

<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>▶ 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; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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 04/01/2024 and ending 03/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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>SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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, SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND 7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</u></p>	<p>1c Effective date of plan <u>09/07/1990</u></p> <p>2b Employer Identification Number (EIN) <u>94-6625180</u></p> <p>2c Plan Sponsor's telephone number <u>925-398-7060</u></p> <p>2d Business code (see instructions) <u>722300</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.	01/15/2026	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	6881
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)	6881
	6a(2)	7150
	6b	0
	6c	0
	6d	7150
	6e	
	6f	7150
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	82

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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 **04/01/2024** and ending **03/31/2025**

A Name of plan SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SAN FRANCISCO CULINARY,	D Employer Identification Number (EIN) 94-6625180	

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)

EXEMPLAR LEGAL & BENEFIT ADMIN. SVC

68-0470505

(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?
12 13 50	NONE	289786	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)

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	26250	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	16250	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 ADMINISTRATORS, INC.

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	46493	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)

SMARTSOURCE, LLC

54-2104343

(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?
36 50	NONE	8708	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)

MARSH & MCLENNAN AGENCY

36-1436000

(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 type="checkbox"/> No <input checked="" type="checkbox"/>	2267	Yes <input type="checkbox"/> No <input checked="" 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)

MARCO ACOSTA, ESQ.

55-6254894

(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	170376	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)

ALEXSIS C. BEACH, ESQ.

94-3216077

(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	107025	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)

LAW OFFICE OF DAVID BUTLER, JR.

94-3140357

(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	29448	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)

NANCY M CONWAY & ASSOCIATES, L.P.

345 FRANKLIN ST
SAN FRANCISCO, CA 94102

(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	10929	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)

LAW OFFICES OF FELLOW & SOLORIO

94-3236752

(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	348979	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)

AMERICAN TRUST INSTITUTE

32-0113305

(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	91074	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)

LAW OFFICES OF NADINE R. ZELTZER

56-6024948

(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	26220	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)

WANG & ASSOCIATES

94-3340109

(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	446905	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)

MCCARTHY LAW OFFICES

56-9781471

(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	11020	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)

MITCHELL LAW OFFICE

55-5899294

(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	20670	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)

GABRIELA M. LOPEZ, ESQ.

46-4845203

(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	5500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 04/01/2024 and ending 03/31/2025					
A Name of plan SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">501</td> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> </tr> </table>	B Three-digit plan number (PN) ▶	501		
B Three-digit plan number (PN) ▶	501				
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SAN FRANCISCO CULINARY,	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN) 94-6625180</td> </tr> </table>	D Employer Identification Number (EIN) 94-6625180			
D Employer Identification Number (EIN) 94-6625180					

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	729275	317442
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	158470	169116
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	521666	315076
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6332987	7575792
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7742398	8377426
Liabilities			
g Benefit claims payable.....	1g	825000	642000
h Operating payables.....	1h	74608	143941
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	277	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	899885	785941
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6842513	7591485

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)	1883189	
(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)		1883189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	44765	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44765
(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)	282134	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		282134
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		80856
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2290944

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	1142047	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1142047
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)	45936	
(3) Recordkeeping fees	2i(3)	289786	
(4) IQPA audit fees	2i(4)	16250	
(5) Investment advisory and investment management fees	2i(5)	3320	
(6) Bank or trust company trustee/custodial fees	2i(6)	48	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4063	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	40522	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		399925
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1541972

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		748972
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.)			
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 _____.

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**

FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
San Francisco Culinary, Bartenders and Service
Employees Legal Services Trust Fund
San Francisco, California

Members of the Board:

Opinion

We have audited the accompanying financial statements of San Francisco Culinary, Bartenders and Service Employees Legal Services Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of March 31, 2025 and 2024, the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the 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

January 9, 2026

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	March 31, 2025	March 31, 2024
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	\$ 7,575,792	\$ 6,332,987
CASH	317,442	729,275
TOTAL CASH AND INVESTMENTS	7,893,234	7,062,262
RECEIVABLES		
Employer Contributions	169,116	158,470
Dividends and Interest	3,467	799
Due from Welfare Fund	-	135,308
TOTAL RECEIVABLES	172,583	294,577
OTHER ASSETS		
Advances to Panel Providers	310,068	379,962
Prepaid Expenses	1,541	5,320
TOTAL OTHER ASSETS	311,609	385,282
TOTAL ASSETS	8,377,426	7,742,121
LIABILITIES		
ACCRUED EXPENSES	143,941	74,608
TOTAL LIABILITIES	143,941	74,608
NET ASSETS AVAILABLE FOR BENEFITS	8,233,485	7,667,513
MEMORANDUM:		
Benefit Obligations	642,000	825,000
Excess of Net Assets Available for Benefits Over Benefit Obligations	\$ 7,591,485	\$ 6,842,513

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>April 1, 2024 to March 31, 2025</u>	<u>April 1, 2023 to March 31, 2024</u>
ADDITIONS		
NET INVESTMENT INCOME		
Dividends and Interest	\$ 326,899	\$ 287,492
Net Appreciation of Investments	80,856	11,620
Less: Investment Fees	<u>(3,320)</u>	<u>(2,972)</u>
NET INVESTMENT INCOME	404,435	296,140
EMPLOYER CONTRIBUTIONS	<u>1,883,189</u>	<u>1,990,941</u>
TOTAL ADDITIONS	<u>2,287,624</u>	<u>2,287,081</u>
DEDUCTIONS		
BENEFITS PAID		
Legal Benefits	<u>1,325,047</u>	<u>1,096,401</u>
OPERATING EXPENSES		
Administrative Fees - Exemplar	289,786	257,956
Administrative Fees - SF TPA	45,936	50,881
Consulting Fees	26,250	24,450
Audit Fees	16,250	15,695
Legal Fees	4,063	3,783
Insurance	4,273	3,348
Printing, Postage and Office Expense	<u>10,047</u>	<u>7,940</u>
TOTAL OPERATING EXPENSES	<u>396,605</u>	<u>364,053</u>
TOTAL DEDUCTIONS	<u>1,721,652</u>	<u>1,460,454</u>
NET INCREASE FOR THE YEAR	565,972	826,627
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the Year	<u>7,667,513</u>	<u>6,840,886</u>
End of the Year	<u>\$ 8,233,485</u>	<u>\$ 7,667,513</u>

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>March 31, 2025</u>	<u>March 31, 2024</u>
AMOUNTS CURRENTLY PAYABLE		
Legal Benefits Payable	<u>\$ 642,000</u>	<u>\$ 825,000</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 642,000</u></u>	<u><u>\$ 825,000</u></u>

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	March 31, 2025	March 31, 2024
AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	\$ 825,000	\$ 597,000
Net Change During the Year:		
Legal Benefits Reported and Approved for Payment	(1,508,047)	(868,401)
Legal Benefits Paid	1,325,047	1,096,401
Balance at End of Year	642,000	825,000
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 642,000	\$ 825,000

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

San Francisco Culinary, Bartenders and Service Employees Legal Services Trust Fund (the "Plan") was established as a multiemployer benefit plan in 1990 for the purpose of providing group legal services benefits to eligible participants covered by collective bargaining agreements between the Hotel and Restaurant Employees and Bartenders Union Local 2 (currently, UNITE HERE Local 2) and employer associations and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT 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 prepared on the accrual basis of accounting.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from those estimates.

C. Contributions

Employer contributions are contributions made for hours worked during the year at hourly contribution rates agreed to in the collective bargaining agreements. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

D. Employer Payroll Compliance Program

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

E. Investment Valuation and Income Recognition

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

Level 1 – Inputs are quoted prices in an active market.

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

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

Mutual Funds – valued based on quoted prices in an active market.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table represents the Plan’s fair value hierarchy for its financial assets measured at fair value on a recurring basis as of March 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 7,575,792	\$ -	\$ -	\$ 7,575,792
Total Assets in the Fair Value Hierarchy	<u>\$ 7,575,792</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,575,792</u>

The following table represents the Plan’s fair value hierarchy for its financial assets measured at fair value on a recurring basis as of March 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,332,987	\$ -	\$ -	\$ 6,332,987
Total Assets in the Fair Value Hierarchy	<u>\$ 6,332,987</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,332,987</u>

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 includes gains and losses on investments bought and sold as well as held during the year.

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 237001i. 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.

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.

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Risks and Uncertainties

Plan investments consist of financial instruments that are exposed to various risks such as interest rate, market fluctuations and credit risk. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is at least reasonably possible that changes in risk in the near term would be material to amounts reported in the financial statements.

H. Concentration of Credit Risk

The Plan maintains its cash balances at high credit quality financial institutions as determined by the Board of Trustees. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000, per bank. At times, these cash balances may be in excess of the insurance limit.

NOTE 3 - PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Board of Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the plan document. Upon termination, any monies remaining in the Plan after the payment of all expenses and obligations of the Plan, shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plan until such Plan is exhausted. No assets of the Plan may revert to the signatory employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 4 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exemption party-in-interest transactions under ERISA.

The San Francisco Culinary, Bartenders and Service Employees Welfare Fund (the "Welfare Fund") holds the lockbox account that receives contributions on behalf of the Plan, the San Francisco Culinary, Bartenders and Service Employees Education Fund (the "Education Fund"), the Western UNITE HERE and Employers Pension Fund (the "Pension Plan"), and the Industry Banquet Committee (collectively the "Trusts"). These contributions are allocated based on each plan's contribution rate and are transferred monthly to the respective plan.

The Welfare Fund pays certain expenses on behalf of the Plan, the Pension Plan, the Education Fund, and the Industry Banquet Committee. These expenses are allocated between the Trusts based on a formula which is periodically reviewed and approved by the Board of Trustees and include fees for administration, legal services, collection and certain printing and postage costs.

At March 31, 2025 and 2024, \$0 and \$135,585, respectively, was due from the Welfare Fund for contributions. At March 31, 2025 and 2024, approximately \$277 was due to the Welfare Fund for operating expenses.

**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefit per the financial statements at March 31, 2025 and 2024 to the Form 5500:

	<u>March 31, 2025</u>	<u>March 31, 2024</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 8,233,485	\$ 7,667,513
Less: Benefit Obligations	<u>(642,000)</u>	<u>(825,000)</u>
Net Assets Per the Form 5500	<u>\$ 7,591,485</u>	<u>\$ 6,842,513</u>

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the year ending March 31, 2025:

	<u>April 1, 2024 to March 31, 2025</u>
Benefits Per the Financial Statements	\$ 1,325,047
Add: Benefit Obligations at March 31, 2025	642,000
Less: Benefit Obligations at March 31, 2024	<u>(825,000)</u>
Benefits Per the Form 5500	<u>\$ 1,142,047</u>

NOTE 6 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 9, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that require 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 04/01/2024 and ending 03/31/2025

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

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>SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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, SAN FRANCISCO CULINARY, BARTENDERS & SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND 7180 KOLL CENTER PKWY STE 200 PLEASANTON, CA 94566</p>	<p>1c Effective date of plan <u>09/07/1990</u></p> <p>2b Employer Identification Number (EIN) <u>94-6625180</u></p> <p>2c Plan Sponsor's telephone number <u>925-398-7060</u></p> <p>2d Business code (see instructions) <u>722300</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>Mike Casey</i>	1/9/2026 4:20 PM EST	Mike Casey
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Dean Lehr</i>	1/14/2026 1:05 PM PST	Dean Lehr
	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 94-6625180
	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	5 6881
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 6881
a(2) Total number of active participants at the end of the plan year	6a(2) 7150
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 7150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 7150
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 82

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

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

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 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 type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____



SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND
Schedule H, Line 4j - Schedule of Reportable Transactions
March 31, 2025
EIN 94-6625180
Plan 501

Transaction Statement
For the Period April 01, 2024 - March 31, 2025

SF CULINARY - LEGAL
 Account Number: 1-102158



Security Transaction

Purchases						
04/29/24	REINVESTMENT	2,253.839 shares @ 0.03209571 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(21,028.32)	21,028.32	0.00	0.00
05/30/24	REINVESTMENT	2,331.228 shares @ 0.03315488 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(21,796.98)	21,796.98	0.00	0.00
06/27/24	REINVESTMENT	2,394.856 shares @ 0.03408465 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(22,487.70)	22,487.70	0.00	0.00
07/29/24	REINVESTMENT	2,454.517 shares @ 0.0349557 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(23,146.10)	23,146.10	0.00	0.00
08/28/24	REINVESTMENT	2,383.538 shares @ 0.03414227 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(22,691.28)	22,691.28	0.00	0.00
09/26/24	REINVESTMENT	2,438.051 shares @ 0.03501764 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(23,356.53)	23,356.53	0.00	0.00
10/29/24	REINVESTMENT	2,516.401 shares @ 0.03567304 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(23,880.65)	23,880.65	0.00	0.00



SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND
Schedule H, Line 4j - Schedule of Reportable Transactions
March 31, 2025
EIN 94-6625180
Plan 501

Transaction Statement
For the Period April 01, 2024 - March 31, 2025

SF CULINARY - LEGAL
 Account Number: 1-102158

Date	Transaction	Description	Cash	Cost	Market Value	Realized Gain (Loss)
Purchases						
12/05/24	REINVESTMENT	2,655.044 shares @ 0.037458 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(25,169.82)	25,169.82	0.00	0.00
12/31/24	REINVESTMENT	2,926.83 shares @ 0.04099975 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(27,658.54)	27,658.54	0.00	0.00
01/15/25	PURCHASE SETTLEMENT	21,141.649 shares BAIRD SHORT-TERM BD FD INSTL CL SHS Trade 01/14/2025 Settle 01/14/2025 21,141.649 Units @ 9.46 CUSIP: 057071409 Ticker: BSBIX	(200,000.00)	200,000.00	0.00	0.00
01/30/25	REINVESTMENT	2,281.978 shares @ 0.03143792 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(21,633.15)	21,633.15	0.00	0.00
02/28/25	REINVESTMENT	2,542.192 shares @ 0.03498068 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(24,150.82)	24,150.82	0.00	0.00
03/31/25	REINVESTMENT	2,645.721 shares @ 0.03627168 BAIRD SHORT-TERM BD FD INSTL CL SHS CUSIP: 057071409 Ticker: BSBIX	(25,134.35)	25,134.35	0.00	0.00
		Total BAIRD SHORT-TERM BD FD INSTL CL SHS	(482,134.24)	482,134.24	0.00	0.00
04/01/24	SWEEP PURCHASE	768.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(768.98)	768.98	0.00	0.00
05/01/24	SWEEP PURCHASE	776.25 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(776.25)	776.25	0.00	0.00
06/03/24	SWEEP PURCHASE	775.91 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(775.91)	775.91	0.00	0.00
07/01/24	SWEEP PURCHASE	753.29 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(753.29)	753.29	0.00	0.00



SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND
Schedule H, Line 4j - Schedule of Reportable Transactions
March 31, 2025
EIN 94-6625180
Plan 501

Transaction Statement
For the Period April 01, 2024 - March 31, 2025

SF CULINARY - LEGAL
 Account Number: 1-102158

Date	Transaction	Description	Cash	Cost	Market Value	Realized Gain (Loss)
Purchases						
08/01/24	SWEEP PURCHASE	782.14 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(782.14)	782.14	0.00	0.00
09/03/24	SWEEP PURCHASE	783.07 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(783.07)	783.07	0.00	0.00
10/01/24	SWEEP PURCHASE	735.99 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(735.99)	735.99	0.00	0.00
10/18/24	SWEEP PURCHASE	759,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(759,000.00)	759,000.00	0.00	0.00
11/01/24	SWEEP PURCHASE	2,060.96 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(2,060.96)	2,060.96	0.00	0.00
12/02/24	SWEEP PURCHASE	3,437.28 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(3,437.28)	3,437.28	0.00	0.00
01/02/25	SWEEP PURCHASE	3,454.35 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(3,454.35)	3,454.35	0.00	0.00
01/06/25	SWEEP PURCHASE	200,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(200,000.00)	200,000.00	0.00	0.00
02/03/25	SWEEP PURCHASE	3,532.88 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(3,532.88)	3,532.88	0.00	0.00
03/03/25	SWEEP PURCHASE	2,984.32 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00 CUSIP: SWFGTXX01 Bank: 38141W273	(2,984.32)	2,984.32	0.00	0.00
Total GOLDMAN SACHS FIN SQ GOVT INST			(979,845.42)	979,845.42	0.00	0.00
Total Purchases			(1,461,979.66)	1,461,979.66	0.00	0.00

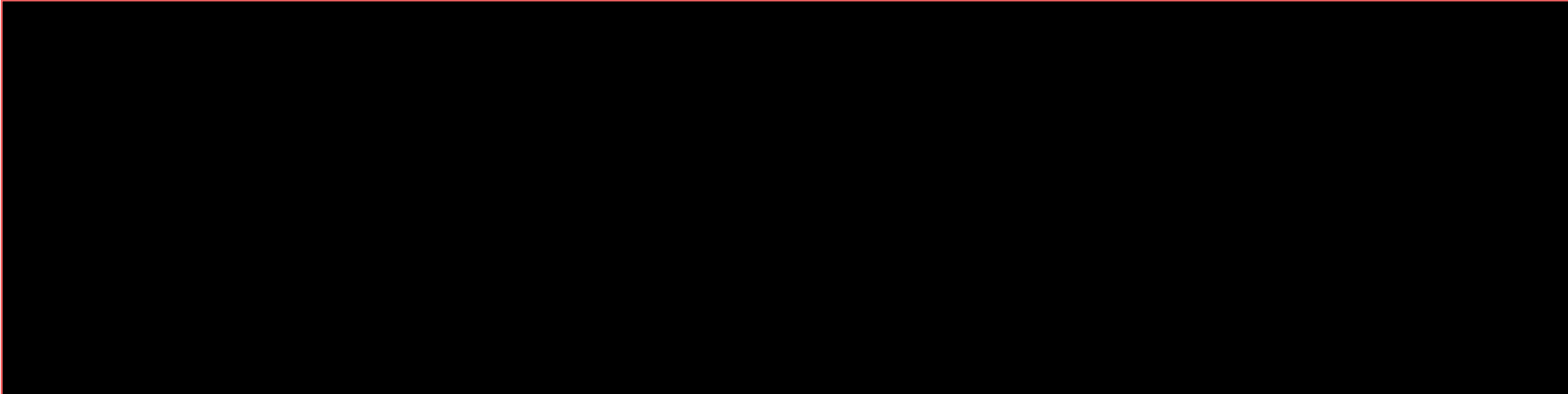


SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND
Schedule H, Line 4j - Schedule of Reportable Transactions
March 31, 2025
EIN 94-6625180
Plan 501

Transaction Statement
For the Period April 01, 2024 - March 31, 2025

SF CULINARY - LEGAL
 Account Number: 1-102158

Date	Transaction	Description	Cash	Cost	Market Value	Realized Gain (Loss)
Sales						
01/21/25	SALE SETTLEMENT	10,548.523 shares BAIRD SHORT-TERM BD FD INSTL CL SHS Trade 01/17/2025 Settle 01/17/2025 10,548.523 Units @ 9.48 Fed Long Term Gain: 797.61 CUSIP: 057071409 Ticker: BSBIX	100,000.00	(99,202.39)	0.00	797.61
Total BAIRD SHORT-TERM BD FD INSTL CL SHS			100,000.00	(99,202.39)	0.00	797.61
05/01/24	SWEEP SALE	30.28 shares GOLDMAN SACHS FIN SQ GOVT INST CUSIP: SWFGTXX01 Bank: 38141W273	30.28	(30.28)	0.00	0.00
01/15/25	SWEEP SALE	200,000 shares GOLDMAN SACHS FIN SQ GOVT INST CUSIP: SWFGTXX01 Bank: 38141W273	200,000.00	(200,000.00)	0.00	0.00
Total GOLDMAN SACHS FIN SQ GOVT INST			200,030.28	(200,030.28)	0.00	0.00
Total Sales			300,030.28	(299,232.67)	0.00	797.61



**SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE
EMPLOYEES LEGAL SERVICES TRUST FUND**
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 94-6625180; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



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

Board of Trustees
San Francisco Culinary, Bartenders and Service
Employees Legal Services Trust Fund
San Francisco, California

Members of the Board:

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and schedule of reportable transactions as of and for the year ended March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP
San Francisco, California
January 9, 2026



SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES LEGAL SERVICES TRUST FUND
 Schedule H, Line 4i - Schedule of Assets Held at End of Year
 March 31, 2025
 EIN 94-6625180
 Plan 501

Detailed Holdings
 For the Period April 01, 2024 - March 31, 2025

SF CULINARY - LEGAL
 Account Number: 1-102158

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
Mutual Funds Taxable							
BAIRD SHORT-TERM BD FD INSTL CL SHS Cusip: 057071409	695,592.5830	9.51	6,615,085.46	6,542,290.19	72,795.27	0.00 292,148.88	
Total Mutual Funds Taxable			6,615,085.46	6,542,290.19	72,795.27	0.00 292,148.88	
Total Debt Securities			6,615,085.46	6,542,290.19	72,795.27	0.00 292,148.88	
Short Term Investments							
Short Term Investments							
GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	960,706.4200	1.00	960,706.42	960,706.42	0.00	3,466.84 40,913.71	
Total Short Term Investments			960,706.42	960,706.42	0.00	3,466.84 40,913.71	
Total Short Term Investments			960,706.42	960,706.42	0.00	3,466.84 40,913.71	
Total Market Value			7,575,791.88	7,502,996.61	72,795.27	3,466.84 333,062.59	