

**Application for Extension of Time
To File Certain Employee Plan Returns**

Department of the Treasury
Internal Revenue Service

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>BOARD OF TRUSTEES,</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>9121 W RUSSELL RD STE 219</u> City or town, state, and ZIP code <u>LAS VEGAS, NV 89148</u>		B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <u>88-6016617</u> Social security number (SSN) (9 digits XXX-XX-XXXX)														
C <table border="1"> <thead> <tr> <th rowspan="2">Plan name</th> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending -</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td><u>SOUTHERN NEVADA CULINARY AND BARTEN PLAN</u></td> <td><u>001</u></td> <td><u>12</u></td> <td><u>31</u></td> <td><u>2018</u></td> </tr> </tbody> </table>		Plan name	Plan number	Plan year ending -			MM	DD	YYYY	<u>SOUTHERN NEVADA CULINARY AND BARTEN PLAN</u>	<u>001</u>	<u>12</u>	<u>31</u>	<u>2018</u>		
Plan name	Plan number			Plan year ending -												
		MM	DD	YYYY												
<u>SOUTHERN NEVADA CULINARY AND BARTEN PLAN</u>	<u>001</u>	<u>12</u>	<u>31</u>	<u>2018</u>												

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10/15/2019 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10/15/2019 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until _____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶

a

b Enter the payment amount attached ▶

b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶

c

- 5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____

Date ▶ _____

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. 1510-0110 1510-0089
		2018
		This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning _____ and ending _____

A This return/report is for: a multiemployer plan a multiple-employer plan (filers checking this box must attach a list of 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) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION 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, SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN 9121 W RUSSELL RD STE 219 LAS VEGAS, NV 89148	1c Effective date of plan 01/01/1971 2b Employer Identification Number (EIN) 88-6016617 2c Plan Sponsor's telephone number 702-369-0000 2d Business code (see instructions) 721120

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		10/9/19	Terry Greenwald
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/19	Virginia Valentine
	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 88-6016617
	3c. Administrator's telephone number 702-369-0000

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. EIN
5. Total number of participants at the beginning of the plan year	5. 101199
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) 101199
a(2) Total number of active participants at the end of the plan year	6a(2) 55760
b. Retired or separated participants receiving benefits	6b 24049
c. Other retired or separated participants entitled to future benefits	6c 29488
d. Subtotal. Add lines 6a(2), 6b, and 6c	6d 109297
e. Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 1144
f. Total. Add lines 6d and 6e	6f 110441
g. Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h. Number of participants that 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)	7 120

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

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

9a. Plan funding arrangement (check all that apply): (1) <input checked="" 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	9b. Plan benefit arrangement (check all that apply): (1) <input checked="" 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 checked="" 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	b. General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2018 <hr/> This Form is Open to Public Inspection
---	--	--

For calendar plan year 2018 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN) ▶		
SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN		001	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		
BD. OF TRUSTEES, (OF THE ABOVE PLAN)	88-6016617		

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744			01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	41236116

6 Contracts With Allocated Funds:

a. State the basis of premium rates ▶

b. Premiums paid to carrier **6b**

c. Premiums due but unpaid at the end of the year **6c**

d. If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs. ▶

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

f. If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below) ▶	7c(5)	
(6) Total additions	7c(6)	0	
d	Total of balance and additions (add lines 7b and 7c(6)).	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below) ▶	7e(4)	
(5) Total deductions	7e(5)		
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2018 or fiscal plan year beginning		and ending	
A Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES, (OF THE ABOVE PLAN)		D Employer Identification Number (EIN) 88-6016617	

Part 1 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
 PIMCO 33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 LANDMARK EQUITY ADVISORS, LLC 06-1519082

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 ENTRUST PARTNERS OFFSHORE, LP 90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
 MULTI-EMPLOYER PROPERTY TRUST 52-6218800

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

PNC BANK, NATIONAL ASSOCIATION 22-1146430

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

AFL-CIO HOUSING INVESTMENT TRUST 52-6220193

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

HAMILTON LANE ADVISORS, LLC 23-2962336

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

SCHRODER COMMODITY PORTFOLIO 13-4064414

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

ABS INVESTMENT MANAGEMENT LLC 13-4205457

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

PNC REALTY INVESTORS, INC. 22-1146430

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

LAZARD ASSET MANAGEMENT, LLC 05-0530199

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

MESIROW FINANCIAL PARTNERSHIP FD VI 27-3525125

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

GAM USA, INC. 22-1146430

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

NEW TOWER TRUST COMPANY 30-0872552

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

MCMORGAN & COMPANY LLC 52-2334338

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

ENTRUST SO NV CUL. & BART. PARTNERS 81-2026132

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

OAKTREE CAPITAL MANAGEMENT L.P. 26-0189082

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

INVESCO ADVISERS, INC. 58-1707262

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

GCM GROSVENOR MULTI-ASSET CLASS MAS 37-1876536

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

SIGULER GUFF ADVISERS, LLC 13-3855629

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)

ZENITH AMERICAN SOLUTIONS 95-1702986

(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	NONE	2750130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEYFARTH & SHAW ATTORNEYS, LLP 36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	829183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES & COMPANY 84-6391546

(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 68 51	NONE	778972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

JOHNSTON ASSET MANAGEMENT 20-1665304

(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	675665	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIMESQUARE CAPITAL MANAGEMENT LLC 20-1665304

(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 52 51	NONE	631921	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

J.P. MORGAN INVESTMENT MGMT, INC. 13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest.	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 28 51	NONE	597052	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

INTECH INVESTMENT MANAGEMENT LLC 01-0614895

(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	521647	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYSTEMATIC FINANCIAL MGMT, L.P. 22-3367558

(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 52 51 68	NONE	421361	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

INTERCONTINENTAL REAL ESTATE CORP. 11-3786306

(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	400000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

VOYA INVESTMENT TRUST COMPANY 06-1440627

(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	370501	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES, LLC 26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	340190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT LLP 56-1557450

(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 52 51 68	NONE	301743	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

COLUMBIA MGMT INVESTMENT ADVISORS 41-1533211

(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 68 51	NONE	242215	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DIMENSIONAL FUND ADVISORS LP 30-0447847

(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	235804	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE UNION LABOR LIFE INSURANCE COMP 13-1423090

(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	228709	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

MARCO CONSULTING GROUP 36-3555078

(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 27	NONE	225000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LSV ASSET MANAGEMENT 23-2772200

(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	210598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY 95-2705767

(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	159435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

WELLS FARGO BANK 30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest.	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	134243	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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	NONE	109000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARAMETRIC CLIFTON 20-0292745

(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 52 51	NONE	83996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

MCCRACKEN, STEMERMAN & HOLSBERRY 94-1709555

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	54625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITE HERE HEALTH 23-8385560

(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	NONE	47947	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESCO TRUST COMPANY 46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	38514	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

KEVIN CHRISTENSEN, ESQ 80-0024644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	21649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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"/>

(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

**SCHEDULE D
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration**DFE/Participating Plan Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2018This Form is Open to Public
Inspection.

For calendar plan year 2018 or fiscal plan year beginning

and ending

A Name of plan

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION
PLANB Three-digit
plan number (PN) ▶

001

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

BD. OF TRUSTEES, (OF THE ABOVE PLAN)

D Employer Identification Number (EIN)

88-6016617

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:

JP MORGAN STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a):

JP MORGAN ASSET MANAGEMENT

c EIN-PN 13-6038770 - 001

d Entity C
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

62109400

a Name of MTIA, CCT, PSA, or 103-12 IE:

LOOMIS SAYLES MULTISECTOR FULL DIS.

b Name of sponsor of entity listed in (a):

LOOMIS SAYLES & TRUST COMPANY, LLC

c EIN-PN 84-6391546 - 007

d Entity C
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

70710553

a Name of MTIA, CCT, PSA, or 103-12 IE:

MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a):

NEW TOWER TRUST COMPANY

c EIN-PN 52-6218800 - 001

d Entity C
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

95140652

a Name of MTIA, CCT, PSA, or 103-12 IE:

AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a):

PNC BANK, NATIONAL ASSOCIATION

c EIN-PN 52-6328901 - 001

d Entity C
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

98290732

a Name of MTIA, CCT, PSA, or 103-12 IE:

DFA GROUP TRUST - SMALL CAP SUB TRU

b Name of sponsor of entity listed in (a):

DFA LP

c EIN-PN 23-6819730 - 005

d Entity E
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

54900000

a Name of MTIA, CCT, PSA, or 103-12 IE:

VOYA SENIOR LOAN TRUST

b Name of sponsor of entity listed in (a):

VOYA INVESTMENT TRUST CO.

c EIN-PN 06-1440627 - 045

d Entity C
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

81027405

a Name of MTIA, CCT, PSA, or 103-12 IE:

WESTERN ASSET US CORE PLUS, LLC

b Name of sponsor of entity listed in (a):

WESTERN ASSET MANAGEMENT CO.

c EIN-PN 20-1575788 - 001

d Entity E
codee Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

47246000

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

Schedule D (Form 5500) 2018

8AB724 1.000

v.171027

52086K F173

V 18-7F

17-8320

Page 23

a Name of MTIA, CCT, PSA, or 103-12 IE: MCMORGAN INFRASTRUCTURE FUND		
b Name of sponsor of entity listed in (a): MCMORGAN INFRASTRUCTURE GP LLC		
c EIN-PN 30-0808269-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60489000
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON INTERNATIONAL EQUITY GROUP		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94896000
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41236116
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning _____ and ending _____

A Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES, (OF THE ABOVE PLAN)		D Employer Identification Number (EIN) 88-6016617

Part I Asset and Liability Statement

† Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8325000	12310000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9612000	9185000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6617000	23172000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31825000	33882000
(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)	592424000	484068000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	8522000	26616000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	434752000	465143000
(10) Value of interest in pooled separate accounts	1c(10)		41236000
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	290203000	257531000
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2741142000	250438000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	653692000	574236000

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

Schedule H (Form 5500) 2018
v.171027

		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2310114000 2177817000
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	2309000 1503000
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	2309000 1503000
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2307805000 2176314000

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	118029000
	(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)	118029000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	722000
	(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)	722000
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	9721000
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9710000
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	19431000
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	619770000
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	615637000
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	4133000
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1798000
	(B) Other	2b(5)(B)	-67212000
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-69010000

	(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)	1418000
(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)	-27532000
c Other income	2c	15000
d Total income. Add all income amounts in column (b) and enter total	2d	47206000

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	164688000
(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)	164688000
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	1548000
(2) Contract administrator fees	2i(2)	2743000
(3) Investment advisory and management fees	2i(3)	6148000
(4) Other	2i(4)	3570000
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	14009000
j Total expenses. Add all expense amounts in column (b) and enter total	2j	178697000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-131491000
i Transfers of assets:		
(1) To this plan	2i(1)	
(2) From this plan	2i(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) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

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 because:
 (1) This form is filed for a CCT, PSA, 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.

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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	

	Yes	No	Amount
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021)? . . Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4167797 (See instructions.)

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning and ending

A Name of plan
SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

B Three-digit plan number (PN) 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD. OF TRUSTEES, (OF THE ABOVE PLAN)

D Employer Identification Number (EIN)
88-6016617

Part I Distributions

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

- 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions. 1 0
- 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 88-6016617

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 81

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

- 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.
- 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month ___ Day ___ Year ___
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived). 6a
b Enter the amount contributed by the employer to the plan for this plan year. 6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount). 6c 0
- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A
- 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III Amendments

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

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

- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No
- 11 a Does the ESOP hold any preferred stock? Yes No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No
- 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer	WYNN LAS VEGAS
b	EIN	88-0494875
c	Dollar amount contributed by employer	12372423
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 07 Day 31 Year 2021
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	BELLAGIO
b	EIN	94-3373852
c	Dollar amount contributed by employer	8798206
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	ARIA RESORT & CASINO
b	EIN	20-5396350
c	Dollar amount contributed by employer	8714987
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	MANDALAY BAY
b	EIN	88-0384693
c	Dollar amount contributed by employer	7874431
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	CAESAR'S PALACE
b	EIN	88-0097966
c	Dollar amount contributed by employer	7867351
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	MGM GRAND HOTEL, INC
b	EIN	94-3373856
c	Dollar amount contributed by employer	7452091
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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	1.04
b The corresponding number for the second preceding plan year	15b	1.07

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 43.1 % Investment-Grade Debt: 10.3 % High-Yield Debt: 8.5 % Real Estate: 15.2 % Other: 22.9 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 1 of 16

No. of Shares	Common Stocks	Fair Value	Carry Value
	<u>Columbia Management Investment Advisers, LLC</u>		
135,000	AES Corp.	\$ 1,952,100	\$ 1,527,181
40,000	American International Group, Inc.	1,576,400	2,399,394
35,000	Anadarko Petroleum Corp.	1,534,400	2,066,101
59,700	Applied Materials, Inc.	1,954,578	1,447,439
92,500	Bank Of America Corp.	2,279,200	1,535,285
25,000	Baxter International, Inc.	1,645,500	767,695
48,700	Bristol-Myers Squibb Co.	2,531,426	1,709,308
8,500	Chevron Corp.	924,715	363,779
8,200	Cigna Corp.	1,557,344	2,054,455
35,000	Citigroup, Inc.	1,822,100	1,087,541
67,000	Corning, Inc.	2,024,070	1,454,994
21,500	CSX Corp.	1,335,795	146,395
35,000	FMC Corp	2,588,600	1,795,689
147,500	Freeport-McMoRan, Inc.	1,520,725	1,675,141
35,000	Halliburton Co.	930,300	1,117,145
14,000	Honeywell International, Inc.	1,849,680	345,294
8,400	Humana, Inc.	2,406,432	513,068
21,000	JPMorgan Chase & Co.	2,050,020	995,009
17,000	Lowe's Companies, Inc.	1,570,120	409,643
25,200	Marathon Petroleum Corp.	1,487,052	716,793
35,000	MetLife, Inc.	1,437,100	1,668,057
45,000	Morgan Stanley	1,784,250	1,648,402
10,200	NextEra Energy, Inc.	1,772,964	1,021,395
16,500	Philip Morris International, Inc.	1,101,540	890,864
23,165	Qualcomm, Inc.	1,318,320	1,214,555
107,100	Qurate Retail, Inc.	2,090,592	2,414,283
52,800	TechnipFMC plc	1,033,824	1,516,658
48,000	Teradata Corp.	1,841,280	1,789,664
28,500	Tyson Foods, Inc. CL A	1,521,900	996,221
6,200	Union Pacific Corp.	857,026	89,732
11,000	United Technologies Corp.	1,171,280	345,402
44,200	Unum Group	1,298,596	986,853
10,000	Valero Energy Corp.	749,700	148,100
55,000	Verizon Communications, Inc.	3,092,100	2,620,667
42,500	Wells Fargo & Co.	1,958,400	1,361,150
53,100	Williams Companies, Inc.	1,170,855	1,192,492
	TOTALS - COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC	\$ 59,740,284	\$ 43,971,844
	<u>Janus Intech Institutional Asset Management</u>		
2,884	Abiomed, Inc.	\$ 937,415	\$ 689,801
3,809	Accenture plc, CL A	537,107	563,983
6,224	Adobe Systems, Inc.	1,408,118	781,715
1,236	Advance Auto Parts, Inc.	194,621	201,977
3,700	Align Technology, Inc.	774,891	560,334
702	Alphabet, Inc., CL A	733,562	754,596
751	Alphabet, Inc., CL C	777,743	798,349
1,923	Amazon.com, Inc.	2,888,288	2,341,598
2,924	Amphenol Corp. CL A	236,903	174,024
5,652	Anadarko Petroleum Corp.	247,784	309,559
506	Ansys, Inc.	72,328	69,222
3,375	AON plc	490,590	429,275
30,936	Apple, Inc.	4,879,845	3,607,343
	Forward	\$ 14,179,195	\$ 11,281,776

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 2 of 16

No. of Shares	<u>Common Stocks (Continued)</u>	Fair Value	Carry Value
	<u>Janus Intech Institutional Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 14,179,195	\$ 11,281,776
3,700	Aspen Technology, Inc.	304,066	385,177
843	Atlassian Corp. plc Cl A	75,010	65,804
1,608	Automatic Data Processing, Inc.	210,841	209,012
623	Autozone, Inc.	522,286	501,482
1,100	Baxter International, Inc.	72,402	54,216
136	Becton Dickinson & Co.	30,644	32,756
5,232	Best Buy, Inc.	277,087	377,973
2,595	Bio-Techne Corp.	375,548	413,574
5,700	Boeing Co.	1,838,250	1,414,341
11,134	Booz Allen Hamilton Holding Co.	501,809	470,514
940	Boston Scientific Corp.	33,220	34,285
3,094	Bright Horizons Family Solutions, Inc.	344,826	321,518
7,250	Broadridge Financial Solutions	697,813	423,660
700	Brown & Brown, Inc.	19,292	21,163
17,012	Brown-Forman Corp.	809,431	855,316
5,644	Burlington Stores, Inc.	918,110	925,526
609	BWX Technologies, Inc.	23,282	26,531
4,700	C. H. Robinson Worldwide, Inc.	395,223	418,931
353	Cable One, Inc.	289,495	264,945
2,711	CBOE Global Markets, Inc.	265,217	270,048
33	CDW Corp.	2,675	2,839
7,458	Centene Corp.	859,907	994,389
1,759	Charles River Laboratories	199,084	218,926
1,302	Chemed Corp.	368,831	405,988
3,963	Cheniere Energy, Inc.	234,570	237,239
2,931	Cigna Corp.	556,652	654,221
1,710	Cintas Corp.	287,263	340,207
1,543	Citrix Systems, Inc.	158,096	171,734
2,276	CME Group, Inc.	428,161	398,402
116	Comerica, Inc.	7,968	11,482
1,563	Constellation Brands, Inc.	251,362	202,925
2,822	Continental Resources, Inc.	113,416	169,020
11,800	Copart, Inc.	563,804	326,910
1,748	CoStar Group, Inc.	589,670	659,332
5,147	Costco Wholesale Corp.	1,048,495	1,148,042
877	Credit Acceptance Corp.	334,804	327,269
4,300	CSX Corp.	267,159	246,238
1,675	CVS Health, Corp.	109,746	135,198
674	Darden Restaurants, Inc.	67,306	72,631
583	Dell Technologies, Inc.	28,495	68,757
2,537	Dexcom, Inc.	303,933	336,320
495	Diamondback Energy, Inc.	45,987	53,908
8,316	Dollar General Corp.	898,793	938,162
2,600	Dollar Tree, Inc.	234,832	219,772
1,043	Domino's Pizza, Inc.	258,654	288,722
2,680	Dunkin' Brands Group, Inc.	171,842	195,054
977	E*TRADE Financial Corp.	42,871	57,650
1,555	Edwards Lifesciences Corp.	238,179	234,435
2,582	Eli Lilly and Co.	298,789	289,709
7,156	Encompass Health Corp.	441,525	540,603
3,716	Eog Resources, Inc.	324,072	404,877
249	Epam Systems, Inc.	28,887	32,547
1,124	Equity Lifestyle Properties, Inc.	109,174	101,649
	<u>Forward</u>	\$ 32,057,949	\$ 29,253,705

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 3 of 16

No. of
Shares

Common Stocks (Continued)

Fair
Value

Carry
Value

Janus Intech Institutional Asset Management (Continued)

Forwarded

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Janus Intech Institutional Asset Management</u> (Continued)		
	<u>Forwarded</u>	\$ 32,057,949	\$ 29,253,705
7,000	Estee Lauder Companies, Inc.	910,700	972,945
42	Expeditors International of Washington, Inc.	2,860	2,366
2,600	Extra Space Storage, Inc.	235,248	236,791
3,680	F5 Networks, Inc.	596,270	630,827
6,920	Facebook, Inc.	907,143	1,059,688
863	FactSet Research Systems, Inc.	172,712	191,802
1,898	Fair Issac, Inc.	354,926	385,947
1,135	Fidelity National Information Services	116,394	117,796
1,907	Fiserv, Inc.	140,145	96,299
524	Fleetcor Technologies, Inc.	97,317	101,961
800	FLIR Systems, Inc.	34,832	43,765
10,986	Fortinet, Inc.	773,744	729,158
2,195	Gärtner, Inc.	280,609	309,720
191	Genpact Ltd.	5,155	6,057
11,270	GoDaddy, Inc.	739,537	764,548
470	W. W. Grainger, Inc.	132,709	136,249
2,422	Grand Canyon Education, Inc.	232,851	285,538
5,423	HCA Holdings, Inc.	674,892	745,967
2,516	HEICO Corp.	194,940	206,556
6,003	HEICO Corp. CL A	378,189	316,728
1,358	Herbalife Nutrition Ltd.	80,054	72,645
542	Home Depot, Inc.	93,126	98,708
416	Hoheywell International, Inc.	54,962	51,359
1,729	Humana, Inc.	495,324	549,567
4,195	IAC	767,853	621,849
683	ICU Medical, Inc.	156,837	200,190
706	IDEXX Laboratories, Inc.	131,330	159,649
508	Illumina, Inc.	152,364	164,361
1,892	Intercontinental Exchange, Inc.	142,524	141,455
5,851	Intuit, Inc.	1,151,769	1,066,313
3,500	Intuitive Surgical, Inc.	1,676,220	1,158,351
4,973	Jack Henry & Associates, Inc.	629,184	456,507
9,119	Kar Auction Services, Inc.	435,159	482,988
800	Keurig Dr. Pepper, Inc.	20,512	19,672
400	Lamar Advertising Co.	27,672	29,463
1,757	Landstar System, Inc.	168,092	150,634
1,442	Live Nation Entertainment, Inc.	71,019	76,849
2,149	LPL Financial Holdings, Inc.	131,261	127,014
6,135	Lululemon Athletica, Inc.	746,077	782,295
5,522	Marriott Intl, Inc.	599,468	751,318
1,616	Masimo Corp.	173,510	177,539
16,440	Mastercard, Inc.	3,101,406	1,863,479
412	McCormick & Co.	57,367	62,068
2,219	Merck & Co., Inc.	169,554	168,758
5,450	Michael Kors Holdings Ltd.	206,664	297,378
35,460	Microsoft Corp.	3,601,672	2,113,659
3,549	Molina Healthcare, Inc.	412,465	447,192
4,252	Moody Corp.	595,450	604,319
1,362	Motorola Solutions, Inc.	156,684	156,142
5,300	MSCI, Inc.	781,379	438,358
16,118	NetApp, Inc.	961,761	1,162,553
5,050	Neurocrine Biosciences, Inc.	360,621	492,617
4,676	Nordstrom, Inc.	217,948	226,258
	<u>Forward</u>	\$ 57,566,410	\$ 51,965,320

		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2310114000 2177817000
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	2309000 1503000
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	2309000 1503000
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2307805000 2176314000

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. MTAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	118029000
	(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)	118029000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	722000
	(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)	722000
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	9721000
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9710000
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	19431000
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	619770000
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	615637000
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	4133000
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1798000
	(B) Other	2b(5)(B)	-67212000
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-69010000

	(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)	1418000
(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)	-27532000
c Other income	2c	15000
d Total income. Add all income amounts in column (b) and enter total	2d	47206000
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	164688000
(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)	164688000
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	1548000
(2) Contract administrator fees	2i(2)	2743000
(3) Investment advisory and management fees	2i(3)	6148000
(4) Other	2i(4)	3570000
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	14009000
j Total expenses. Add all expense amounts in column (b) and enter total	2j	178697000
Net Income and Reconciliation		
k Net income (loss). Subtract line 2j from line 2d	2k	-131491000
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) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

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 because:
 (1) This form is filed for a CCT, PSA, 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. 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	

	Yes	No	Amount
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		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?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
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.)	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 4167797 (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1510-0110 2018 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2018 or fiscal plan year beginning _____ and ending _____

A Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES, (OF THE ABOVE PLAN)	D Employer Identification Number (EIN) 88-6016617	

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions. 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 88-6016617

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 81

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
 If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
 If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount). 6c 0

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

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

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

Part III Amendments

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer	WYNN LAS VEGAS
b	EIN	88-0494875
c	Dollar amount contributed by employer	12372423
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 07 Day 31 Year 2021
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	BELLAGIO
b	EIN	94-3373852
c	Dollar amount contributed by employer	8798206
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	ARIA RESORT & CASINO
b	EIN	20-5396350
c	Dollar amount contributed by employer	8714987
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	MANDALAY BAY
b	EIN	88-0384693
c	Dollar amount contributed by employer	7874431
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	CAESAR'S PALACE
b	EIN	88-0097966
c	Dollar amount contributed by employer	7867351
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):
a	Name of contributing employer	MGM GRAND HOTEL, INC
b	EIN	94-3373856
c	Dollar amount contributed by employer	7452091
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)	Month 05 Day 31 Year 2018
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents)	1.21
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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	1.04
b The corresponding number for the second preceding plan year	15b	1.07

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 43.1 % Investment-Grade Debt: 10.3 % High-Yield Debt: 8.5 % Real Estate: 15.2 % Other: 22.9 %

b Provide the average duration of the combined investment-grade and high-yield debt:

0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?

Effective duration Macaulay duration Modified duration Other (specify):

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 1 of 16

No. of Shares	<u>Common Stocks</u>	Fair Value	Carry Value
<u>Columbia Management Investment Advisers, LLC</u>			
135,000	AES Corp.	\$ 1,952,100	\$ 1,527,181
40,000	American International Group, Inc.	1,576,400	2,399,394
35,000	Anadarko Petroleum Corp.	1,534,400	2,066,101
59,700	Applied Materials, Inc.	1,954,578	1,447,439
92,500	Bank Of America Corp.	2,279,200	1,535,285
25,000	Baxter International, Inc.	1,645,500	767,695
48,700	Bristol-Myers Squibb Co.	2,531,426	1,709,308
8,500	Chevron Corp.	924,715	363,779
8,200	Cigna Corp.	1,557,344	2,054,455
35,000	Citigroup, Inc.	1,822,100	1,087,541
67,000	Corning, Inc.	2,024,070	1,454,994
21,500	CSX Corp.	1,335,795	146,395
35,000	FMC Corp	2,588,600	1,735,689
147,500	Freeport-McMoRan, Inc.	1,520,725	1,675,141
35,000	Halliburton Co.	930,300	1,117,145
14,000	Honeywell International, Inc.	1,849,680	345,294
8,400	Humana, Inc.	2,406,432	513,068
21,000	JPMorgan Chase & Co.	2,050,020	995,009
17,000	Lowe's Companies, Inc.	1,570,120	409,643
25,200	Marathon Petroleum Corp.	1,487,052	716,793
35,000	MetLife, Inc.	1,437,100	1,668,057
45,000	Morgan Stanley	1,784,250	1,648,402
10,200	NextEra Energy, Inc.	1,772,964	1,021,395
16,500	Philip Morris International, Inc.	1,101,540	890,864
23,165	Qualcomm, Inc.	1,318,320	1,214,555
107,100	Qurate Retail, Inc.	2,090,592	2,414,283
52,800	TechnipFMC plc	1,033,824	1,516,658
48,000	Teradata Corp.	1,841,280	1,789,664
28,500	Tyson Foods, Inc. CL A	1,521,900	996,221
6,200	Union Pacific Corp.	857,026	89,732
11,000	United Technologies Corp.	1,171,280	345,402
44,200	Unum Group	1,298,596	986,853
10,000	Valero Energy Corp.	749,700	148,100
55,000	Verizon Communications, Inc.	3,092,100	2,620,667
42,500	Wells Fargo & Co.	1,958,400	1,361,150
53,100	Williams Companies, Inc.	1,170,855	1,192,492
<u>TOTALS - COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC</u>		<u>\$ 59,740,284</u>	<u>\$ 43,971,844</u>
<u>Janus Intech Institutional Asset Management</u>			
2,884	Abiomed, Inc.	\$ 937,415	\$ 689,801
3,809	Accenture plc, CL A	537,107	563,983
6,224	Adobe Systems, Inc.	1,408,118	781,715
1,236	Advance Auto Parts, Inc.	194,621	201,977
3,700	Align Technology, Inc.	774,891	560,334
702	Alphabet, Inc., CL A	733,562	754,596
751	Alphabet, Inc., CL C	777,743	798,349
1,923	Amazon.com, Inc.	2,888,288	2,341,598
2,924	Amphenol Corp. CL A	236,903	174,024
5,652	Anadarko Petroleum Corp.	247,784	309,559
506	Ansys, Inc.	72,328	69,222
3,375	AON plc	490,590	429,275
30,936	Apple, Inc.	4,879,845	3,607,343
<u>Forward</u>		<u>\$ 14,179,195</u>	<u>\$ 11,281,776</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 2 of 16

No. of
Shares

Common Stocks (Continued)

Fair
Value

Carry
Value

Janus Intech Institutional Asset Management (Continued)

<u>Forwarded</u>		\$	14,179,195	\$	11,281,776
3,700	Aspen Technology, Inc.		304,066		385,177
843	Atlasian Corp. plc Cl-A		75,010		65,804
1,608	Automatic Data Processing, Inc.		210,841		209,012
623	Autozone, Inc.		522,286		501,482
1,100	Baxter International, Inc.		72,402		54,216
136	Becton Dickinson & Co.		30,644		32,756
5,232	Best Buy, Inc.		277,087		377,973
2,595	Bio-Techne Corp.		375,548		413,574
5,700	Boeing Co.	1,838,250			1,414,341
11,134	Booz Allen Hamilton Holding Co.		501,809		470,514
940	Boston Scientific Corp.		33,220		34,285
3,094	Bright Horizons Family Solutions, Inc.		344,826		321,518
7,250	Broadridge Financial Solutions		697,813		423,660
700	Brown & Brown, Inc.		19,292		21,163
17,012	Brown-Forman Corp.		809,431		855,316
5,844	Burlington Stores, Inc.		918,110		925,526
609	BWX Technologies, Inc.		23,282		26,531
4,700	C. H. Robinson Worldwide, Inc.		395,223		418,931
353	Cable One, Inc.		289,495		264,945
2,711	CBOE Global Markets, Inc.		265,217		270,048
33	CDW Corp.		2,675		2,839
7,458	Centene Corp.		859,907		994,389
1,759	Charles River Laboratories		199,084		218,926
1,302	Chemed Corp.		368,831		405,988
3,963	Cheniere Energy, Inc.		234,570		237,239
2,931	Cigna Corp.		556,652		654,221
1,710	Cintas Corp.		287,263		340,207
1,543	Citrix Systems, Inc.		158,096		171,734
2,276	CME Group, Inc.		428,161		398,402
116	Comerica, Inc.		7,968		11,482
1,563	Constellation Brands, Inc.		251,362		202,925
2,822	Continental Resources, Inc.		113,416		169,020
11,800	Copart, Inc.		563,804		326,910
1,748	CoStar Group, Inc.		589,670		659,332
5,147	Costco Wholesale Corp.		1,048,495		1,148,042
877	Credit Acceptance Corp.		334,804		327,269
4,300	CSX Corp.		267,159		246,238
1,675	CVS Health, Corp.		109,746		135,198
674	Darden Restaurants, Inc.		67,306		72,631
583	Dell Technologies, Inc.		26,495		68,757
2,537	Dexcom, Inc.		303,933		336,320
495	Diamondback Energy, Inc.		45,887		53,908
8,316	Dollar General Corp.		898,793		938,162
2,600	Dollar Tree, Inc.		234,832		219,772
1,043	Domino's Pizza, Inc.		258,654		288,722
2,680	Dunkin Brands Group, Inc.		171,842		195,054
977	E*TRADE Financial Corp		42,871		57,650
1,555	Edwards Lifesciences Corp.		238,179		234,435
2,582	Eli Lilly and Co.		298,789		289,709
7,156	Encompass Health Corp.		441,525		540,603
3,716	Eog Resources, Inc.		324,072		404,877
249	Epam Systemis, Inc.		28,887		32,547
1,124	Equity Lifestyle Properties, Inc.		109,174		101,649
<u>Forward</u>		\$	32,057,949	\$	29,253,705

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 3 of 16

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 32,057,949	\$ 29,253,705
7,000	Estee Lauder Companies, Inc.	910,700	972,345
42	Expeditors International of Washington, Inc.	2,860	2,366
2,600	Extra Space Storage, Inc.	235,248	236,791
3,680	F5 Networks, Inc.	596,270	630,827
6,920	Facebook, Inc.	907,143	1,059,688
863	FactSet Research Systems, Inc.	172,712	191,802
1,898	Fair Issac, Inc.	354,926	385,947
1,135	Fidelity National Information Services	116,994	117,796
1,907	Fiserv, Inc.	140,145	96,299
524	Fleetcor Technologies, Inc.	97,317	101,961
800	FLIR Systems, Inc.	34,832	43,765
10,986	Fortinet, Inc.	773,744	729,158
2,195	Gartner, Inc.	280,609	309,720
191	Genpact Ltd.	5,155	6,057
11,270	GoDaddy, Inc.	739,537	764,548
470	W. W. Grainger, Inc.	132,709	136,249
2,422	Grand Canyon Education, Inc.	232,851	285,538
5,423	HCA Holdings, Inc.	674,892	745,967
2,516	HEICO Corp.	194,940	206,556
6,003	HEICO Corp. CL A	378,189	316,728
1,358	Herbalife Nutrition Ltd.	80,054	72,645
542	Home Depot, Inc.	93,126	98,708
416	Honeywell International, Inc.	54,962	51,359
1,729	Humana, Inc.	495,324	549,567
4,195	IAC	767,853	621,849
683	ICU Medical, Inc.	156,837	200,190
706	IDEXX Laboratories, Inc.	131,330	159,649
508	Illumina, Inc.	152,364	164,361
1,892	Intercontinental Exchange, Inc.	142,524	141,455
5,851	Intuit, Inc.	1,151,769	1,066,313
3,500	Intuitive Surgical, Inc.	1,676,220	1,168,351
4,973	Jack Henry & Associates, Inc.	629,184	456,507
9,119	Kar Auction Services, Inc.	435,159	482,988
800	Keurig Dr. Pepper, Inc.	20,512	19,672
400	Lamar Advertising Co.	27,672	29,463
1,757	Landstar System, Inc.	168,092	150,634
1,442	Live Nation Entertainment, Inc.	71,019	76,849
2,149	LPL Financial Holdings, Inc.	131,261	127,014
6,135	Lululemon Athletica, Inc.	746,077	782,295
5,522	Marriott Intl, Inc.	599,468	751,318
1,616	Masimo Corp.	173,510	177,539
16,440	Mastercard, Inc.	3,101,406	1,863,479
412	McCormick & Co.	57,367	62,068
2,219	Merck & Co., Inc.	169,554	168,758
5,450	Michael Kors Holdings Ltd.	206,664	297,378
35,460	Microsoft Corp.	3,601,672	2,113,659
3,549	Molina Healthcare, Inc.	412,465	447,192
4,252	Moody Corp.	595,450	604,319
1,362	Motorola Solutions, Inc.	156,684	156,142
5,300	MSCI, Inc.	781,379	438,358
16,118	NetApp, Inc.	961,761	1,162,553
5,050	Neurocrine Biosciences, Inc.	360,621	492,617
4,676	Nordstrom, Inc.	217,948	226,258
	<u>Forward</u>	\$ 57,566,410	\$ 51,965,320

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 4 of 16

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 57,566,410	\$ 51,965,320
59	Northrop Grumman Corp.	14,449	13,337
319	Nu Skin Enterprises, Inc. CL A	19,564	19,472
5,400	Okta, Inc.	344,520	311,609
2,640	Old Dominion Freight Line, Inc.	326,014	357,002
963	Omega Healthcare Investors, Inc.	33,849	35,493
10,873	Oneok, Inc.	586,598	713,450
3,721	Oracle Corp.	168,003	182,137
455	O'Reilly Automotive, Inc.	156,670	154,026
864	Palo Alto Networks, Inc.	162,734	182,589
1,521	Paycom Software, Inc.	186,246	202,824
3,118	PayPal Holdings, Inc.	262,193	236,520
2,053	Penumbra, Inc.	250,877	273,398
1,437	PRA Health Sciences, Inc.	132,147	143,145
17,889	Progressive Corp.	1,079,243	1,074,199
6,100	PTC, Inc.	505,690	519,406
2,387	Raytheon Co.	366,046	389,633
3,300	Realpage, Inc.	159,027	186,733
6,595	Red Hat, Inc.	1,158,346	1,019,166
800	Republic Services, Inc. CL A	57,672	58,744
4,222	Resmed, Inc.	480,759	450,271
3,200	Ringcentral, Inc.	263,808	274,724
8,790	Robert Half International, Inc.	502,788	507,537
11,747	Rollins, Inc.	424,067	311,820
8,815	Ross Stores, Inc.	733,408	825,556
2,969	S&P Global, Inc.	504,552	478,010
6,484	Salesforce.com, Inc.	888,113	892,024
1,456	Sarepta Therapeutics, Inc.	158,893	188,695
6,900	SEI Investments Co.	318,780	489,172
6,066	Service Corporation International	244,217	268,203
9,266	ServiceMaster Global Holdings, Inc.	340,433	395,100
3,991	ServiceNow, Inc.	710,598	693,201
14,540	Sirius XM Holdings, Inc.	83,023	99,482
1,680	Skechers USA, Inc.	38,455	42,834
6,664	Sprouts Farmers Markets LLC	156,671	175,399
11,515	Square, Inc.	645,876	624,998
6,100	Stryker Corp.	956,175	544,331
10,600	Sysco Corp.	664,196	700,425
2,081	T. Rowe Price Group, Inc.	192,118	237,138
2,300	Tableau Software, Inc.	276,000	236,664
169	Teleflex, Inc.	43,663	43,829
7,053	Texas Instruments, Inc.	666,509	595,910
217	Textron, Inc.	9,980	14,583
1,226	Thermo Fisher Scientific, Inc.	274,367	277,721
249	Tiffany & Co.	20,047	32,227
14,461	TJX Companies, Inc.	646,965	699,612
11,700	Total System Services, Inc.	951,093	1,013,968
2,535	Tractor Supply Co.	211,520	237,767
1,880	TransDigm Group, Inc.	639,313	658,057
12,450	TransUnion	707,160	651,748
1,987	Twilio, Inc.	177,439	163,931
2,283	Tyler Technologies Inc.	424,227	448,915
403	Ultimate Software Group, Inc.	98,683	101,206
504	Union Pacific Corp.	69,668	75,293
	<u>Forward</u>	\$ 77,059,902	\$ 71,488,554

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 5 of 16

No. of Shares	<u>Common Stocks (Continued)</u>	Fair Value	Carry Value
	<u>Janus Intech Institutional Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 77,059,902	\$ 71,488,554
1,558	UnitedHealth Group, Inc.	388,129	409,249
5,011	Urban Outfitters, Inc.	166,365	217,964
491	Veeva Systems, Inc. CL A	43,856	44,367
5,900	Verisign, Inc.	874,911	792,434
8,732	Verisk Analytics, Inc.	952,137	962,469
15,200	VF Corp.	1,084,368	1,301,627
13,396	Visa, Inc. CL A	1,767,468	1,333,692
1,900	Wabtec Corp.	133,475	162,305
271	Watsco, Inc.	37,707	46,875
3,508	Wayfair, Inc.	316,001	399,803
2,576	WellCare Health Plans, Inc.	608,168	521,867
273	West Pharmaceutical Services, Inc.	26,762	28,763
3,443	Wex, Inc.	482,227	600,203
1,562	Worldpay, Inc.	119,384	128,259
1,492	Yum! Brands, Inc.	137,145	135,159
7,531	Zendesk, Inc.	439,584	464,974
13,600	Zoetis, Inc.	1,163,344	1,138,659
	<u>TOTALS - JANUS INTECH INSTITUTIONAL ASSET MANAGEMENT</u>	\$ 85,800,933	\$ 80,177,223
	<u>LSV Asset Management</u>		
4,100	Abbott Laboratories	\$ 296,553	\$ 269,460
3,500	AbbVie, Inc.	322,665	237,829
2,100	Acuity Brands, Inc.	241,395	262,807
11,300	Aflac, Inc.	514,828	256,981
3,000	Agco Corp.	167,010	146,659
3,400	Alaska Air Group, Inc.	206,890	217,581
4,900	Allstate Corp.	404,887	299,440
10,300	Ally Financial, Inc.	233,398	249,876
4,000	American Airlines, Inc.	128,440	193,308
3,700	American International Group, Inc.	145,817	185,420
2,100	Ameriprise Financial, Inc.	219,177	46,434
2,700	Amgen, Inc.	525,609	393,477
29,800	Annaly Capital Management, Inc.	292,636	428,517
1,600	Apple, Inc.	252,384	154,821
5,400	Applied Materials, Inc.	176,796	307,313
49,772	AT&T, Inc.	1,420,493	1,820,482
1,600	Autoliv, Inc.	112,368	64,276
10,300	Bank New York Mellon Corp.	484,821	481,589
61,300	Bank Of America Corp.	1,510,432	1,594,679
9,900	Berkshire Hathaway, Inc.	2,021,382	881,685
7,200	Best Buy, Inc.	381,312	264,149
3,500	Big Lots, Inc.	101,220	81,884
5,900	Borg-Warner, Inc.	204,966	307,039
6,500	Bristol-Myers Squibb Co.	337,870	375,376
14,800	Brixmor Property Group, Inc.	217,412	262,876
4,800	Capital One Financial Corp.	362,832	256,643
3,100	Cardinal Health, Inc.	138,260	223,334
1,600	Caterpillar, Inc.	203,312	243,963
3,100	Celanese Corp.	278,907	310,605
3,500	Celgene Corp.	224,315	315,074
	<u>Forward</u>	\$ 12,128,387	\$ 11,133,577

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 6 of 16

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management</u> (Continued)		
	<u>Forwarded</u>	\$ 12,128,387	\$ 11,133,577
12,200	Chevron Corp.	1,327,238	607,930
1,777	Cigna Corp.	337,454	464,893
32,600	Cisco Systems, Inc.	1,412,558	530,467
4,100	CIT Group, Inc.	156,907	178,882
20,300	Citigroup, Inc.	1,056,818	2,531,892
11,400	Citizens Financial Group, Inc.	338,922	405,788
9,700	Comcast Corp.	330,285	381,088
11,200	CohocoPhillips	698,320	710,283
13,400	Corning, Inc.	404,814	215,665
2,500	Cummins Engine, Inc.	334,100	298,023
2,094	CVS Health Corp.	137,199	169,017
9,500	Delta Air Lines, Inc.	474,050	442,023
30,100	DiamondRock Hospitality Co.	273,308	324,388
6,100	Discover Financial Services	359,778	197,418
4,200	Dointar Corp.	147,546	162,090
3,000	DowDuPont, Inc.	160,440	140,242
2,900	DXC Technology Co.	154,193	209,194
4,100	Eastman Chemical Co.	299,751	290,278
4,300	Eaton Corp. plc	295,238	324,537
7,900	eBay, Inc.	221,753	265,526
3,600	Edison International	204,372	185,735
5,200	Entergy Corp.	447,564	386,529
900	Everest RE Group Ltd.	195,984	100,915
14,800	Exelon Corp.	667,480	548,917
23,900	Exxon Mobil Corp.	1,629,741	2,043,166
1,300	FedEx Corp.	209,729	113,156
8,900	Fifth Third Bancorp.	209,417	127,559
10,600	FirstEnergy Corp.	398,030	323,052
54,700	Ford Motor Co.	418,455	764,016
6,800	Fortune Brands Home & Security, Inc.	258,332	322,205
4,600	GameStop Corp.	58,052	100,480
9,300	Gannett Co., Inc.	79,329	75,031
17,600	General Electric Co.	133,232	537,300
16,200	General Motors Co.	541,890	523,624
6,000	Gilead Sciences, Inc.	375,300	443,208
3,300	Goldman Sachs Group, Inc.	551,265	706,490
7,800	Goodyear Tire & Rubber Co.	159,198	207,026
5,200	Hartford Financial Services Group, Inc.	231,140	322,392
3,100	HCA Holdings, Inc.	385,795	250,588
30,300	Hewlett-Packard Co.	400,263	409,724
3,800	HollyFrontier Corp.	194,256	254,577
7,800	Hospitality Properties Trust	186,264	271,326
16,400	Host Hotels & Resorts, Inc.	273,388	316,351
20,500	HP, Inc.	419,430	356,735
12,400	Huntsman Corp.	239,196	146,941
1,400	Ingredion, Inc.	127,960	51,844
32,900	Intel Corp.	1,543,997	783,746
4,100	International Business Machines Corp.	466,047	655,063
3,600	International Paper Co.	145,296	171,813
3,100	J.M. Smucker Co.	289,819	367,273
10,900	Johnson & Johnson	1,406,645	847,544
9,200	Johnson Controls International plc	272,780	341,258
20,700	JPMorgan Chase & Co.	2,020,734	737,953
	<u>Forward</u>	\$ 36,189,439	\$ 33,756,738

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500

SCHEDULE 1
Page 7 of 16

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management</u> (Continued)		
	<u>Forwarded</u>	\$ 36,189,439	\$ 33,756,738
11,600	Juniper Networks, Inc.	312,156	340,308
13,900	KeyCorp.	205,442	122,581
4,800	Kohls Corp.	318,432	232,830
16,500	Kroger Co.	453,750	475,652
2,000	Lam Research Corp.	272,340	213,107
1,500	Lear Corp.	184,290	63,062
5,300	Lincoln National Corp.	271,943	366,589
1,412	LSC Communications, Inc.	9,884	110,140
4,400	LyondellBasell Industries N.V. CL A	365,904	223,896
6,200	Macy's, Inc.	184,636	186,407
2,300	ManpowerGroup Inc.	149,040	208,947
7,500	Marathon Petroleum Corp.	442,575	315,807
13,566	McDermott International, Inc.	88,721	259,563
1,700	McDonald's Corp.	301,869	287,980
2,500	McKesson Corp.	276,175	347,337
2,900	Medtronic plc	263,784	161,093
14,300	Merck & Co., Inc.	1,092,663	668,463
6,500	MetLife, Inc.	266,890	169,739
16,600	MFA Financial, Inc.	110,888	128,197
5,200	Michael Kors Holdings Ltd.	197,184	247,460
5,000	Micron Technology, Inc.	158,650	267,004
14,900	Morgan Stanley	590,785	565,669
9,100	Murphy Oil Corp.	212,849	257,402
13,900	Navient Corp.	122,459	190,087
9,900	NewField Exploration Co.	145,134	284,258
1,600	Norfolk Southern Corp.	239,264	108,552
42,400	Office Depot, Inc.	109,392	246,720
9,900	Omega Healthcare Investors, Inc.	347,985	249,348
19,800	Oracle Corp.	893,970	851,538
3,800	Owens Corning	167,124	203,834
8,400	Owens-Illinois, Inc.	144,816	222,753
6,600	Paccar, Inc.	377,124	422,529
3,500	Packaging Corporation of America	292,110	316,153
588	Perspecta, Inc.	10,125	9,792
40,500	Pfizer, Inc.	1,767,825	996,901
5,400	PG&E Corp.	128,250	262,241
4,500	Phillip Morris International, Inc.	300,420	463,871
5,400	Phillips 66	465,210	506,780
12,400	Plitney Bowes, Inc.	73,284	182,394
4,400	PNC Financial Services Group, Inc.	514,404	233,834
9,300	Procter & Gamble Co.	854,856	655,030
4,300	Prudential Financial, Inc.	350,665	210,560
4,000	Public Service Enterprise Group, Inc.	208,200	170,141
4,700	Qualcomm, Inc.	267,477	282,529
26,300	Regions Financial Corp.	351,894	256,981
3,000	Royal Caribbean Cruises Ltd.	293,370	337,190
5,600	Seagate Technology plc	216,104	135,812
11,400	Señor Housing Properties Trust	133,608	214,438
2,000	Snap-On, Inc.	290,580	296,833
4,700	Southwest Airlines	218,456	88,891
3,100	Spirit AeroSystems Holdings, Inc.	223,479	186,550
3,900	State Street Corp.	245,973	142,152
6,500	SunTrust Banks, Inc.	327,860	391,312
	<u>Forward</u>	\$ 53,001,707	\$ 49,075,975

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500.

SCHEDULE 1
Page 8 of 16

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018.

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 53,001,707	\$ 49,075,975
745	Synnex Corp.	60,226	65,975
9,700	Target Corp.	641,073	614,623
1,700	Tech Data Corp.	139,077	84,534
9,400	Tenga, Inc.	102,178	52,069
5,300	Textron, Inc.	243,747	353,614
1,800	The Children's Place, Inc.	162,162	210,943
1,100	Thermo Fisher Scientific, Inc.	246,169	262,930
6,000	Toll Brothers, Inc.	197,580	248,323
4,300	Tyson Foods, Inc. CL A	229,620	267,497
4,400	U.S. Bancorp	452,142	327,728
5,400	United Continental Holdings, Inc.	202,312	181,762
1,900	United Technologies Corp.	205,660	131,583
7,000	Unum Group	201,080	184,039
5,600	Valero Energy Corp.	419,832	112,942
25,600	Vereit, Inc.	183,040	218,988
29,300	Verizon Communications, Inc.	1,647,246	1,506,348
6,300	Viacom, Inc.	161,910	278,076
8,700	Walgreens Boots Alliance	594,471	614,346
3,500	Wal-Mart Stores, Inc.	326,025	244,070
1,700	Walt Disney Co.	186,405	171,241
21,600	Wells Fargo & Co.	995,328	830,762
3,100	Western Digital Corp.	114,607	105,025
7,700	WestRock Corp.	290,752	370,010
2,000	Whirlpool Corp.	213,740	168,672
4,900	Williams-Sonoma, Inc.	247,205	243,588
9,900	Xenia Hotels & Resorts, Inc.	170,280	195,693
6,475	Xerox Corp.	127,946	264,265
5,600	Zions Bancorp	228,144	320,628
	<u>TOTALS - LSV ASSET MANAGEMENT</u>	<u>\$ 61,991,664</u>	<u>\$ 57,706,249</u>
	<u>Loomis Sayles & Company, LP</u>		
32,822	Alabama Group Holdings ADR	\$ 4,498,912	\$ 2,540,251
2,556	Alphabet, Inc., CL A	2,670,918	1,199,286
2,563	Alphabet, Inc., CL C	2,654,268	1,389,979
3,852	Amazon.com, Inc.	5,785,588	1,425,552
10,667	American Express Co.	1,016,778	798,917
9,052	Amgen, Inc.	1,762,153	1,417,931
28,126	Autodesk, Inc.	3,617,285	1,647,559
6,565	Automatic Data Processing, Inc.	860,803	557,560
34,664	Cerner Corp.	1,817,780	2,014,797
60,716	Cisco Systems, Inc.	2,630,824	1,658,227
52,367	Coca-Cola Co.	2,479,577	2,114,816
28,632	Colgate-Palmolive Co.	1,704,177	2,040,969
178,491	Danone ADR	2,495,304	2,428,785
16,953	Deere & Co.	2,528,879	1,424,960
39,440	Expeditors International of Washington, Inc.	2,685,470	1,886,017
33,791	Facebook, Inc.	4,429,662	1,853,474
7,857	Faciset Research Systems, Inc.	1,572,421	1,252,480
15,509	Merck & Co., Inc.	1,185,043	879,970
30,018	Microsoft Corp.	3,048,928	1,218,031
58,800	Monster Beverage Corp.	2,894,136	2,054,855
	<u>Forward</u>	<u>\$ 52,338,906</u>	<u>\$ 31,804,416</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500

SCHEDULE 1
Page 9 of 16

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Loomis Sayles & Company, LP</u> (Continued)		
	<u>Forwarded</u>	\$ 52,338,906	\$ 31,804,416
19,236	Novartis AG ADR	1,650,641	1,919,016
56,302	Novo Nordisk A/S ADR	2,593,833	2,854,339
96,817	Oracle Corp.	4,371,288	4,225,705
29,019	Procter & Gamble Co.	2,667,427	2,326,146
44,458	Qualcomm, Inc.	2,530,105	2,922,740
8,285	Regeneron Pharmaceuticals, Inc.	3,094,448	3,154,459
40,174	Schlumberger Ltd.	1,449,478	3,039,033
40,906	SEI Investments Co.	1,889,857	1,798,494
43,641	Starbucks Corp.	2,810,480	2,496,443
8,839	United Parcel Services, Inc.	862,068	854,525
14,295	Varian Medical Systems, Inc.	1,619,766	1,161,854
42,713	Visa, Inc. CL A	5,635,553	1,733,688
31,975	Yum China Holdings, Inc.	1,768,081	1,035,705
19,235	Yum! Brands, Inc.	1,072,122	782,067
	<u>TOTALS - LOOMIS SAYLES & COMPANY, LP</u>	<u>\$ 86,354,053</u>	<u>\$ 62,108,630</u>
	<u>Systematic Financial Management</u>		
3,030	Advance Auto Parts, Inc.	\$ 477,104	\$ 520,357
19,460	Agilent Technologies, Inc.	1,312,772	1,299,119
8,815	Akamai Technologies	538,420	710,860
19,890	Alcoa Corp.	528,676	815,227
9,050	Alexion Pharmaceuticals, Inc.	881,108	1,152,241
15,625	Aptiv plc	962,031	1,370,596
29,285	Athene Holding Ltd. CL A	1,166,421	1,508,821
1,005	Autozone, Inc.	842,532	783,492
64,680	Bj's Wholesale Club Holdings, Inc.	1,433,309	1,716,984
11,160	Brunswick Corp.	518,382	755,242
17,580	Cadence Bancorp	294,992	510,327
18,132	CBRE Group, Inc.	726,005	537,488
57,965	CenturyLink, Inc.	878,170	1,186,650
14,545	Ciena Corp.	493,221	452,632
57,940	Citizens Financial Group, Inc.	1,722,556	2,099,459
19,420	CNA Financial Corp.	857,393	1,034,626
87,390	CNH Industrial NV	804,862	1,132,895
14,495	Comerica, Inc.	995,661	1,192,125
40,545	Commercial Metals Co.	649,531	1,003,629
21,155	Converse Technology, Inc.	895,068	905,129
28,645	Coming, Inc.	865,365	961,003
53,560	Cushman & Wakefield plc	775,013	921,934
6,135	Darden Restaurants, Inc.	612,641	620,712
17,435	Delek Us Holdings, Inc.	566,812	916,816
5,817	Diamondback Energy, Inc.	539,236	501,348
33,415	Dick's Sporting Goods, Inc.	1,042,548	1,230,074
9,021	Digital Realty Trust, Inc.	961,187	962,831
23,245	Edison International	1,319,819	1,467,722
8,870	Emcor Group, Inc.	529,450	681,473
7,600	Encompass Health Corp.	468,920	355,171
27,325	Entergy Corp.	2,351,863	2,207,221
13,045	Exelon Corp.	588,330	456,980
27,805	First Data Corp.	470,182	593,433
10,095	FMC Corp	746,626	893,079
	<u>Forward</u>	<u>\$ 28,816,006</u>	<u>\$ 33,457,696</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

No. of Shares	<u>Common Stocks (Continued)</u>	Fair Value	Carry Value
	<u>Systematic Financial Management (Continued)</u>		
	<u>Forwarded</u>	\$ 28,816,006	\$ 33,457,696
34,775	Gaming and Leisure Properties, Inc.	1,123,580	1,221,759
20,100	Hartford Financial Services Group, Inc.	893,445	1,071,145
39,775	Host Hotels & Resorts, Inc.	663,049	751,307
2,185	Humana, Inc.	625,959	557,401
24,535	Huntsman Corp.	473,280	559,146
14,505	II-VI, Inc.	470,832	593,362
8,030	Ingersoll-Rand Co. Ltd. plc	732,577	733,393
8,450	Jazz Pharmaceuticals plc	1,047,462	1,306,155
62,025	KBR, Inc.	941,539	1,090,171
14,505	Kemet Corp.	254,418	292,191
40,420	KeyCorp.	597,408	503,477
46,955	Kinder Morgan, Inc.	722,168	823,203
33,730	Knight-Swift Transportation Holdings, Inc.	845,611	1,528,104
9,760	Kroger Co.	268,400	284,567
5,820	L3 Technologies, Inc.	1,010,701	1,142,659
9,385	Lazard Ltd., CL A	346,400	388,187
14,330	Liberty Media Formula One Series A	439,931	491,998
35,275	Liberty Property Trust	1,477,317	1,446,354
18,055	Lincoln National Corp.	926,402	1,264,223
16,890	Livent Corp.	233,082	274,758
66,775	Marathon Oil Corp.	957,553	1,412,998
22,195	Medical Properties Trust, Inc.	356,896	299,210
19,190	Michael Kors Holdings Ltd.	727,685	1,203,704
8,930	Motorola Solutions, Inc.	958,283	1,019,862
72,400	Nomad Foods Ltd.	1,210,528	1,115,605
12,975	NRG Energy, Inc.	513,810	542,030
35,575	Old Republic International Corp.	731,778	756,246
14,625	Oshkosh Corp.	896,859	977,158
50,165	Piedmont Office Realty Trust	854,812	1,086,542
1,465	Post Properties, Inc.	130,575	113,709
366,985	Precision Drilling	638,554	2,062,610
10,750	Public Service Enterprise Group, Inc.	559,538	483,160
28,615	Qiagen NV	985,787	1,004,055
5,010	Ralph Lauren Corp.	518,335	468,442
8,820	Royal Caribbean Cruises Ltd.	862,508	1,054,119
5,810	SL Green Realty Corp.	459,455	677,599
12,775	Stifel Financial Corp.	529,140	825,722
13,345	Synopsys, Inc.	1,124,183	1,176,368
12,930	Telephone and Data Systems, Inc.	420,742	452,601
16,400	The Mosaic Co.	479,044	455,252
21,415	Timken Co.	799,208	994,167
34,030	Trinity Industries, Inc.	700,678	858,060
11,940	United Continental Holdings, Inc.	999,736	986,867
16,935	WestRock Co.	639,466	971,222
14,275	Williams Companies, Inc.	314,764	359,013
5,645	Willis Towers Watson Pub Ltd.	857,250	874,166
54,375	WPX Energy, Inc.	617,156	643,770
4,990	Zebra Technologies Corp. CL A	794,558	740,260
	TOTALS - SYSTEMATIC FINANCIAL MANAGEMENT	\$ 62,548,248	\$ 73,395,773

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500

SCHEDULE 1
Page 11 of 16

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>TimesSquare Capital Management, LLC</u>		
11,300	Aercap Holdings Ltd.	\$ 447,480	\$ 520,700
12,800	Agilent Technologies, Inc.	863,488	815,924
45,500	Altice Usa, Inc.	751,660	913,482
17,600	Amdocs Ltd.	1,031,008	694,032
12,500	Ametek, Inc.	846,250	494,316
9,600	Amphenol Corp. CL A	777,792	574,571
38,400	Apollo Global Management LLC, CL A	942,336	967,859
20,300	Assured Guaranty Ltd.	777,084	556,348
6,300	Atlassian Corp. plc CL A	560,574	291,914
4,700	Bio-Rad Laboratories, Inc. CL A	1,091,434	970,628
33,300	Booz Allen Hamilton Holding Co.	1,500,831	999,241
16,300	Brunswick Corp.	757,135	913,647
5,300	Burlington Stores, Inc.	862,151	844,682
26,600	BWX Technologies, Inc.	1,016,918	1,359,153
33,800	CBRE Group, Inc.	1,353,352	1,151,941
11,850	Centene Corp.	1,366,305	1,178,412
7,750	Charles River Laboratories	877,145	828,903
4,900	Cintas Corp.	823,151	842,235
8,100	Concho Resources, Inc.	832,599	1,019,792
14,200	Copart, Inc.	678,476	463,396
3,000	CoStar Group, Inc.	1,012,020	741,769
23,300	DaVita, Inc.	1,199,018	1,318,993
6,100	Dexcom, Inc.	730,780	820,148
16,900	Dolby Laboratories Inc. CL A	1,045,096	875,252
3,450	Domino's Pizza, Inc.	855,565	595,854
5,200	Ecolab, Inc.	766,220	421,807
2,900	Elastic	207,292	181,441
31,200	Entegris, Inc.	870,324	1,060,674
7,300	Fidelity National Information Services	748,615	525,276
6,275	Fleetcor Technologies Inc	1,165,393	1,033,116
11,600	Gartner, Inc.	1,482,944	852,823
23,600	Global Payments, Inc.	2,433,868	1,543,486
7,300	Grubhub, Inc.	560,713	792,654
11,600	Henry Schein, Inc.	910,832	882,967
8,800	Herbalife Nutrition Ltd.	518,780	504,087
16,300	Hexcel Corp.	934,842	849,631
3,800	IAC	695,552	757,413
8,100	International Flavors & Fragrances, Inc.	1,087,587	1,107,291
27,600	International Game Technology plc	403,788	546,871
6,500	J.B. Hunt Transport Services, Inc.	604,760	602,979
5,200	L3 Technologies, Inc.	903,032	704,657
5,500	Lam Research Corp.	748,935	802,033
10,200	Lamb Weston Holdings, Inc.	750,312	722,526
5,600	Martin Marietta Materials, Inc.	962,472	1,034,426
64,200	Marvell Technology Group Ltd.	1,039,398	1,132,251
4,000	McCormick & Co.	556,960	404,669
5,900	Monolithic Power Systems, Inc.	685,875	710,270
7,200	Neurocrine Biosciences, Inc.	514,152	465,910
5,800	Nordson Corp.	692,230	688,933
4,250	O'Reilly Automotive, Inc.	1,463,403	922,303
30,700	Pivotal Software, Inc.	501,945	678,133
5,400	Pool Corp.	802,710	414,082
39,400	Progressive Corp.	2,377,002	1,678,255
7,700	PTC, Inc.	638,330	747,879
1,900	Red Hat, Inc.	333,716	211,468
	<u>Forward</u>	\$ 49,361,410	\$ 43,733,503

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 12 of 16

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>TimesSquare Capital Management, LLC</u> (Continued)		
	<u>Forwarded</u>	\$ 49,361,410	\$ 43,733,503
8,700	Renaissance Re Holdings Ltd.	1,163,190	928,770
10,300	Ryanair Holdings plc ADR	734,802	823,057
7,450	Sarepta Therapeutics, Inc.	813,019	980,159
10,900	SBA Communications Corp.	1,764,601	841,633
4,800	SVB Financial Group	911,616	1,123,812
5,500	Tableau Software, Inc.	660,000	590,597
20,700	TD Ameritrade Holding Corp.	1,013,472	966,878
7,000	The Hershey Co.	750,260	725,073
12,000	Total System Services, Inc.	975,480	1,144,486
2,200	TransDigm Group, Inc.	748,132	524,732
18,900	TransUnion	1,073,520	943,671
2,600	Ultá Salon, Cosmetics & Fragrance, Inc.	636,584	610,116
2,900	Ultimate Software Group, Inc.	710,123	818,073
9,300	Verisk Analytics, Inc.	1,014,072	736,008
5,575	Vertex Pharmaceuticals, Inc.	923,833	749,523
6,500	Wabco Holdings, Inc.	697,710	639,063
18,800	Waste Connections, Inc.	1,395,900	1,146,209
4,825	WellCare Health Plans, Inc.	1,139,134	1,193,723
8,700	Worldpay, Inc.	664,941	501,388
11,500	Zendesk, Inc.	671,255	632,621
	<u>TOTALS - TIMESSQUARE CAPITAL MANAGEMENT, LLC</u>	<u>\$ 67,823,054</u>	<u>\$ 60,353,075</u>
	<u>WEDGE Capital Management, LLP</u>		
1,235	3M Co.	\$ 235,317	\$ 163,165
4,496	Agco Corp.	250,292	245,565
775	Air Products & Chemicals, Inc.	124,039	93,025
3,758	Alaska Air Group, Inc.	228,674	258,653
4,283	Allergan plc	572,466	633,882
20,552	Ally Financial, Inc.	465,708	610,660
3,225	Ameren Corp.	210,367	124,023
2,873	American Electric Power, Inc.	214,728	227,892
12,335	American International Group, Inc.	486,122	685,032
4,243	Ameriprise Financial, Inc.	442,842	309,240
7,372	AmerisourceBergen Corp.	548,477	734,424
3,368	Amgen, Inc.	655,649	553,273
9,269	Amphenol Corp. CL A	750,974	773,606
5,222	Ansys, Inc.	746,433	879,319
2,240	Anthem, Inc.	588,291	296,184
4,452	Apple, Inc.	702,258	895,929
4,029	Aptiv plc	248,066	251,624
2,628	Archer Daniels Midland Co.	107,669	102,443
3,157	Autoliv, Inc.	221,716	244,578
791	Autozone, Inc.	663,127	691,277
2,567	Ball Corp.	118,031	67,025
21,042	Bank Of America Corp.	518,475	367,363
11,028	Best Buy, Inc.	584,043	632,922
2,000	Biogen, Inc.	601,840	487,886
2,395	Boeing Co.	772,368	880,339
8,000	BP plc ADR	303,360	352,356
4,341	Burlington Stores, Inc.	706,150	509,075
18,374	Cadence Design Systems, Inc.	798,902	837,317
	<u>Forward</u>	<u>\$ 12,866,404</u>	<u>\$ 12,908,077</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 13 of 16

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>WEDGE Capital Management, LLP</u> (Continued)		
	<u>Forwarded</u>	\$ 12,866,404	\$ 12,908,077
2,586	Carlise Corp.	259,945	256,797
1,288	Celanese Corp.	115,881	75,495
8,843	Celgene Corp.	566,748	696,434
3,138	Chevron Corp.	341,383	292,180
3,165	Cigna Corp.	601,097	624,562
16,075	Cisco Systems, Inc.	696,530	777,400
8,652	Citigroup, Inc.	450,423	500,615
14,722	Citizens Financial Group, Inc.	437,685	560,456
7,116	Citrix Systems, Inc.	729,105	770,429
6,856	Comerica, Inc.	470,939	476,271
5,140	ConocoPhillips	320,479	277,083
24,105	Corning, Inc.	728,212	854,772
2,604	Crown Holdings, Inc.	108,248	122,368
1,981	Cummins Engine, Inc.	264,741	219,246
6,139	Danaher Corp.	633,054	518,579
9,803	DaVita, Inc.	504,462	656,619
5,527	Deckers Outdoor Corp.	707,180	734,246
4,504	Delta Air Lines, Inc.	224,750	214,345
7,685	Discover Financial Services	453,261	295,008
25,447	Discovery Communications, Inc.	587,317	707,579
6,360	Dollar General Corp.	687,389	623,106
3,303	Dover Corp.	234,348	214,632
1,633	Eastman Chemical Co.	119,389	107,329
3,932	Edison International	223,220	221,475
4,101	Emerson Electric Co.	245,035	213,830
2,564	Entergy Corp.	220,683	185,114
3,272	Eversource Energy	212,811	193,909
4,824	Exelon Corp.	217,562	171,668
4,457	Exxon Mobil Corp.	303,923	371,623
4,669	F5 Networks, Inc.	756,518	704,962
5,789	FirstEnergy Corp.	217,377	207,488
9,888	Fiserv, Inc.	726,669	571,036
7,006	Fluor Corp.	225,593	261,289
14,961	Franklin Resources, Inc.	443,743	548,344
10,060	Garmin Ltd.	636,999	659,740
16,204	General Mills, Inc.	630,984	630,067
12,480	Gentex Corp.	252,221	223,846
9,288	Gilead Sciences, Inc.	580,964	716,989
7,611	Global Payments, Inc.	784,922	658,971
2,600	Goldman Sachs Group, Inc.	434,330	417,257
12,360	Hartford Financial Services Group, Inc.	549,402	441,087
14,865	Hologic, Inc.	611,774	532,673
3,878	Home Depot, Inc.	666,318	583,885
6,537	Huntsman Corp.	126,099	158,964
1,341	Ingredion, Inc.	122,567	119,539
16,082	Intel Corp.	754,728	767,063
2,771	International Paper Co.	111,838	108,713
4,057	Jacobs Engineering Group, Inc.	237,172	183,096
4,412	Johnson & Johnson	569,369	450,215
4,933	JPMorgan Chase & Co.	481,559	194,243
12,813	Keysight Technologies, Inc.	795,431	823,007
1,970	Lear Corp.	242,034	234,771
9,100	Lincoln National Corp.	466,921	383,086
	<u>Forward</u>	\$ 35,957,736	\$ 35,401,578

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 14 of 16

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>WEDGE Capital Management, LLP (Continued)</u>			
	<u>Forwarded</u>	\$ 35,967,736	\$ 35,401,578
2,723	Lockheed Martin Corp.	712,990	947,976
1,431	LyondellBasell Industries N.V. CL A	119,002	129,445
20,707	Marathon Oil Corp.	296,936	312,833
8,580	Masco Corp.	250,879	266,817
5,229	McKesson Corp.	577,648	787,984
8,215	Merck & Co., Inc.	627,708	485,059
13,200	MetLife, Inc.	541,992	551,759
7,124	Microsoft Corp.	723,586	773,774
4,443	Molina Healthcare, Inc.	516,365	387,071
12,772	Morgan Stanley	506,410	471,852
5,995	Motorola Solutions, Inc.	689,665	652,353
10,893	Murphy Oil Corp.	254,787	378,788
12,251	National-Oilwell Varco, Inc.	314,851	410,769
5,578	NRG Energy, Inc.	220,889	108,208
5,606	OGE Energy Corp.	219,699	162,067
1,875	O'Reilly Automotive, Inc.	645,619	579,413
7,421	Owens-Illinois, Inc.	127,938	144,280
1,311	Packaging Corporation of America	109,416	110,833
1,694	Parker Hannifin Corp.	252,643	166,584
11,246	Paychex, Inc.	732,677	786,353
5,824	Paycom Software, Inc.	713,149	772,982
15,098	Pfizer, Inc.	659,028	560,312
5,488	PG&E Corp.	130,340	235,688
4,581	Portland General Electric Co.	210,039	221,824
11,063	Principal Financial Group, Inc.	488,653	470,423
5,980	Prudential Financial, Inc.	487,669	406,035
4,095	Public Service Enterprise Group, Inc.	213,145	160,046
13,621	Qualcomm, Inc.	775,171	986,334
34,500	Regions Financial Corp.	461,610	294,699
1,602	Reliance Steel & Aluminum Co.	114,014	96,782
10,968	Robert Half International, Inc.	627,370	836,984
5,638	Royal Dutch Shell plc	328,526	365,445
2,151	RPM International, Inc.	126,436	117,643
3,818	S&P Global, Inc.	648,831	599,210
2,142	Sonoco Products Co.	113,804	111,652
4,863	Southern Co.	213,583	213,356
4,881	Southwest Airlines	226,869	277,439
77,740	Southwestern Energy Co.	265,093	455,907
9,200	SunTrust Banks, Inc.	464,048	277,724
19,221	Synchrony Financial	450,925	620,035
9,877	Target Corp.	652,771	847,733
3,601	T-Mobile US, Inc.	229,060	170,408
6,000	Total S.A. - ADR	313,080	338,728
9,446	Total System Services, Inc.	767,865	802,675
7,227	Tractor Supply Co.	603,021	698,816
39,315	Transocean Ltd.	272,846	501,615
2,812	United Continental Holdings, Inc.	235,449	146,572
2,329	United Rentals, Inc.	238,792	224,272
5,346	United Therapeutics Corp.	582,179	648,432
4,890	Universal Health Services, Inc.	569,978	576,094
15,698	Unum Group	461,207	466,896
18,726	Urban Outfitters, Inc.	621,703	841,060
3,895	Verizon Communications, Inc.	571,933	743,223
	<u>Forward</u>	\$ 58,237,624	\$ 59,082,839

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 88-6016617; PLAN NO. 001
DECEMBER 31, 2018

SCHEDULE 1
Page 15 of 16

No. of Shares	<u>Common Stocks (Continued)</u>	<u>Fair Value</u>	<u>Carry Value</u>
	<u>WEDGE Capital Management, LLP (Continued)</u>		
	<u>Forwarded</u>	\$ 58,237,624	\$ 59,082,839
8,017	VF Corp.	218,977	202,016
2,558	WellCare Health Plans, Inc.	603,918	548,238
37,102	Western Union Co.	632,960	778,374
1,760	Westlake Chemical Corp.	116,459	121,677
	<u>TOTALS - WEDGE CAPITAL MANAGEMENT, LLP</u>	<u>\$ 59,809,938</u>	<u>\$ 60,733,144</u>
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 484,068,174</u>	<u>\$ 438,445,938</u>
	<u>Real Estate and Related Investments</u>		
13,257	AFL-CIO Building Investment Trust	\$ 98,290,732	\$ 42,654,360
32,759	AFL-CIO Housing Investment Trust	35,637,156	36,600,171
8,274	Multi-Employer Property Trust	95,140,652	38,897,995
-	Real Estate Corp. - Benefit Plaza, Inc.	26,616,338	23,186,646
	<u>TOTALS - REAL ESTATE AND RELATED INVESTMENTS</u>	<u>\$ 255,684,878</u>	<u>\$ 141,339,172</u>
	<u>Common Trust and Mutual Funds</u>		
20,442	Dimensional Fund Advisors, Inc. - Small Cap Sub Trust	\$ 54,899,814	\$ 10,076,336
38,260	Intercontinental US Real Estate Investment Fund, LLC	45,228,042	40,000,000
596,653	Invesco Macro Allocation Strategy Trust	57,863,448	56,462,312
17,758	J.P. Morgan Strategic Property Fund	62,109,400	33,384,911
3,895,123	Johnston International Equity Group Trust	94,895,868	60,000,000
6,586,061	Lazard International Strategic Equity Portfolio	84,894,321	80,266,322
3,251,060	Loomis Sayles Multisector Full Discretion Trust	70,710,553	39,501,727
-	Oaktree Senior Loan Fund (Cayman), Ltd.	78,264,397	70,000,000
4,234,872	PIMCO Total Return Institutional	42,052,277	44,480,410
4,847,247	Voya Senior Loan Trust Fund	81,027,405	70,000,000
2,306,357	WA US Core Plus, LLC	47,245,718	29,059,243
	<u>TOTALS - COMMON TRUST AND MUTUAL FUNDS</u>	<u>\$ 719,191,243</u>	<u>\$ 533,241,261</u>
	<u>Limited Liability Company</u>		
-	ABS Capital Opportunities Ltd.	\$ 106,766,700	\$ 100,000,000
	<u>Limited Partnerships</u>		
-	EnTrust So. Nevada Culinary & Bartenders Partners, LP	\$ 234,036,842	\$ 241,995,518
-	GAM US Institutional Trading II, LP	5,119,377	5,104,078
-	GCM Grosvenor Multi-Asset Class Master Fund II, LP	25,053,966	32,856,780
-	Hamilton Lane Capital Opportunities Fund, LP	23,188,677	6,677,674
-	Landmark Equity Partners XII, LP	11,413,242	-
-	McMorgan Infrastructure Fund I, LP	60,489,099	52,523,911
-	Mesirow Financial Private Equity Partnership Fund VI, LP	34,503,962	25,313,008
39,815	PIMCO StocksPlus, LP	77,269,533	60,324,805
-	Siguler Guff Small Buyout Opportunities Fund III, LP	21,246,522	18,539,425
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 492,321,220</u>	<u>\$ 443,335,199</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
 FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 E.I.N. 88-6016617; PLAN NO. 001
 DECEMBER 31, 2018

No. of Shares	<u>Pooled Separate Account</u>	Fair Value	Carry Value
-	Separate Account J of the Union Labor Life Insurance Company	\$ 41,236,116	\$ 39,824,609
Par Value	<u>Short Term Investment Funds</u>		
\$ 297	Interest Bearing Cash	\$ 297	\$ 297
1,483,935	U.S. Treasury Bill	1,483,985	1,483,985
32,397,299	Wells Fargo Bank - BlackRock	32,397,299	32,397,299
	<u>TOTALS - SHORT TERM INVESTMENT FUNDS</u>	<u>\$ 33,881,581</u>	<u>\$ 33,881,581</u>
	<u>TOTALS - ALL INVESTMENTS</u>	<u>\$ 2,133,149,912</u>	<u>\$ 1,730,067,760</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS *
E.I.N. 88-6016617; PLAN NO. 001
JANUARY 1, 2018 TO DECEMBER 31, 2018

<u>Description</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Gain (Loss)</u>
Wells Fargo Bank - BlackRock Short-Term Investment Fund	Purchase	\$ 564,299,477	\$ -	\$ 564,299,477	\$ -
	Sales	-	565,379,019	565,379,019	-

* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or series of transactions during the year that involve more than 5% of the value of the Plan's total assets at the beginning of the year.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 5059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ Round off amounts to nearest dollar.

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

A Name of plan Southern Nevada Culinary and Bartenders Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES	D Employer Identification Number (EIN) 88-6016617

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

1a Enter the valuation date: Month 1 Day 1 Year 2018

b Assets

(1) Current value of assets.....	1b(1)	2,307,805,000
(2) Actuarial value of assets for funding standard account.....	1b(2)	2,235,543,922

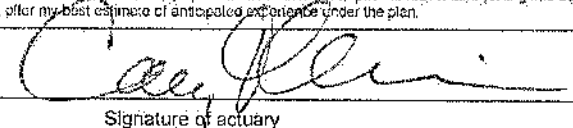
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	2,534,281,495
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	2,534,281,495

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	4,621,562,898
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	151,491,521
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	177,953,303
(3) Expected plan disbursements for the plan year.....	1d(3)	174,807,783

Statement by Enrolled Actuary

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

SIGN HERE	
	Signature of actuary
	Cary Franklin
	Type or print name of actuary
	Horizon Actuarial Services, LLC
	Firm name
	5200 Lankershim Blvd Suite 740 North Hollywood CA 91601
	Address of the firm

<u>9/24/19</u> Date
17-04013
Most recent enrollment number (818) 691-2002
Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2018
v. 171027

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2,307,805,000
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	25,497	1,279,497,045
(2) For terminated vested participants	23,467	981,915,187
(3) For active participants:		
(a) Non-vested benefits		41,797,111
(b) Vested benefits		2,318,353,555
(c) Total active	49,771	2,360,150,666
(4) Total	98,735	4,621,562,898
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.94%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	118,029,000				
			Totals ▶	3(b)	3(c)
				118,029,000	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.2%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	<input type="checkbox"/>

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

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

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

3(a) Contributions made throughout the year. No withdrawal liability payments.

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.98 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	11
(2) Females.....	6c(2)	11F
d Valuation liability interest rate.....	6d	7.00 %
e Expense loading.....	6e	10.7% <input type="checkbox"/> N/A <input checked="" type="checkbox"/> % <input checked="" type="checkbox"/> N/A
f Salary scale.....	6f	% <input checked="" type="checkbox"/> N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	13.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	30,035,230	3,081,969
3	120,346,364	12,348,957

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	73,972,933
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	1,076,486,936
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	14,560,331
e Total charges. Add lines 9a through 9d.....	9e	222,565,061

Credits to funding standard account:			
f	Prior year credit balance, if any.....	9f	417,648,587
g	Employer contributions. Total from column (b) of line 3.....	9g	118,029,000
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	360,100,756
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	38,804,188
j Full funding limitation (FFL) and credits:			
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	848,339,613
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	2,059,606,554
(3)	FFL credit.....	9j(3)	0
k (1)	Waived funding deficiency.....	9k(1)	0
(2)	Other credits.....	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	661,999,984
m	Credit balance. If line 9l is greater than line 9e, enter the difference.....	9m	439,434,923
n	Funding deficiency. If line 9e is greater than line 9l, enter the difference.....	9n	
9 o Current year's accumulated reconciliation account:			
(1)	Due to waived funding deficiency accumulated prior to the 2018 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Outstanding at 1/1/2018 Period	Balance	Annual Payment
Amendment	1/1/1990	30.00	2.00	\$ 4,563,410	\$ 2,358,865
Amendment	1/1/1991	30.00	3.00	986,553	351,335
Amendment	1/1/1993	30.00	5.00	6,281,814	1,431,846
Amendment	1/1/1994	30.00	6.00	4,686,510	918,889
Amendment	1/1/1997	30.00	9.00	5,163,266	740,647
Amendment	1/1/1998	30.00	10.00	26,425,128	3,516,210
Amendment	1/1/1999	30.00	11.00	54,396,691	6,779,603
Assumption	1/1/1999	30.00	11.00	23,436,716	2,920,979
Amendment	1/1/2000	30.00	12.00	7,709,484	907,140
Amendment	1/1/2003	30.00	15.00	6,317,560	648,257
Exper Loss	1/1/2004	15.00	1.00	5,997,374	5,997,374
Exper Loss	1/1/2005	15.00	2.00	19,479,783	10,069,261
Amendment	1/1/2005	30.00	17.00	20,972,068	2,007,541
Exper Loss	1/1/2006	15.00	3.00	19,222,706	6,845,647
Exper Loss	1/1/2007	15.00	4.00	14,023,814	3,869,367
ENIL (2008)	1/1/2009	29.00	20.00	266,757,946	23,532,769
ENIL (2008)	1/1/2010	28.00	20.00	40,629,464	3,584,237
ENIL (2008)	1/1/2011	27.00	20.00	42,775,726	3,773,575
ENIL (2008)	1/1/2012	26.00	20.00	34,436,957	3,037,948
Assumption	1/1/2012	15.00	9.00	2,316,351	332,270
Exper Loss	1/1/2012	15.00	9.00	51,826,771	7,434,306
ENIL (2008)	1/1/2013	25.00	20.00	34,846,294	3,074,060
ENIL (2008)	1/1/2014	24.00	20.00	88,253,060	7,785,481
Assumption	1/1/2014	15.00	11.00	47,043,522	5,863,157
Exper Loss	1/1/2015	15.00	12.00	14,831,153	1,745,114
Exper Loss	1/1/2016	15.00	13.00	47,312,236	5,290,607
Exper Loss	1/1/2017	15.00	14.00	35,412,965	3,784,386
Exper Loss	1/1/2018	15.00	15.00	30,035,230	3,081,969
Amendment	1/1/2018	15.00	15.00	120,346,364	12,348,957
Total Charges:				\$ 1,076,486,916	\$ 134,031,797

Schedule MB, Lines 9c and 9h (cont.)
Schedule of Funding Standard Account Bases

Exhibit 4.2 - Funding Standard Account Amortization Bases (Cont.)

Credits		[Schedule MB, Line 9h]			
Type	Date Established	Initial Period	Outstanding at 1/1/2018 Period	Balance	Annual Payment
Assumption	1/1/1990	30.00	2.00	\$ 3,208,744	\$ 1,658,626
Assumption	1/1/1994	30.00	6.00	562,302	110,250
Assumption	1/1/1997	30.00	9.00	323,335	46,380
Assumption	1/1/2001	30.00	13.00	1,214,315	135,789
Assumption	1/1/2002	30.00	14.00	1,684,511	180,015
Assumption	1/1/2003	30.00	15.00	1,856,444	190,493
Assumption	1/1/2004	30.00	16.00	2,038,438	201,667
Assumption	1/1/2006	30.00	18.00	1,866,934	173,455
Assumption	1/1/2007	30.00	19.00	31,842,691	2,879,323
Method	1/1/2008	15.00	5.00	20,999,088	4,786,431
Method	1/1/2009	15.00	1.00	37,518,901	37,518,901
Exper Gain	1/1/2009	15.00	6.00	10,825,669	2,122,597
Exper Gain	1/1/2010	15.00	7.00	93,020,603	16,131,096
Exper Gain	1/1/2011	15.00	8.00	67,069,247	10,497,136
Exper Gain	1/1/2013	15.00	10.00	18,857,731	2,509,267
Exper Gain	1/1/2014	15.00	11.00	67,211,803	8,376,783
Total Credits				\$ 360,100,756	\$ 87,518,209
Net Total				\$ 716,386,160	\$ 46,513,588

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method, or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Schedule MB Attachments
Statement by the Enrolled Actuary

Plan Sponsor: Board of Trustees, Southern Nevada Culinary & Bartenders Pension Plan
EIN: 88-6016617
Plan Number: 001
Plan Name: Southern Nevada Culinary & Bartenders Pension Plan
Valuation Date: January 1, 2018
Enrolled Actuary: Cary Franklin
Enrollment Number: 17-04013

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions shown in Line 3 of Schedule MB was entered in reliance on information provided by the plan's auditor.

U:\SNCB\RET\2019\Gov\2018 Schedule MB\Statement by EA.doc

Schedule MB, Line 8b(2)
Schedule of Active Participant Data

Exhibit A.1 - Distribution of Active Participants

Measurement Date: January 1, 2018

[Form 5500 Sch. MB, Line 8b(2)]

Years of Credited Service

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	-	2,318	41	7	-	-	-	-	-	-	2,366
25-29	-	4,053	804	30	-	-	-	-	-	-	4,887
30-34	-	2,947	1,449	661	18	-	-	-	-	-	5,075
35-39	-	2,119	1,593	1,276	447	17	-	-	-	-	5,452
40-44	-	1,687	1,396	1,599	1,005	277	16	-	-	-	5,980
45-49	-	1,356	1,331	1,903	1,519	802	304	15	-	-	7,230
50-54	-	1,068	1,195	1,866	1,811	1,173	602	169	17	-	7,901
55-59	-	711	928	1,548	1,534	1,073	645	306	198	21	6,964
60-64	-	414	469	735	741	452	300	142	108	58	3,419
65-69	-	126	94	94	60	16	10	6	4	3	413
70+	-	37	20	12	4	7	1	1	1	1	84
Total	-	16,836	9,320	9,731	7,139	5,817	1,878	639	328	83	49,771

Males	23,851
Females	25,920
Total	49,771

Average Age	44.52
Average Credited Service	10.58
Number Fully Vested	35,925
Number Nonvested	13,846

Notes

- An active participant is a participant who has at least one year of Credited Service, and who worked at least 300 hours in the Plan Year before the valuation date.

**Southern Nevada Culinary and
Bartenders Pension Plan**

2018 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 88-6016617
PN: 001

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2018	\$167,672,707
2019	\$166,166,695
2020	\$173,193,845
2021	\$179,596,777
2022	\$188,226,034
2023	\$193,664,450
2024	\$200,426,509
2025	\$206,672,836
2026	\$209,812,474
2027	\$213,275,646

Schedule MB, Line 11

Justification for Change in Actuarial Assumptions

The following changes in actuarial assumptions were made as of January 1, 2018:

- **Operating Expenses** – Annual expenses are assumed to be \$7,400,000. (Prior year valuation assumed \$7,000,000).
- **Contribution Income** – It is assumed that 95,300,000 hours are worked each year at a contribution rate of \$1.205 per hour. (Prior year valuation assumed 96,400,000 hours at a rate of \$1.14 per hour through May 2017 and \$1.205 per hour thereafter.)

The changes in the actuarial assumptions described above were made to better reflect anticipated Plan experience.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Plan Name Southern Nevada Culinary and Bartenders Pension Plan

Plan Sponsor Board of Trustees

EIN / PN 88-6016617 / 001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates 7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities

This interest rate assumptions, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2018 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 2.98% per annum as of January 1, 2018

Retirement Age Active participants: Retirement rates for those who have met the applicable eligibility requirements are show in the table below (weighted average retirement age: 62.9):

Age	Percent Retiring
62	65.0%
63	40.0%
64	40.0%
65	45.0%
66-69	35.0%
70+	100.0%

Inactive vested participants: 100% are assumed to retire at age 62 (or current age, if older).

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

Operating Expenses Expenses are assumed to be \$7,400,000, payable monthly, added to the Plan's normal cost. Investment counseling and investment management fees are not included in assumed operating expenses. (Expenses were assumed to be \$7,000,000 for the January 1, 2017 valuation.) This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.

Hours Worked For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date.

Contribution Income 95,300,000 hours are assumed to be worked during 2018 at a contribution rate of \$1.205 per hour. (Prior year valuation assumed 96,400,000 hours at a rate of \$1.14 per hour through May 2017 and \$1.205 per hour thereafter.)

Active Participant For valuation purposes, an active participant is a participant who has at least one year of Credited Service, and who worked at least 300 hours in the Plan Year ended December 31, 2017, and had not retired as of January 1, 2018.

Non-Disabled Mortality RP-2000 Blue Collar healthy mortality (separate male and female tables). No future improvement in mortality rates beyond any included in the published table.

The non-disabled mortality assumption was chosen based on a review of standard mortality tables, and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the PPA were used.

Disabled Mortality PBGC Mortality Tables (separate male and female tables) for disabled lives receiving Social Security benefits with no future improvement in mortality rates beyond any included in the published table.

The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the PPA were used.

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Males and Females
20	0.015%
25	0.023%
30	0.028%
35	0.038%
40	0.055%
45	0.090%
50	0.153%
55	0.253%
60	0.408%

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Males and Females
20	20.00%
25	16.00%
30	13.00%
35	10.00%
40	8.00%
45	8.00%
50	5.00%
55	5.00%
60	5.00%

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

All participants who retire from active service are assumed to elect to receive one-half of their accrued benefit as a single life annuity and one-half in a lump sum at retirement. The lump sum is limited to \$50,000.

75% of inactive vested participants are assumed to receive one-half of their benefit as a lump sum (limited to \$50,000) at age 62 and 25% are assumed to receive their benefit as a single life annuity at age 62.

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

Marriage 50% of non-retired participants are assumed to be married.

Spouse Ages Spouse of a male participant is 4 years younger than the participant; spouse of a female participant is 4 years older than the participant.

Inactive Vested Participants It is assumed that inactive vested participants who have not applied for pension benefits by age 70 will not do so.

Lump Sum Conversion PPA Unisex Combined Mortality Table for 2017 and 6.25% interest.

Cost Method Costs and liabilities for all Plan benefits were determined based on the Unit Credit Cost Method. The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all Plan participants; however, the sum of the individual normal costs is then adjusted by the ratio of the assumed contributory hours for the coming year to the total actual contributory hours for the prior year.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the assumed investment return) during each of the last five years at the rate of 20% per year. The investment loss for the 2008 Plan year is recognized over ten years (instead of five years) in accordance with the provisions of the PRA, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

***Pension Relief Act
of 2010***

The following special rules were elected by the Trustees under the PRA:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the Plan Year ending December 31, 2008 are amortized in the funding standard account over a period ending December 31, 2037.
- Special asset valuation rule:
- Expanded Smoothing: Eligible net investment losses incurred during the Plan Year ending December 31, 2008 are smoothed in the actuarial value of assets over a period of ten years.

The special rules apply retroactively to the Plan Year beginning January 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used.

Participant Data

Actuarial valuation was prepared based on data files for active, retired, and inactive vested participants furnished by Zenith American Solutions.

***Missing or Incomplete
Participant Data***

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information

Financial information was obtained from the audited financial statements filed with the 2017 Form 5500.

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

- **Operating Expenses** – Annual expenses are assumed to be \$7,400,000. (Prior year valuation assumed \$7,000,000).
 - **Contribution Income** – It is assumed that 95,300,000 hours are worked each year at a contribution rate of \$1.205 per hour. (Prior year valuation assumed 96,400,000 hours at a rate of \$1.14 per hour through May 2017 and \$1.205 per hour thereafter.)
-

Justification for Changes in Assumptions and Methods

The changes in the actuarial assumption described above were made to better reflect anticipated Plan experience.

Schedule MB, Line 6
Summary of Plan Provisions

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name Southern Nevada Culinary and Bartenders Pension Plan

Plan Sponsor Board of Trustees

EIN / PN 88-6016617 / 001

Effective Date and Most Recent Amendment The original effective date of the Plan is January 1, 1971.
 The most recent amendment to the Plan is effective February 27, 2017.

Plan Year The twelve-month period beginning January 1 and ending December 31.

Employers A participating Employer is any employer or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or regulations adopted by the Board of Trustees.

Participants All Employees in Covered Employment participate in the Plan immediately upon entering into Covered Employment.

Pension Credit A participant receives Past Service Credit for covered employment between January 1, 1964 and January 1, 1971 provided he worked at least 350 hours in 1971 or 350 hours in 1972. Future Service Credits are determined under the following schedule:

Hours Worked in a Plan Year 1971-75	Future Service Credit	Hours of Employment in a Plan Year 1976 and Later	Future Service Credit
1400 & over	1.00	1000 & over	1.00
1050-1399	.75	900-999	.90
700-1049	.50	800-899	.80
350-699	.25	700-799	.70
Under 350	None	600-699	.60
		500-599	.50
		400-499	.40
		300-399	.30
		Under 300	None



Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

Normal Retirement Age A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation excluding participation before January 1, 1988 (or the tenth anniversary including participation before January 1, 1988).

Break-In-Service Completion of less than 300 hours of service in a Plan Year.

Note: For non-vested benefits, cancellation of Pension Credit occurs after the greater of (i) five consecutive Break-in-Service years or (ii) the number of aggregate Plan Years for which the employee has received Past or Future Service Credit.

Regular Pension – Eligibility Age 62 with at least 5 years of Pension Credit, or age 65 and the tenth anniversary of participation without a Break-in-Service.

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

**Regular Pension –
Amount of Benefit**

The monthly amount of the Regular Pension for Pension Credits earned on and after January 1, 2016 is determined in accordance with the following schedule:

Hours Worked in Plan Year	Monthly Accumulated Benefit	Hours Worked in Plan Year	Monthly Accumulated Benefit
2000 or more	\$37.83	1000-1099	\$18.92
1900-1999	35.94	900-999	17.03
1800-1899	34.05	800-899	15.14
1700-1799	32.16	700-799	13.25
1600-1699	30.27	600-699	11.36
1500-1599	28.38	500-599	9.46
1400-1499	26.49	400-499	7.57
1300-1399	24.60	300-399	5.68
1200-1299	22.71	Under 300	None
1100-1199	20.82		

For participants who worked at least 300 hours in 2016 and were not retired as of January 1, 2016, the schedule above also applies to Pension Credits earned between January 1, 1976 and December 31, 2015. Other benefit schedules apply to pre-2016 service for participants who did not work at least 300 hours in 2016.

In addition, the amount of Regular Pension includes \$11.00 for each year of Pension Credit accumulated prior to January 1, 1976.

Pensioners are entitled to a pension of not less than \$175.00 (\$125.00 prior to January 1, 1994) per month even if the scheduled benefit produces a lesser amount. Inactive vested participants are entitled to receive the benefit level in effect at the date of benefit commencement.

**Deferred
Commencement of
Benefits**

In the event that pension benefits commence after the first day of the month following an Employee's eligibility to retire for a Regular Pension, the benefit is increased to reflect the greater of (i) the Actuarial Equivalent of the Regular Pension at the initial eligibility for a Regular Pension, and (ii) the additional benefit accrued during the period of service after the initial eligibility date. The increase in the Employee's benefit is computed at the end of each Plan Year following initial eligibility and again at the Employee's Pension Benefit Starting Date. The actuarial equivalent adjustment increase factor equals 1.0% for each month eligibility precedes the Pension Benefit Starting Date for the first 60 months, and 1.5% for each additional month after 60 months.

**Early Pension –
Eligibility**

Age 55 with at least 5 years of Pension Credit.

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

**Early Pension –
Amount of Benefit**

The calculated Regular Pension reduced by $\frac{3}{4}$ of one percent for each month the retiring employee is under age 62 but not under age 60, and $\frac{1}{2}$ of one percent for each month under age 60. The \$175.00 (\$125.00 prior to January 1, 1994) minimum pension does not apply to the Early Pension.

**Disability Benefit –
Eligibility**

Totally and permanently disabled with at least 5 years of Pension Credit and worked in covered employment for at least 300 hours during the year of disability and the prior Plan Year combined.

**Disability Benefit –
Amount of Benefit**

Same as the calculated Regular Pension, commencing immediately.

If married, the pension is payable in the 50% Joint and Survivor form of payment. At regular retirement, the pensioner may elect another form of payment.

Vested Benefit

Vesting is provided for participants who have accumulated at least 10 years of Pension Credit (5 years of Pension Credit for employees of the unions or of the Trust). Employees with at least one hour of service on or after January 1, 1988, also vest upon the later of (a) age 65 or (b) the fifth anniversary of commencement of participation in the Plan without a Break-in-Service. Employees with at least one hour of service on or after January 1, 1994 are vested if they have accumulated at least 8 years of Pension Credit. Employees with at least one hour of service on or after January 1, 1997 are vested if they have accumulated at least 5 years of Pension Credit.

**Pre-Retirement Death
Benefits**

Spouse's Benefit

If a deceased married participant had not retired but had met the service requirements for vesting, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing upon the death of the participant, and the monthly amount is the survivor's portion of the Regular Pension earned through the date of death (based on a 50% Joint and Survivor Annuity). (Prior to January 1, 1994, the survivor annuity was a monthly amount, payable for life, equal to 50% of the benefit the participant would have received had he retired on the Joint and Survivor pension the day before he died. If the participant was under age 55 and vested at the time of death, the benefit to the spouse was deferred until the participant would have been age 55.)

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

Lump Sum Death Benefit For active participants with at least one year of Future Service Credit. The amount of benefit is equal to \$500.00 for each year of Pension Credit, Past or Future, up to a maximum of \$20,000 (\$10,000 prior to January 1, 1994). This benefit is payable only if no other death benefit is payable.

Forms of Payment

Normal Form:

For married participants, retirement benefits are paid in the form of a 50% joint and survivor annuity (with "pop-up" increase feature) unless this form is rejected by a participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form. If rejected, or if not married, benefits are payable for the life of the participant without reduction. Unmarried participants may elect the joint and survivor annuity as an optional form of payment.

Optional Forms:

Lump Sum Option

A participant retiring on a Regular Pension who rejects the Joint and Survivor Benefit or is not married may elect to receive up to 50% of the actuarial equivalent of his pension as a lump sum payment and the remaining portion of his benefit as a life annuity or joint and survivor annuity. The actuarial equivalence is based upon 6.50% interest and the 1971 Group Annuity Mortality Table, or the PPA statutory interest rates and mortality table, whichever produces the greater lump sum. The lump sum payment may not exceed \$50,000.

Life Annuity

Monthly payment, payable to the participant for life. Payments stop upon the death of the participant.

Qualified Optional Survivor Annuity

A 75% joint and survivor annuity is available to married participants.

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

Actuarial Equivalence

Benefits under the 50% joint and survivor annuity (with "pop-up" increase feature) are converted from the amount payable under the Life Annuity by a factor equal to 90.0% minus 0.4% for each year that the spouse is younger than the Employee, and plus 0.4% for each year that the spouse is older than the Employee, subject to a maximum factor of 99.0%. Other optional joint forms of benefit for healthy and disabled employees are also converted by means of a formula.

Contribution Rates

Employer contribution rate is \$1.205 per hour, effective June 1, 2017. Prior to June 1, 2017 the contribution rate was \$1.14 per hour.

Changes in Plan Provisions

The benefit accrual rate increased 10% on all post-1975 benefit service for active participants as of January 1, 2016. This change is first being recognized in the 2018 valuation.
