poor's BBB	45,000.0000	88.62	39,879.90	40,559.40	(679.50)	117.19 1,406.25	0.0540
AMAZON COM INC 4.05% 08/22/2047-2047 Cusip: 023135BJ4, Standard & Poor's AA	75,000.0000	82.63	61,973.25	67,621.50	(5,648.25)	1,088.44 3,037.50	0.0540
AMEREN CORP 1.75% 03/15/2028-2028 Cusip: 023608AK8, Standard & Poor's BBB	65,000.0000	90.47	58,805.50	57,423.60	1,381.90	334.93 1,137.50	0.0500



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
AMERIPRISE FINL INC 5.7% 12/15/2028 CALLABLE Cusip: 03076CAN6, Standard & Poor's A-	40,000.0000	103.03	41,212.00	41,915.60	(703.60)	101.33 2,280.00	0.0480
APPLE INC 2.95% 09/11/2049-2049 Cusip: 037833DQ0, Standard & Poor's AA+	100,000.0000	66.64	66,644.00	73,436.00	(6,792.00)	901.39 2,950.00	0.0540
AT&T INC 4.5% 03/09/2048-2047 Cusip: 00206RDJ8, Standard & Poor's BBB	75,000.0000	82.58	61,935.75	65,424.00	(3,488.25)	1,050.00 3,375.00	0.0590
AVERY DENNISON CORP 2.65% 05/01/2030-2030 Cusip: 053611AK5, Standard & Poor's BBB	75,000.0000	88.72	66,537.00	66,261.75	275.25	336.77 1,987.50	0.0510
BANK NEW YORK MELLON VAR 10/25/2029 CALLABLE Cusip: 06406RBT3, Standard & Poor's A	60,000.0000	105.06	63,034.80	63,731.40	(696.60)	694.87 3,790.20	0.0510
BK OF AMERICA CORP FR DTD 9/15/2023 0.00% 9/15/2029 Cusip: 06051GLS6, Standard & Poor's A-	115,000.0000	102.47	117,839.35	118,613.55	(774.20)	1,970.38 6,691.85	0.0520
BK OF AMERICA CORP FR 3.419% DTD 12/20/2017 0.00% 12/20/2028 Cusip: 06051GHD4, Standard & Poor's A-	75,000.0000	95.88	71,907.75	70,644.75	1,263.00	78.35 2,564.25	0.0460
BOARDWALK PIPELINES LP 4.45% 07/15/2027-2027 Cusip: 096630AF5, Standard & Poor's BBB-	70,000.0000	98.95	69,262.20	68,511.10	751.10	1,436.36 3,115.00	0.0490
BP CAP MARKETS AMERICA 4.812% 02/13/2033-2032 Cusip: 10373QBU3, Standard & Poor's A-	70,000.0000	96.67	67,667.60	70,575.40	(2,907.80)	1,291.22 3,368.40	0.0530
BRISTOL MYERS SQUIBB CO 2.95% 03/15/2032-2031 Cusip: 110122DU9, Standard & Poor's A	80,000.0000	87.08	69,662.40	69,924.00	(261.60)	694.89 2,360.00	0.0510
BURLINGTON NORTHN SANTA FE LLC 3.55% 02/15/2050-2049 Cusip: 12189LBE0, Standard & Poor's AA-	65,000.0000	72.26	46,967.70	51,316.25	(4,348.55)	871.72 2,307.50	0.0560
CAPITAL ONE FINL CORP VAR 10/30/2031 Cusip: 14040HDC6, Standard & Poor's BBB	65,000.0000	110.41	71,767.15	72,571.20	(804.05)	839.70 4,955.60	0.0580
CBRE SVCS INC 2.5% 04/01/2031-2031 Cusip: 12505BAE0, Standard & Poor's BBB+	85,000.0000	85.11	72,345.20	69,546.15	2,799.05	531.25 2,125.00	0.0530
CENTERPOINT ENERGY 4.95% 04/01/2033-2023 Cusip: 15189XBB3, Standard & Poor's A	65,000.0000	97.82	63,582.35	66,166.10	(2,583.75)	804.38 3,217.50	0.0530



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
CHARTER COMM OPT LLC/CAP 4.8% 03/01/2050-2049 Cusip: 161175BT0, Standard & Poor's BBB-	35,000.0000	75.12	26,290.60	27,092.45	(801.85)	560.00 1,680.00	0.0690
CHARTER COMMUNICATIONS 6.55% 06/01/2034 CALLABLE Cusip: 161175CR3, Standard & Poor's BBB-	45,000.0000	102.29	46,030.95	44,889.75	1,141.20	245.63 2,947.50	0.0620
CHUBB INA HLDGS 5.00% 03/15/2034 CALLABLE Cusip: 171239AK2, Standard & Poor's A	70,000.0000	98.76	69,128.50	70,196.70	(1,068.20)	1,030.56 3,500.00	0.0520
CITIGROUP INC 1.462% DTD 6/9/2021 1.462% 6/9/2027 Cusip: 172967NA5, Standard & Poor's BBB+	75,000.0000	95.21	71,410.50	68,635.50	2,775.00	67.01 1,096.50	0.0350
CITIGROUP INC 4.91% DTD 5/24/2022 4.91% 5/24/2033 Cusip: 172967NU1, Standard & Poor's BBB+	100,000.0000	96.65	96,650.00	97,907.00	(1,257.00)	504.64 4,910.00	0.0540
CITIZENS NA PROVIDENCE RI 4.575% 08/09/2028-2027 Cusip: 75524KPG3, Standard & Poor's A-	35,000.0000	99.07	34,673.80	33,228.30	1,445.50	631.60 1,601.25	0.0490
COCA COLA CO SR NT 5.3% 05/13/2054 CALLABLE Cusip: 191216DS6, Standard & Poor's A+	65,000.0000	96.46	62,695.75	66,212.25	(3,516.50)	459.33 3,445.00	0.0550
COMCAST CORP 3.45% 02/01/2050 Cusip: 20030NCZ2, Standard & Poor's A-	75,000.0000	68.47	51,348.75	57,567.00	(6,218.25)	1,078.13 2,587.50	0.0590
DCP MIDSTREAM OPER LP 5.625% 07/15/2027 Cusip: 23311VAJ6, Standard & Poor's BBB+	65,000.0000	101.37	65,889.20	66,598.35	(709.15)	1,685.94 3,656.25	0.0500
DTE ELEC CO 5.2% 04/01/2033-2033 DTD 3/3/2023 5.20% 4/1/2033 Cusip: 23338VAS5, Standard & Poor's A	50,000.0000	99.88	49,941.50	51,920.70	(1,979.20)	650.00 2,600.00	0.0520
DUKE ENERGY CAROLINAS LLC 4.95% DTD 1/6/2023 4.95% 1/15/2033 Cusip: 26442CBJ2, Standard & Poor's A	75,000.0000	98.34	73,752.00	72,090.75	1,661.25	1,711.88 3,712.50	0.0520
DUKE ENERGY IND LLC 2.75% 04/01/2050-2049 Cusip: 26443TAC0, Standard & Poor's A	75,000.0000	60.40	45,299.25	46,212.00	(912.75)	515.63 2,062.50	0.0570
EBAY INC 2.7% 03/11/2030-2029 Cusip: 278642AW3, Standard & Poor's BBB+	75,000.0000	89.71	67,278.75	66,702.00	576.75	618.75 2,025.00	0.0500
ENACT HLDGS INC SR 6.25% 05/28/2029 CALLABLE Cusip: 29249EAA7, Standard & Poor's BBB-	65,000.0000	101.90	66,235.65	64,954.30	1,281.35	372.40 4,062.50	0.0580



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
ENERGY TRANSFER PARTNERS L P NEW 3.75% 05/15/2030-2030 Cusip: 29278NAQ6, Standard & Poor's BBB	75,000.0000	93.30	69,973.50	67,176.00	2,797.50	359.38 2,812.50	0.0520
ESSEX PORTFOLIO L P 5.5% 04/01/2034 CALLABLE Cusip: 29717PBA4, Standard & Poor's BBB+	40,000.0000	100.04	40,016.80	41,686.80	(1,670.00)	550.00 2,200.00	0.0550
EVERSOURCE ENERGY 1.65% 08/15/2030-2030 Cusip: 30040WAK4, Standard & Poor's BBB	90,000.0000	83.20	74,878.20	73,030.50	1,847.70	561.00 1,485.00	0.0510
FNF GROUP 3.2% 09/17/2051-2051 Cusip: 31620RAL9, Standard & Poor's BBB	100,000.0000	61.58	61,583.00	63,334.00	(1,751.00)	924.44 3,200.00	0.0610
GENERAL MTRS FINL CO INC 2.35% 01/08/2031-2030 Cusip: 37045XDE3, Standard & Poor's BBB	205,000.0000	83.64	171,455.85	170,361.05	1,094.80	2,315.08 4,817.50	0.0560
GLOBAL PAYMENTS INC 3.2% 08/15/2029-2029 Cusip: 37940XAB8, Standard & Poor's BBB-	75,000.0000	91.60	68,698.50	67,971.75	726.75	906.67 2,400.00	0.0530
GOLDMAN SACHS GROUP 5.851% 04/25/2035 CALLABLE Cusip: 38141GA95, Standard & Poor's BBB+	55,000.0000	101.89	56,039.50	55,000.00	1,039.50	589.98 3,218.05	0.0560
HOME DEPOT INC 3.35% 04/15/2050-2049 Cusip: 437076CD2, Standard & Poor's A	70,000.0000	69.72	48,800.50	52,520.30	(3,719.80)	495.06 2,345.00	0.0560
HUNTINGTON NATIONAL BANK 5.65% 01/10/2030-2029 Cusip: 44644MAJ0, Standard & Poor's A-	60,000.0000	101.79	61,076.40	59,588.10	1,488.30	1,610.25 3,390.00	0.0520
JOHNSON CONTROLS SR NT 5.7% 03/01/2041 Cusip: 478366AW7, Standard & Poor's N/R	250,000.0000	95.08	237,700.00	230,472.50	7,227.50	4,750.00 14,250.00	0.0620
KEYCORP 3.878% 05/23/2025-2024 DTD 5/23/2022 3.878% 5/23/2025 Cusip: 49326EEL3, Standard & Poor's BBB	50,000.0000	100.09	50,044.50	48,882.50	1,162.00	172.03 3,259.50	0.0630
KINDER MORGAN INC DEL 2% 02/15/2031-2030 Cusip: 49456BAR2, Standard & Poor's BBB	85,000.0000	83.71	71,149.25	69,328.55	1,820.70	642.22 1,700.00	0.0510
KROGER CO 3.95% 01/15/2050-2049 Cusip: 501044DN8, Standard & Poor's BBB	40,000.0000	74.91	29,964.00	32,596.80	(2,632.80)	728.56 1,580.00	0.0590
LABORATORY CORP 4.7% 02/01/2045-2044 Cusip: 50540RAS1, Standard & Poor's BBB	40,000.0000	85.98	34,390.80	36,861.60	(2,470.80)	783.33 1,880.00	0.0590



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
LPL HLDGS INC SR NT 6.75% 11/17/2028 CALLABLE Cusip: 50212YAH7, Standard & Poor's BBB-	40,000.0000	105.03	42,011.20	42,640.80	(629.60)	330.00 2,700.00	0.0530
MARATHON PETE CORP 5.85% 12/15/2045-2045 Cusip: 56585AAM4, Standard & Poor's BBB	35,000.0000	95.11	33,287.80	34,272.35	(984.55)	91.00 2,047.50	0.0630
MARKEL CORP 5% 05/20/2049-2048 Cusip: 570535AT1, Standard & Poor's BBB	75,000.0000	86.99	65,244.75	69,771.75	(4,527.00)	427.08 3,750.00	0.0600
MASTERCARD INCORPORATED 4.55% 01/15/2035 CALLABLE Cusip: 57636QBC7, Standard & Poor's A+	55,000.0000	95.83	52,704.30	55,787.60	(3,083.30)	806.36 2,502.50	0.0510
MFRS & TRADERS TR CO BK NT PROGR 4.65% 01/27/2026-2025 Cusip: 55279HAV2, Standard & Poor's A-	50,000.0000	99.73	49,864.00	48,959.50	904.50	994.58 2,325.00	0.0490
MISSISSIPPI POWER CO SR NT SER 2012A 4.25% 03/15/2042 Cusip: 605417BZ6, Standard & Poor's A-	75,000.0000	83.28	62,462.25	63,807.00	(1,344.75)	938.54 3,187.50	0.0580
Morgan Stanley Ser I DTD 4/21/2023 5.164% 4/20/2029 Cusip: 61747YFD2, Standard & Poor's A-	60,000.0000	100.28	60,169.20	59,697.00	472.20	611.07 3,098.40	0.0510
MORGAN STANLEY 1.593% 05/04/2027 DTD 4/22/2021 1.593% 5/4/2027 Cusip: 61772BAB9, Standard & Poor's A-	80,000.0000	95.85	76,682.40	73,711.20	2,971.20	201.78 1,274.40	0.0350
MORGAN STANLEY FR FXD-FRN SNR 20/07/2027 USD (SEC REGD) (I) 1.512% 07/20/2027-2026 Cusip: 61747YEC5, Standard & Poor's A-	75,000.0000	95.04	71,276.25	68,505.75	2,770.50	507.15 1,134.00	0.0360
NASDAQ INC CR SEN SR NT 5.55% 02/15/2034 CALLABLE Cusip: 63111XAJ0, Standard & Poor's BBB	70,000.0000	100.88	70,613.90	72,719.50	(2,105.60)	1,467.67 3,885.00	0.0540
NMI HLDGS INC SR 6.00% 08/15/2029 CALLABLE Cusip: 629209AC1	75,000.0000	100.43	75,319.50	74,237.00	1,082.50	2,750.00 4,500.00	0.0590
OGE ENERGY CORP SR NT 5.45% 05/15/2029 CALLABLE Cusip: 670837AD5, Standard & Poor's BBB	55,000.0000	101.64	55,899.80	54,927.95	971.85	383.01 2,997.50	0.0500
OLD REP INTL CORP 3.875% 08/26/2026-2026 Cusip: 680223AK0, Standard & Poor's BBB+	65,000.0000	98.33	63,913.20	62,460.45	1,452.75	874.57 2,518.75	0.0490



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
ORACLE CORPORATION 3.6% 04/01/2050-2049 Cusip: 68389XBX2, Standard & Poor's BBB	35,000.0000	70.06	24,521.35	25,924.85	(1,403.50)	315.00 1,260.00	0.0590
ORACLE CORPORATION 3.95% 03/25/2051-2050 Cusip: 68389XCA1, Standard & Poor's BBB	50,000.0000	74.07	37,035.50	38,259.50	(1,224.00)	526.67 1,975.00	0.0590
PENNSYLVANIA PP 144A 5.15% 03/30/2026 Cusip: 708696CA5, Standard & Poor's BBB+	40,000.0000	100.26	40,104.00	39,935.60	168.40	520.72 2,060.00	0.0490
PHYSICIANS RLTY L P 3.95% 01/15/2028-2027 Cusip: 71951QAB8, Standard & Poor's BBB+	65,000.0000	97.04	63,074.70	61,907.95	1,166.75	1,183.90 2,567.50	0.0500
PIONEER NATURAL RESOURCES CO 1.9% 08/15/2030-2030 Cusip: 723787AQ0, Standard & Poor's AA-	90,000.0000	85.20	76,683.60	77,155.20	(471.60)	646.00 1,710.00	0.0490
PNC FINL SVCS GROUP VAR 05/14/2030 CALLABLE Cusip: 693475BX2, Standard & Poor's A-	65,000.0000	101.41	65,916.50	65,402.35	514.15	466.06 3,569.80	0.0520
PPL CAP FDG INC 5.25% 09/01/2034 CALLABLE Cusip: 69352PAT0, Standard & Poor's BBB+	65,000.0000	98.42	63,972.35	65,214.30	(1,241.95)	1,346.04 3,412.50	0.0550
PROLOGIS L P 1.75% 07/01/2030-2030 Cusip: 74340XBZ3, Standard & Poor's A	90,000.0000	84.29	75,860.10	75,068.10	792.00	787.50 1,575.00	0.0510
PUBLIC SVC ENTERPRISE 5.2% 04/01/2029 CALLABLE Cusip: 744573AY2, Standard & Poor's BBB	70,000.0000	101.03	70,722.40	68,781.30	1,941.10	910.00 3,640.00	0.0490
RAYMOND JAMES FINL INC 3.75% 04/01/2051-2050 Cusip: 754730AH2, Standard & Poor's A-	75,000.0000	72.42	54,312.00	56,574.75	(2,262.75)	703.13 2,812.50	0.0580
REGENCY 3.7% 06/15/2030-2030 Cusip: 75884RBA0, Standard & Poor's BBB+	35,000.0000	93.40	32,689.30	32,835.95	(146.65)	57.56 1,295.00	0.0510
REGIONS FINANCIAL VAR 06/06/2030 CALLABLE Cusip: 7591EPAU4, Standard & Poor's BBB+	55,000.0000	101.38	55,760.65	55,000.00	760.65	218.55 3,147.10	0.0540
SALESFORCE INC 2.9% 07/15/2051-2051 Cusip: 79466LAL8, Standard & Poor's A+	75,000.0000	63.87	47,901.75	53,626.50	(5,724.75)	1,002.92 2,175.00	0.0550



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
SANTANDER HOLDINGS USA INC SR DTD 06/12/23 6.565% 06/12/29 CALLABLE Cusip: 80282KBG0, Standard & Poor's BBB+	40,000.0000	103.26	41,302.80	41,253.20	49.60	138.59 2,626.00	0.0570
SCHWAB CHARLES CORP VAR 05/19/2034 CALLBLE Cusip: 808513CE3, Standard & Poor's A-	50,000.0000	102.94	51,468.00	51,612.50	(144.50)	341.43 2,926.50	0.0540
STRYKER CORP 4.625% 03/15/2046-2045 Cusip: 863667AJ0, Standard & Poor's BBB+	40,000.0000	86.63	34,650.80	38,272.00	(3,621.20)	544.72 1,850.00	0.0570
SUNOCO LOGISTICS PARTNERS OPERAT SR NT 6.85% 02/15/2040 Cusip: 86765BAH2, Standard & Poor's BBB	30,000.0000	105.83	31,748.40	31,463.10	285.30	776.33 2,055.00	0.0620
TEXAS INSTRS INC 4.15% 05/15/2048-2047 Cusip: 882508BD5, Standard & Poor's A+	75,000.0000	81.25	60,933.75	68,007.00	(7,073.25)	397.71 3,112.50	0.0560
The Bank of New York Mellon Corporation Ser J DTD 4/26/2023 4.947% 4/26/2027 Cusip: 06406RBQ9, Standard & Poor's A	50,000.0000	100.42	50,208.50	50,015.00	193.50	446.60 2,473.50	0.0480
TRUIST FINANCIAL CORPORATION DTD 6/8/2023 5.867% 6/8/2034 Cusip: 89788MAP7, Standard & Poor's A-	30,000.0000	101.81	30,543.00	29,326.80	1,216.20	112.45 1,760.10	0.0560
TRUIST FINL CORP VAR 10/30/2029 CALLABLE Cusip: 89788MAQ5, Standard & Poor's A-	45,000.0000	106.93	48,118.50	48,601.35	(482.85)	546.03 3,222.45	0.0550
UNION PACIFIC 2.8% 02/14/2032 Cusip: 907818FX1, Standard & Poor's A-	80,000.0000	86.73	69,384.00	69,424.80	(40.80)	852.44 2,240.00	0.0500
UNITEDHEALTH GROUP INC 2.9% 05/15/2050-2049 Cusip: 91324PDZ2, Standard & Poor's A+	80,000.0000	62.00	49,596.00	55,979.20	(6,383.20)	296.44 2,320.00	0.0580
US BANCORP 4.839% DTD 2/1/2023 4.839% 2/1/2034 Cusip: 91159HJL5, Standard & Poor's A	30,000.0000	95.72	28,716.90	28,436.53	280.37	604.88 1,451.70	0.0540
US BANCORP FR VAR 10/26/2027 CALLABLE Cusip: 91159HJP6, Standard & Poor's A	60,000.0000	103.38	62,029.80	62,135.40	(105.60)	735.26 4,072.20	0.0550
VALERO ENERGY CORP 6.625% 06/15/2037 Cusip: 91913YAL4, Standard & Poor's BBB	50,000.0000	104.89	52,447.00	54,808.00	(2,361.00)	147.22 3,312.50	0.0610
VERIZON COMMNS INC 2.55% 03/21/2031-2030 Cusip: 92343VGJ7, Standard & Poor's BBB+	85,000.0000	86.12	73,199.45	72,051.10	1,148.35	602.08 2,167.50	0.0520



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Corporate Bonds							
VERIZON COMMNS INC NT 3.85% 11/01/2042-2042 Cusip: 92343VBG8, Standard & Poor's BBB+	75,000.0000	78.58	58,935.75	62,776.50	(3,840.75)	481.25 2,887.50	0.0580
WALT DISNEY CO 2.75% 09/01/2049-2049 Cusip: 254687FM3, Standard & Poor's A	35,000.0000	62.37	21,828.10	23,996.35	(2,168.25)	320.83 962.50	0.0560
WELLS FARGO & CO SR NT 2.879% DTD 10/31/2019 2.879% 10/30/2030 Cusip: 95000U2G7, Standard & Poor's BBB+	50,000.0000	90.20	45,101.00	44,083.50	1,017.50	243.92 1,439.50	0.0480
WELLS FARGO & CO VAR 07/25/2029 CALLABLE Cusip: 95000U3E1, Standard & Poor's BBB+	90,000.0000	101.53	91,377.00	91,880.40	(503.40)	2,173.86 5,016.60	0.0520
Wells Fargo & Company Ser W DTD 4/24/2023 5.389% 4/24/2034 Cusip: 95000U3D3, Standard & Poor's BBB+	50,000.0000	98.89	49,443.50	49,916.00	(472.50)	501.48 2,694.50	0.0550
WISCONSIN ELEC PWR 5.00% 05/15/2029 CALLABLE Cusip: 976656CQ9, Standard & Poor's A-	65,000.0000	100.70	65,455.00	64,843.35	611.65	415.28 3,250.00	0.0480
Total Corporate Bonds			5,771,336.50	5,840,822.08	(69,485.58)	70,060.25 269,543.60	
Foreign Bonds and Notes							
BANK NOVA SCOTIA B C SR COCO 28 Cusip: 06418GAD9, Standard & Poor's A-	100,000.0000	101.04	101,042.00	101,504.00	(462.00)	277.08 5,250.00	0.0490
BARCLAYS PLC 7.385% 11/02/2028-2027 Cusip: 06738ECD5, Standard & Poor's BBB+	65,000.0000	106.00	68,897.40	69,463.55	(566.15)	786.71 4,800.25	0.0560
BHP BILLITON FIN USA LTD SR NT 5.25%30 Cusip: 055451BD9, Standard & Poor's A-	65,000.0000	101.60	66,038.70	67,340.00	(1,301.30)	1,071.15 3,412.50	0.0490
CANADIAN IMPERIAL BK COMM TORO SR COCO Cusip: 13607LWW9, Standard & Poor's A-	55,000.0000	104.52	57,483.25	58,681.70	(1,198.45)	819.04 3,350.60	0.0540
ENBRIDGE INC SR NT Cusip: 29250NCD5, Standard & Poor's BBB+	70,000.0000	98.84	69,186.60	70,032.20	(845.60)	994.97 4,165.00	0.0600
ROYAL BK CDA US780082AD52 4.65% 01/27/2026 Cusip: 780082AD5, Standard & Poor's A-	55,000.0000	99.87	54,929.60	54,534.15	395.45	1,094.04 2,557.50	0.0480
THE TORONTO-DOMINION BANK DTD 7/17/2023 5.532% 7/17/2026 Cusip: 89115A2S0, Standard & Poor's A-	40,000.0000	101.16	40,464.80	40,760.00	(295.20)	1,008.05 2,212.80	0.0470



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Foreign Bonds and Notes							
THE TORONTO-DOMINION BANK 4.693% 09/15/2027 Cusip: 89115A2H4, Standard & Poor's A-	65,000.0000	99.78	64,855.70	64,992.85	(137.15)	898.19 3,050.45	0.0480
TOTALENERGIES CAP DTD 4/5/2024 5.488% 4/5/2054 Cusip: 89157XAB7, Standard & Poor's A+	55,000.0000	95.84	52,712.55	55,000.00	(2,287.45)	721.06 3,018.40	0.0580
Total Foreign Bonds and Notes			575,610.60	582,308.45	(6,697.85)	7,670.29 31,817.50	
Private Placements							
6297782 LLC SR 144A 5.026% 10/01/2029 CALLABLE Cusip: 83007CAC6, Standard & Poor's BBB-	65,000.0000	98.26	63,869.00	64,800.45	(931.45)	816.73 3,266.90	0.0540
AIR CDA 2015-1 PASS THRU TRS DTD 3/25/2015 3.60% 9/15/2028 09/15/2028 Cusip: 009090AA9, Standard & Poor's A+	43,068.8600	97.30	41,905.77	40,700.07	1,205.70	516.83 1,550.48	
BLACKSTONE HOLDINGS FINANCE CO. PP 144A 1.6% 03/30/2031-2030 Cusip: 09261BAA8, Standard & Poor's A+	85,000.0000	80.45	68,383.35	65,415.15	2,968.20	343.78 1,360.00	0.0530
HYUNDAI CAP AMER FR 5.25% 01/08/2027 Cusip: 44891ACT2, Standard & Poor's A-	75,000.0000	100.58	75,437.25	74,941.50	495.75	1,892.19 3,937.50	0.0490
TIAA CMBS I TR COML MTG PP 144A 3.3% 05/15/2050-2049 Cusip: 878091BG1, Standard & Poor's AA-	102,000.0000	66.63	67,964.64	75,208.68	(7,244.04)	430.10 3,366.00	0.0580
Total Private Placements			317,560.01	321,065.85	(3,505.84)	3,999.63 13,480.88	
Total Debt Securities			7,457,798.58	7,542,405.21	(84,606.63)	85,969.69 342,745.03	



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIREMENT - NIS

Account Number: XXXXXXXXXX

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	51,333.9600	1.00	51,333.96	51,333.96	0.00	169.43 2,254.70	
Total Short Term Investments			51,333.96	51,333.96	0.00	169.43 2,254.70	
Total Short Term Investments			51,333.96	51,333.96	0.00	169.43 2,254.70	
Total Market Value			7,509,132.54	7,593,739.17	(84,606.63)	86,139.12 344,999.73	



Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

EAST BAY RETIEMENT - NIS
 Account Number: [REDACTED]

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Equity Securities							
Closely Held - Equity							
NIS CORE FIXED INCOME QP FUND, LLC Bank: CHB041523	690.2664	11,319.01 11/30/24	7,813,130.90	6,703,269.92	1,109,860.98	0.00 0.00	
NIS HIGH YIELD QP FUND LLC Bank: CHB041549	27.5133	14,041.82 11/30/24	386,336.91	294,976.09	91,360.82	0.00 0.00	
NIS PREFERRED STOCK QP FUND II LLC Bank: CHB041945	34.1150	13,349.99 11/30/24	455,434.93	380,844.77	74,590.16	0.00 0.00	
NIS TOTAL ABSOLUTE RETURN QP FUND LLC Bank: CHB041531	52.1431	13,016.95 11/30/24	678,743.94	570,143.25	108,600.69	0.00 0.00	
Total Closely Held - Equity			9,333,646.68	7,949,234.03	1,384,412.65	0.00 0.00	
Total Equity Securities			9,333,646.68	7,949,234.03	1,384,412.65	0.00 0.00	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPAL GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	0.9300	1.00	0.93	0.93	0.00	0.00 0.04	
Total Short Term Investments			0.93	0.93	0.00	0.00 0.04	
Total Short Term Investments			0.93	0.93	0.00	0.00 0.04	
Total Market Value			9,333,647.61	7,949,234.96	1,384,412.65	0.00 0.04	

TOTAL \$35,107,849.26