

| Cumulative e-File History 2021 | |
|---------------------------------------|---|
| Federal | |
| Locator: | 52086K |
| Account: | F173 |
| Taxpayer Name: | SO NEVADA CULINARY AND BARTENDERS PENSION PLN |
| Return Type: | 5500 |
| Submitted Date: | 10/13/2022 19:23:53 |
| Acknowledgement Date: | 10/13/2022 19:56:59 |
| Status: | Accepted |
| Submission ID: | 886016617221013195006 |

Authorized Multiemployer Plan e-Signature Affidavit

Southern Nevada Culinary and Bartenders Pension Plan; E.I.N. 88-6016617; Plan No. 001

Form 5500 for the year beginning January 1, 2021 and ending December 31, 2021

By signing below, we represent that we are authorized to act on behalf of the Board of Trustees of the above referenced plan, which is the plan administrator, and we authorize Miller Kaplan Arase LLP ("Miller Kaplan") to electronically submit Form 5500 on its behalf under the "additional e-signature option." Miller Kaplan will maintain a copy of this authorization for its records.

We have manually signed the Form 5500 and understand that Miller Kaplan will attach to the electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 bearing our manual signatures. We further understand that the PDF image of our manual signatures will be included with the Form 5500 posted by the U.S. Department of Labor (DOL) on the Internet for public disclosure.

We understand that Miller Kaplan will communicate to us, and to the Board of Trustees of the plan, any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding this Form 5500 annual return/report.

TERRY GREENWALD - Terry Greenwald - 10 / 11 / 2022
UNION TRUSTEE (Print Name - Signature - Date)

Virginia Valentine, Virginia Valentine - 10 / 11 / 2022
EMPLOYER TRUSTEE (Print Name - Signature - Date)

Application for Extension of Time To File Certain Employee Plan Returns

▶ 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

| <p>A Name of filer, plan administrator, or plan sponsor (see instructions)</p> <p><u>BOARD OF TRUSTEES, (OF THE BELOW PLAN)</u></p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions)</p> <p><u>9121 W RUSSELL RD STE 219</u></p> <p>City or town, state, and ZIP code</p> <p><u>LAS VEGAS, NV 89148</u></p> | <p>B Filer's identifying number (see instructions)</p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX)</p> <p><u>88-6016617</u></p> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p> | | | | | | | | | | | | | |
|--|---|-------------|--------------------|--------------------|--|----|----|------|---|------------|-----------|-----------|-------------|--|
| <p>C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th rowspan="2" style="width: 10%;">Plan number</th> <th colspan="3" style="text-align: center;">Plan year ending -</th> </tr> <tr> <th style="width: 10%;">MM</th> <th style="width: 10%;">DD</th> <th style="width: 10%;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><u>SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN</u></td> <td style="text-align: center; padding: 5px;"><u>001</u></td> <td style="text-align: center; padding: 5px;"><u>12</u></td> <td style="text-align: center; padding: 5px;"><u>31</u></td> <td style="text-align: center; padding: 5px;"><u>2021</u></td> </tr> </tbody> </table> | Plan name | Plan number | Plan year ending - | | | MM | DD | YYYY | <u>SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN</u> | <u>001</u> | <u>12</u> | <u>31</u> | <u>2021</u> | |
| Plan name | | | Plan number | Plan year ending - | | | | | | | | | | |
| | MM | DD | | YYYY | | | | | | | | | | |
| <u>SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN</u> | <u>001</u> | <u>12</u> | <u>31</u> | <u>2021</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 10/17/2022 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 10/17/2022 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. 1210-0110 1210-0089 |
| | | 2021 This Form is Open to Public Inspection |

Part I Annual Report Identification Information
 For calendar plan year 2021 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) _____

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

Part II Basic Plan Information - enter all requested information

| | |
|---|--|
| 1a Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN | 1b Three-digit plan number (PN) ► 001 |
| | 1c Effective date of plan 01/01/1971 |
| 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 | 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 | <i>Ken Green</i> | 10/11/2022 | <i>Ken Green</i> |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>Virginia Valentine</i> | 10/11/2022 | 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 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2021)
v. 201209

| | |
|--|---|
| 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 PN | | |
| 5 Total number of participants at the beginning of the plan year | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">101623</td> </tr> </table> | 5 | 101623 |
| 5 | 101623 | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | | |
| a(1) Total number of active participants at the beginning of the plan year | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">46573</td> </tr> </table> | 6a(1) | 46573 |
| 6a(1) | 46573 | | |
| a(2) Total number of active participants at the end of the plan year | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">44303</td> </tr> </table> | 6a(2) | 44303 |
| 6a(2) | 44303 | | |
| b Retired or separated participants receiving benefits | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">27609</td> </tr> </table> | 6b | 27609 |
| 6b | 27609 | | |
| c Other retired or separated participants entitled to future benefits | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">29411</td> </tr> </table> | 6c | 29411 |
| 6c | 29411 | | |
| d Subtotal. Add lines 6a(2), 6b, and 6c. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">101323</td> </tr> </table> | 6d | 101323 |
| 6d | 101323 | | |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td style="text-align: right;">1417</td> </tr> </table> | 6e | 1417 |
| 6e | 1417 | | |
| f Total. Add lines 6d and 6e. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td style="text-align: right;">102740</td> </tr> </table> | 6f | 102740 |
| 6f | 102740 | | |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g</td> <td style="text-align: right;">0</td> </tr> </table> | 6g | 0 |
| 6g | 0 | | |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6h</td> <td style="text-align: right;">0</td> </tr> </table> | 6h | 0 |
| 6h | 0 | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">104</td> </tr> </table> | 7 | 104 |
| 7 | 104 | | |

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) | 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 | (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"/> <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

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

2021

This Form is Open to Public Inspection

| | | | |
|---|--|---|------------|
| For calendar plan year 2021 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 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 | | | 01/01/2021 | 12/31/2021 |

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 | 44988000 |

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** NONE

| | | | |
|---------------------|---|--------------|--|
| 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)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

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
- l** 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 <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2021 <hr/> This Form is Open to Public Inspection. |
|---|--|--|

| | | | |
|---|---|------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning | | and ending | |
| A Name of plan | B Three-digit plan number (PN) ► | | 001 |
| SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN | | | |
| 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 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 GLOBAL PARTNERS, LLC 13-4021839

(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

ABS INVESTMENT MANAGEMENT LLC 13-4205457

(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

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

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

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

BLACKROCK, INC.

32-0174431

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

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

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS

52-1590519

| (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 | 3015801 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HARDMAN JOHNSTON GLOBAL ADVISORS

26-6493485

| (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 | 991170 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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 51 52 | NONE | 939560 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | NONE | 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)

TIMESSQUARE 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 51 52 | NONE | 739436 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | NONE | 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 28 51 | NONE | 674564 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 | 616679 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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)

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 51 52 | NONE | 566346 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | 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 | 429700 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 52 | NONE | 412069 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | 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)

INTERCONTINENTAL REAL ESTATE CORPOR

04-2895544

| (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"/> | NONE | Yes <input type="checkbox"/> No <input checked="" 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 51 52 68 | NONE | 375414 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ORG PORTFOLIO MANAGEMENT, LLC

20-2915624

| (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 | NONE | 351000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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)

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 | 341006 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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 52 | NONE | 299336 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

(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 17 | NONE | 275000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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(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 | 271359 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 51 52 68 | NONE | 266484 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input checked="" 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 | 245555 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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

94-1347393

| (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 | 137278 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input checked="" 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 | 114000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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 | 96096 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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)

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 51 | NONE | 77478 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 | 67095 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

UNITE HERE HEALTH

23-7385560

| (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 | 41561 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | 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)

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 | 37734 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | NONE | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HAMILTON LANE ADVISORS, L.L.C.

23-2962336

| (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 | NONE | NONE | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 17424 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**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

2021**This Form is Open to Public
Inspection.**

For calendar plan year 2021 or fiscal plan year beginning

and ending

A Name of plan

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION

B 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
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

70560332

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
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

89826786

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
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

118678992

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
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

84786599

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 - 001

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

92054000

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
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

93474608

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
code E**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

32179000

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

Schedule D (Form 5500) 2021

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V21-7.2F 86-8320

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29

| | | |
|---|------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: MCMORGAN INFRASTRUCTURE FUND I, LP | | |
| 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) 78585000 |
| 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) 171110000 |
| 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) 44987627 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX CIT | | |
| b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A. | | |
| c EIN-PN 56-6288528 - 001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112463834 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MACRO ALLOCATION STRATEGY | | |
| b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY | | |
| c EIN-PN 81-2234495 - 001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88103581 |
| 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 |
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| 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 | |

**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

2021

This Form is Open to Public Inspection

| | | | |
|---|---|------------|--|
| For calendar plan year 2021 or fiscal plan year beginning | | and ending | |
| A Name of plan | B Three-digit plan number (PN) ► | 001 | |
| SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 | D Employer Identification Number (EIN) | 88-6016617 | |
| BD. OF TRUSTEES, (OF THE ABOVE PLAN) | | | |

Part I Asset and Liability Statement

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| a Total noninterest-bearing cash | 9768000 | 12966000 |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 5178000 | 10732000 |
| (2) Participant contributions | | |
| (3) Other | 11063000 | 14787000 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 32376000 | 39307000 |
| (2) U.S. Government securities | | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | | |
| (B) All other | | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | | |
| (B) Common | 554337000 | 656997000 |
| (5) Partnership/joint venture interests | | |
| (6) Real estate (other than employer real property) | 36798000 | 63067000 |
| (7) Loans (other than to participants) | | |
| (8) Participant loans | | |
| (9) Value of interest in common/collective trusts | 619123000 | 666895000 |
| (10) Value of interest in pooled separate accounts | 43705000 | 44988000 |
| (11) Value of interest in master trust investment accounts | | |
| (12) Value of interest in 103-12 investment entities | 356059000 | 373928000 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 276559000 | 289798000 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | | |
| (15) Other | 706965000 | 778476000 |

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

Schedule H (Form 5500) 2021
v. 201209

| | | (a) Beginning of Year | (b) End of Year |
|--------------------|---|-----------------------|-----------------------|
| 1d | Employer-related investments: | | |
| (1) | Employer securities | 1d(1) | |
| (2) | Employer real property. | 1d(2) | |
| e | Buildings and other property used in plan operation | 1e | |
| f | Total assets (add all amounts in lines 1a through 1e). | 1f | 2651931000 2951941000 |
| Liabilities | | | |
| g | Benefit claims payable | 1g | |
| h | Operating payables. | 1h | 2056000 1827000 |
| i | Acquisition indebtedness. | 1i | |
| j | Other liabilities. | 1j | |
| k | Total liabilities (add all amounts in lines 1g through 1j). | 1k | 2056000 1827000 |
| Net Assets | | | |
| l | Net assets (subtract line 1k from line 1f). | 1l | 2649875000 2950114000 |

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) | 95230000 |
| | (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) | 95230000 |
| b | Earnings on investments: | | |
| (1) | Interest: | | |
| | (A) Interest-bearing cash (including money market accounts and certificates of deposit). | 2b(1)(A) | 25000 |
| | (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) | 25000 |
| (2) | Dividends: (A) Preferred stock | 2b(2)(A) | |
| | (B) Common stock | 2b(2)(B) | 8542000 |
| | (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 9661000 |
| | (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | 18203000 |
| (3) | Rents | 2b(3) | |
| (4) | Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 499190000 |
| | (B) Aggregate carrying amount (see instructions). | 2b(4)(B) | 474290000 |
| | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | 24900000 |
| (5) | Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | |
| | (B) Other. | 2b(5)(B) | 280799000 |
| | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | 280799000 |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 51401000 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1580000 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 32201000 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 12292000 |
| c Other income | 2c | | 202000 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 516833000 |

Expenses

| | | | |
|---|--------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers. | 2e(1) | 201253000 | |
| (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) | | 201253000 |
| 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) | 1530000 | |
| (2) Contract administrator fees | 2i(2) | 3005000 | |
| (3) Investment advisory and management fees | 2i(3) | 7247000 | |
| (4) Other | 2i(4) | 3559000 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 15341000 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 216594000 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 300239000 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP **(2)** EIN: 95-2036255

d The opinion of an independent qualified public accountant is **not attached** 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:

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.) . . .

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | | X | |

| | | Yes | No | Amount |
|--|-----------|-----|----|---------|
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | 4j | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439588 .

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, 2021

| No. of Shares | Common Stocks | Fair Value | Carry Value |
|--|------------------------------------|----------------------|----------------------|
| <u>Columbia Management Investment Advisers, LLC</u> | | | |
| 50,991 | American International Group, Inc. | \$ 2,899,348 | \$ 2,855,767 |
| 16,894 | Applied Materials, Inc. | 2,658,440 | 409,599 |
| 79,703 | Bank of America Corporation | 3,545,986 | 1,345,594 |
| 126,527 | Barrick Gold Corporation | 2,404,013 | 2,100,110 |
| 24,722 | Baxter International, Inc. | 2,122,136 | 924,624 |
| 36,588 | Bristol-Myers Squibb Company | 2,281,262 | 1,284,192 |
| 6,579 | Caterpillar, Inc. | 1,360,142 | 878,896 |
| 39,125 | Centene Corporation | 3,223,900 | 2,314,090 |
| 10,877 | Chevron Corporation | 1,276,416 | 716,788 |
| 9,889 | Cigna Corporation | 2,270,811 | 1,671,376 |
| 58,937 | Cisco Systems, Inc. | 3,734,838 | 2,411,271 |
| 40,049 | Citigroup, Inc. | 2,418,559 | 1,327,081 |
| 80,094 | Corning Incorporated | 2,981,900 | 2,394,965 |
| 47,466 | CSX Corporation | 1,784,722 | 107,733 |
| 88,854 | Firstenergy Corp. | 3,695,438 | 2,819,839 |
| 31,530 | FMC Corporation | 3,464,832 | 1,865,213 |
| 60,525 | Freeport-McMoran, Inc. | 2,525,708 | 664,671 |
| 4,153 | Humana, Inc. | 1,926,411 | 381,932 |
| 17,800 | JPMorgan Chase & Co. | 2,818,630 | 1,002,375 |
| 16,316 | Lowe's Companies, Inc. | 4,218,360 | 649,219 |
| 27,194 | Marathon Petroleum Corporation | 1,740,144 | 884,030 |
| 29,667 | MetLife, Inc. | 1,853,891 | 1,413,892 |
| 33,621 | Morgan Stanley | 3,300,237 | 1,231,576 |
| 126,852 | PG&E Corporation | 1,539,983 | 1,299,917 |
| 34,038 | Philip Morris International, Inc. | 3,233,610 | 2,439,345 |
| 14,879 | Qualcomm Incorporated | 2,720,923 | 1,132,780 |
| 164,610 | Qurate Retail, Inc. | 1,251,036 | 1,733,171 |
| 3,825 | Qurate Retail, Inc. 8% | 394,817 | 853,219 |
| 27,490 | Raytheon Technologies Corporation | 2,365,789 | 1,308,937 |
| 10,620 | Southwest Airlines Co. | 454,961 | 451,603 |
| 123,608 | TechnipFMC Ltd. Plc | 731,759 | 1,967,127 |
| 45,468 | Teradata Corporation | 1,931,026 | 1,589,595 |
| 78,463 | The AES Corporation | 1,906,651 | 905,622 |
| 87,021 | The Williams Companies, Inc. | 2,266,027 | 1,734,933 |
| 5,934 | Union Pacific Corporation | 1,494,953 | 85,882 |
| 67,416 | Verizon Communications, Inc. | 3,502,935 | 3,407,886 |
| 62,748 | Wells Fargo & Co. | 3,010,649 | 1,786,435 |
| <u>TOTALS - COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC</u> | | <u>\$ 87,311,243</u> | <u>\$ 52,351,285</u> |
| <u>Janus Intech Institutional Asset Management</u> | | | |
| 16,807 | 10X Genomics, Inc. | \$ 2,503,571 | \$ 2,735,781 |
| 15,563 | Accenture Plc | 6,451,642 | 3,065,902 |
| 9,723 | Adobe, Inc. | 5,513,524 | 5,372,753 |
| 1,458 | Alphabet, Inc. CL A | 4,223,884 | 3,750,735 |
| 423 | Alphabet, Inc. CL C | 1,223,989 | 1,228,348 |
| 1,418 | Amazon.com, Inc. | 4,728,094 | 2,508,340 |
| 13,573 | Ameriprise Financial, Inc. | 4,094,431 | 3,987,049 |
| 15,956 | Amgen, Inc. | 3,589,621 | 3,374,429 |
| 97,066 | Apple, Inc. | 17,237,010 | 7,649,565 |
| 1,842 | Automatic Data Processing, Inc. | 454,200 | 422,626 |
| 24,444 | Bath & Body Works, Inc. | 1,705,947 | 1,573,006 |
| <u>Forward</u> | | <u>\$ 51,725,913</u> | <u>\$ 35,668,534</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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|--|---|-----------------------|-----------------------|
| <u>Janus Intech Institutional Asset Management (Continued)</u> | | | |
| | <u>Forwarded</u> | \$ 51,725,913 | \$ 35,668,534 |
| 9,109 | Best Buy Co., Inc. | 925,474 | 964,766 |
| 9,994 | Beyond Meat, Inc. | 651,209 | 990,496 |
| 6,052 | Burlington Stores, Inc. | 1,764,219 | 1,720,767 |
| 4,677 | Cintas Corporation | 2,072,706 | 2,013,625 |
| 2,733 | Citrix Systems, Inc. | 258,514 | 268,920 |
| 2,435 | Copart, Inc. | 369,195 | 372,142 |
| 2,159 | Costco Wholesale Corporation | 1,225,664 | 784,591 |
| 1,323 | CrowdStrike Holdings, Inc. | 270,884 | 347,968 |
| 28,024 | Dell Technologies, Inc. | 1,574,108 | 1,555,054 |
| 72,242 | Dropbox, Inc. | 1,772,819 | 2,051,643 |
| 6,874 | Edwards Lifesciences Corporation | 890,527 | 744,219 |
| 1,869 | Equity Lifestyle Properties, Inc. | 163,837 | 154,907 |
| 1,479 | Fiserv, Inc. | 153,505 | 148,321 |
| 5,078 | FMC Corporation | 558,021 | 534,478 |
| 8,227 | Gamestop Corp. | 1,220,805 | 1,634,015 |
| 39,714 | HP, Inc. | 1,496,026 | 1,477,434 |
| 8,556 | Intuit, Inc. | 5,503,390 | 4,143,819 |
| 43,296 | Iron Mountain Incorporated | 2,265,680 | 1,999,498 |
| 17,576 | Keysight Technologies, Inc. | 3,629,620 | 3,035,285 |
| 561 | Lithia Motors, Inc. | 166,589 | 162,307 |
| 10,303 | Lululemon Athletica, Inc. | 4,033,109 | 4,313,154 |
| 13,223 | Meta Platforms, Inc. | 4,447,556 | 3,995,681 |
| 34,412 | Microsoft Corporation | 11,573,444 | 4,288,624 |
| 15,928 | Moderna, Inc. | 4,045,393 | 5,179,522 |
| 10,929 | Monster Beverage Corporation | 1,049,621 | 965,619 |
| 9,530 | Netflix, Inc. | 5,741,253 | 4,967,816 |
| 32,722 | Nike, Inc. | 5,453,776 | 3,291,045 |
| 26,204 | Nortonlifelock, Inc. | 680,780 | 604,830 |
| 12,292 | Nuance Communications, Inc. | 679,993 | 673,396 |
| 9,655 | Nvidia Corporation | 2,839,632 | 2,930,221 |
| 39,085 | Qualcomm Incorporated | 7,147,474 | 4,577,571 |
| 27,163 | Switch, Inc. | 777,948 | 602,933 |
| 3,595 | Target Corporation | 832,027 | 935,178 |
| 4,702 | Tesla, Inc. | 4,968,980 | 3,733,322 |
| 5,603 | The Estee Lauder Companies, Inc. | 2,074,231 | 1,758,777 |
| 3,689 | The Goldman Sachs Group, Inc. | 1,411,227 | 1,480,677 |
| 783 | The Scotts Miracle-Gro Company | 126,063 | 106,206 |
| 18,678 | The Toro Company | 1,866,119 | 1,855,102 |
| 333 | Ubiquiti, Inc. | 102,131 | 102,823 |
| 26,067 | United Parcel Service, Inc. | 5,587,201 | 5,440,597 |
| 7,815 | West Pharmaceutical Services, Inc. | 3,665,313 | 3,347,959 |
| | <u>TOTALS - JANUS INTECH INSTITUTIONAL ASSET MANAGEMENT</u> | <u>\$ 147,761,976</u> | <u>\$ 115,923,842</u> |
| <u>LSV Asset Management</u> | | | |
| 1,500 | 3M Co. | \$ 266,445 | \$ 242,542 |
| 3,500 | Abbvie, Inc. | 473,900 | 237,829 |
| 2,100 | Acuity Brands, Inc. | 444,612 | 262,807 |
| 9,700 | Aflac Incorporated | 566,383 | 220,594 |
| 3,000 | Agco Corporation | 348,060 | 146,659 |
| | <u>Forward</u> | <u>\$ 2,099,400</u> | <u>\$ 1,110,431</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, 2021

| <u>No. of Shares</u> | <u>Common Stocks (Continued)</u> | <u>Fair Value</u> | <u>Carry Value</u> |
|--------------------------|---|-----------------------|------------------------|
| | <u>LSV Asset Management (Continued)</u> | | |
| | <u>Forwarded</u> | \$ 2,099,400 | \$ 1,110,431 |
| 4,800 | Allison Transmission Holdings, Inc. | 174,480 | 207,004 |
| 4,900 | Allstate Corp. | 576,485 | 299,440 |
| 7,200 | Ally Financial, Inc. | 342,792 | 174,671 |
| 160 | Alphabet, Inc. CL A | 463,526 | 235,991 |
| 12,600 | Altria Group, Inc. | 597,114 | 559,769 |
| 5,500 | Amdocs Limited | 411,620 | 417,085 |
| 2,800 | American Financial Group, Inc. | 384,496 | 332,420 |
| 8,600 | American International Group, Inc. | 488,996 | 455,655 |
| 2,100 | Ameriprise Financial, Inc. | 633,486 | 116,664 |
| 2,600 | AmerisourceBergen Corporation | 345,514 | 199,550 |
| 2,200 | Amgen, Inc. | 494,934 | 362,088 |
| 10,840 | Amkor Technology, Inc. | 268,724 | 215,073 |
| 29,800 | Annaly Capital Management, Inc. | 233,036 | 428,517 |
| 1,200 | Anthem, Inc. | 556,248 | 329,955 |
| 2,400 | Applied Materials, Inc. | 377,664 | 136,706 |
| 8,400 | Archer-Daniels-Midland Company | 567,756 | 518,067 |
| 2,300 | Arrow Electronics, Inc. | 308,821 | 261,157 |
| 46,900 | AT&T, Inc. | 1,153,740 | 1,715,435 |
| 30,600 | Bank of America Corporation | 1,361,394 | 796,039 |
| 7,600 | Berkshire Hathaway, Inc. | 2,272,400 | 771,339 |
| 4,930 | Berry Global Group, Inc. | 363,735 | 222,268 |
| 4,800 | Best Buy Co., Inc. | 487,680 | 176,100 |
| 3,500 | Big Lots, Inc. | 157,675 | 81,884 |
| 1,800 | Biogen, Inc. | 431,856 | 471,479 |
| 5,900 | Borgwarner, Inc. | 265,913 | 307,039 |
| 17,300 | Bristol-Myers Squibb Company | 1,078,655 | 1,010,993 |
| 14,800 | Brixmor Property Group Inc. | 376,068 | 262,876 |
| 5,200 | Capital One Financial Corporation | 754,468 | 386,093 |
| 5,200 | Capri Holdings Limited | 337,532 | 247,461 |
| 6,500 | Cardinal Health, Inc. | 334,685 | 373,875 |
| 900 | Caterpillar, Inc. | 186,066 | 173,666 |
| 3,200 | Celanese Corporation | 537,792 | 326,298 |
| 12,700 | Chevron Corporation | 1,490,345 | 891,129 |
| 3,100 | Cigna Corporation | 711,853 | 620,780 |
| 13,100 | Cisco Systems, Inc. | 830,147 | 476,169 |
| 15,400 | Citigroup, Inc. | 930,006 | 1,920,745 |
| 7,400 | Citizens Financial Group, Inc. | 349,650 | 263,406 |
| 15,100 | Comcast Corporation | 759,983 | 607,301 |
| 10,900 | Conagra Brands, Inc. | 372,235 | 372,336 |
| 5,600 | ConocoPhillips | 404,208 | 355,124 |
| 9,700 | Corporate Office Properties Trust | 271,309 | 267,429 |
| 2,800 | Crane Co. | 284,844 | 255,627 |
| 2,800 | Crown Holdings, Inc. | 309,736 | 307,549 |
| 2,500 | Cummins, Inc. | 545,350 | 298,023 |
| 9,700 | CVS Health Corporation | 1,000,652 | 604,357 |
| 6,200 | D.R. Horton, Inc. | 672,390 | 336,120 |
| 900 | Danaher Corporation | 296,109 | 218,486 |
| 2,600 | Davita, Inc. | 295,776 | 286,147 |
| 600 | Deere & Company | 205,734 | 229,459 |
| 5,100 | Dell Technologies, Inc. | 286,467 | 198,500 |
| 5,500 | Delta Air Lines, Inc. | 214,940 | 255,908 |
| 2,600 | Dick's Sporting Goods, Inc. | 298,974 | 195,565 |
| | <u>Forward</u> | \$ 29,955,459 | \$ 22,643,248 |

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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|------------------|---|---------------|----------------|
| | <u>LSV Asset Management</u> (Continued) | | |
| | <u>Forwarded</u> | \$ 29,955,459 | \$ 22,643,248 |
| 3,310 | Diodes Incorporated | 363,471 | 291,151 |
| 4,100 | Discover Financial Services | 473,796 | 132,691 |
| 2,900 | DXC Technology Company | 93,351 | 209,194 |
| 4,100 | Eastman Chemical Company | 495,731 | 290,278 |
| 6,100 | Ebay, Inc. | 405,650 | 205,026 |
| 2,400 | Entergy Corporation | 270,360 | 178,398 |
| 3,600 | EOG Resources, Inc. | 319,788 | 297,542 |
| 4,000 | Evergy, Inc. | 274,440 | 243,377 |
| 22,100 | Exxon Mobil Corporation | 1,352,299 | 1,518,294 |
| 2,000 | Fedex Corporation | 517,280 | 290,804 |
| 8,900 | Fifth Third Bancorp | 387,595 | 127,559 |
| 5,100 | Foot Locker, Inc. | 222,513 | 209,123 |
| 54,700 | Ford Motor Company | 1,136,119 | 764,016 |
| 9,700 | Fox Corp. | 357,930 | 346,547 |
| 6,938 | Gaming And Leisure Properties, Inc. | 337,603 | 261,518 |
| 2,600 | General Dynamics Corporation | 542,022 | 347,936 |
| 1,875 | General Electric Company | 177,131 | 166,723 |
| 6,400 | General Mills, Inc. | 431,232 | 388,661 |
| 12,300 | General Motors Company | 721,149 | 397,566 |
| 12,000 | Gilead Sciences, Inc. | 871,320 | 835,561 |
| 1,700 | HCA Healthcare, Inc. | 436,764 | 137,419 |
| 30,300 | Hewlett Packard Enterprise Company | 477,831 | 409,724 |
| 5,400 | Hillenbrand, Inc. | 280,746 | 204,049 |
| 2,900 | Hologic, Inc. | 222,024 | 241,180 |
| 1,000 | Honeywell International, Inc. | 208,510 | 202,147 |
| 20,000 | HP, Inc. | 753,400 | 354,221 |
| 1,200 | Huntington Ingalls Industries, Inc. | 224,088 | 303,141 |
| 8,500 | Huntsman Corporation | 296,480 | 100,726 |
| 1,400 | Ingredion Incorporated | 135,296 | 51,844 |
| 26,300 | Intel Corporation | 1,354,450 | 610,532 |
| 7,200 | International Business Machines Corporation | 962,352 | 992,584 |
| 7,500 | International Paper Company | 352,350 | 379,506 |
| 6,200 | Iron Mountain Incorporated | 324,446 | 269,039 |
| 11,600 | Johnson & Johnson | 1,984,412 | 1,133,064 |
| 10,600 | Jpmorgan Chase & Co. | 1,678,510 | 377,889 |
| 11,600 | Juniper Networks, Inc. | 414,236 | 340,308 |
| 3,700 | Kellogg Company | 238,354 | 214,804 |
| 13,900 | Keycorp | 321,507 | 122,581 |
| 4,800 | Kohl's Corporation | 237,072 | 232,830 |
| 1,440 | Kyndryl Holdings, Inc. | 26,064 | 43,516 |
| 2,000 | L3Harris Technologies, Inc. | 426,480 | 347,127 |
| 1,500 | Lear Corporation | 274,425 | 63,062 |
| 5,500 | Lennar Corporation | 638,880 | 235,038 |
| 5,300 | Lincoln National Corporation | 361,778 | 366,589 |
| 500 | Lockheed Martin Corporation | 177,705 | 185,131 |
| 28,000 | Lumen Technologies, Inc. | 351,400 | 333,310 |
| 3,600 | LyondellBasell Industries N.V. | 332,028 | 183,188 |
| 2,300 | ManpowerGroup, Inc. | 223,859 | 208,947 |
| 7,500 | Marathon Petroleum Corporation | 479,925 | 315,807 |
| 1,700 | McDonald's Corporation | 455,719 | 267,980 |
| 2,400 | Mckesson Corporation | 596,568 | 347,413 |
| 2,100 | Medtronic Public Limited Company | 217,245 | 161,826 |
| | <u>Forward</u> | \$ 55,171,143 | \$ 39,881,735 |

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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|------------------|---|---------------|----------------|
| | <u>LSV Asset Management</u> (Continued) | | |
| | <u>Forwarded</u> | \$ 55,171,143 | \$ 39,881,735 |
| 11,300 | Merck & Co., Inc. | 866,032 | 696,826 |
| 9,000 | MetLife, Inc. | 562,410 | 317,529 |
| 10,300 | Micron Technology, Inc. | 959,445 | 577,302 |
| 6,700 | Molson Coors Beverage Company | 310,545 | 327,383 |
| 13,200 | Morgan Stanley | 1,295,712 | 501,130 |
| 13,900 | Navient Corporation | 294,958 | 190,087 |
| 1,800 | Nexstar Media Group, Inc. | 271,764 | 228,542 |
| 1,900 | Northrop Grumman Corporation | 735,433 | 680,228 |
| 7,300 | NRG Energy, Inc. | 314,484 | 258,130 |
| 11,800 | O-I Glass, Inc. | 141,954 | 287,931 |
| 9,900 | Omega Healthcare Investors, Inc. | 292,941 | 249,348 |
| 6,000 | Oracle Corporation | 523,260 | 258,042 |
| 610 | Organon & Co. | 18,575 | 15,225 |
| 361 | Orion Office REIT, Inc. | 6,738 | 9,811 |
| 2,800 | Oshkosh Corporation | 315,588 | 212,209 |
| 3,800 | Owens Corning | 343,900 | 203,834 |
| 40,500 | Pfizer, Inc. | 2,391,525 | 944,794 |
| 12,900 | Philip Morris International, Inc. | 1,225,500 | 1,070,817 |
| 2,100 | Phillips 66 | 152,166 | 197,641 |
| 4,600 | Principal Financial Group, Inc. | 332,718 | 290,920 |
| 3,600 | Prudential Financial, Inc. | 389,664 | 176,283 |
| 5,400 | Pultegroup, Inc. | 308,664 | 290,033 |
| 2,600 | Qorvo, Inc. | 406,614 | 484,290 |
| 600 | Regeneron Pharmaceuticals, Inc. | 378,912 | 297,786 |
| 17,000 | Regions Financial Corporation | 370,600 | 166,109 |
| 4,000 | Seagate Technology Plc | 451,920 | 97,008 |
| 2,000 | Snap-On Incorporated | 430,760 | 296,833 |
| 2,600 | Southwest Airlines Co. | 111,384 | 49,174 |
| 5,800 | State Street Corporation | 539,400 | 254,523 |
| 409 | Sylvamo Corporation | 11,407 | 13,714 |
| 4,400 | Target Corporation | 1,018,336 | 278,798 |
| 745 | TD Synnex Corporation | 85,198 | 29,707 |
| 16,600 | Tegna, Inc. | 308,096 | 130,253 |
| 8,200 | Textron, Inc. | 633,040 | 485,531 |
| 10,300 | The Bank Of New York Mellon Corporation | 598,224 | 481,589 |
| 6,300 | The Chemours Company | 211,428 | 226,705 |
| 3,300 | The Goldman Sachs Group, Inc. | 1,262,415 | 701,129 |
| 7,800 | The Goodyear Tire & Rubber Company | 166,296 | 207,026 |
| 7,300 | The Hartford Financial Services Group, Inc. | 503,992 | 405,786 |
| 3,100 | The J. M. Smucker Company | 421,042 | 367,273 |
| 13,310 | The Kraft Heinz Company | 477,829 | 422,590 |
| 16,500 | The Kroger Co. | 746,790 | 475,652 |
| 4,240 | The Odp Corporation | 166,547 | 246,720 |
| 7,100 | The Procter & Gamble Company | 1,161,418 | 767,034 |
| 3,300 | The Walt Disney Company | 511,137 | 469,876 |
| 700 | Thermo Fisher Scientific, Inc. | 467,068 | 368,843 |
| 6,000 | Toll Brothers, Inc. | 434,340 | 248,323 |
| 10,100 | Truist Financial Corporation | 591,355 | 577,013 |
| 5,600 | Tyson Foods, Inc. | 488,096 | 332,658 |
| 7,200 | U.S. Bancorp | 404,424 | 340,581 |
| 6,800 | Ugi Corporation | 312,188 | 311,716 |
| 5,400 | United Airlines Holdings, Inc. | 236,412 | 327,728 |
| | <u>Forward</u> | \$ 81,131,787 | \$ 57,727,748 |

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, 2021

| <u>No. of Shares</u> | <u>Common Stocks (Continued)</u> | <u>Fair Value</u> | <u>Carry Value</u> |
|--------------------------|---|-----------------------|------------------------|
| | <u>LSV Asset Management (Continued)</u> | | |
| | <u>Forwarded</u> | \$ 81,131,787 | \$ 57,727,748 |
| 2,700 | Universal Health Services, Inc. | 350,082 | 361,103 |
| 7,000 | Unum Group | 171,990 | 131,583 |
| 6,700 | Valero Energy Corporation | 503,237 | 208,368 |
| 27,600 | Verizon Communications, Inc. | 1,434,096 | 1,418,950 |
| 12,900 | Viacomcbs Inc | 389,322 | 465,468 |
| 5,025 | Viatis Inc | 67,988 | 52,105 |
| 16,800 | Vistra Corp | 382,536 | 410,006 |
| 2,247 | VMware, Inc. | 260,382 | 207,218 |
| 10,400 | Walgreens Boots Alliance, Inc. | 542,464 | 720,286 |
| 4,600 | Walmart, Inc. | 665,574 | 352,605 |
| 19,200 | Wells Fargo & Company | 921,216 | 765,280 |
| 7,700 | Westrock Company | 341,572 | 370,010 |
| 2,000 | Whirlpool Corporation | 469,320 | 168,672 |
| 6,475 | Xerox Holdings Corporation | 146,594 | 264,265 |
| 5,600 | Zions Bancorporation, N.A. | 353,696 | 320,628 |
| | <u>TOTALS - LSV ASSET MANAGEMENT</u> | <u>\$ 88,131,856</u> | <u>\$ 63,944,295</u> |
| | <u>Loomis Sayles & Company, LP</u> | | |
| 16,167 | Alibaba Group Holding Limited | \$ 1,920,478 | \$ 1,661,228 |
| 1,769 | Alphabet, Inc. CL A | 5,124,864 | 830,022 |
| 1,774 | Alphabet, Inc. CL C | 5,133,229 | 962,084 |
| 2,575 | Amazon.com, Inc. | 8,585,926 | 952,958 |
| 19,437 | Autodesk, Inc. | 5,465,490 | 1,138,577 |
| 4,534 | Automatic Data Processing, Inc. | 1,117,994 | 385,069 |
| 41,962 | Cisco Systems, Inc. | 2,659,132 | 1,146,033 |
| 19,785 | Colgate-Palmolive Company | 1,688,452 | 1,410,330 |
| 10,072 | Deere & Company | 3,453,588 | 985,866 |
| 22,716 | Expeditors International Of Washington, Inc | 3,050,532 | 1,086,277 |
| 5,049 | Factset Research Systems, Inc. | 2,453,864 | 804,858 |
| 8,398 | Illumina, Inc. | 3,194,935 | 2,511,713 |
| 5,691 | Intuitive Surgical, Inc. | 2,044,776 | 902,028 |
| 23,395 | Meta Platforms, Inc. | 7,868,908 | 1,283,242 |
| 20,743 | Microsoft Corporation | 6,976,286 | 841,683 |
| 43,236 | Monster Beverage Corporation | 4,152,385 | 1,575,151 |
| 39,908 | Novartis, Inc. | 3,490,753 | 3,560,353 |
| 14,264 | Novo Nordisk A/S | 1,597,568 | 723,141 |
| 32,879 | Nvidia Corporation | 9,671,043 | 1,224,723 |
| 66,917 | Oracle Corporation | 5,835,832 | 2,920,680 |
| 18,653 | Qualcomm Incorporated | 3,411,074 | 1,226,278 |
| 6,049 | Regeneron Pharmaceuticals, Inc. | 3,820,064 | 2,265,188 |
| 69,140 | Roche Holding Ltd | 3,573,847 | 2,600,667 |
| 20,260 | Salesforce, Inc. | 5,148,674 | 3,037,672 |
| 59,488 | Schlumberger N.V. | 1,781,666 | 3,000,935 |
| 28,509 | SEI Investments Company | 1,737,338 | 1,253,441 |
| 27,272 | Starbucks Corporation | 3,190,006 | 1,790,966 |
| 29,285 | The Boeing Company | 5,895,656 | 5,008,709 |
| 30,128 | The Walt Disney Company | 4,666,526 | 3,947,920 |
| 15,664 | Vertex Pharmaceuticals Incorporated | 3,439,814 | 3,099,439 |
| 31,633 | Visa, Inc. | 6,855,187 | 1,619,721 |
| 7,045 | Workday, Inc. | 1,924,553 | 929,353 |
| 17,976 | Yum China Holdings, Inc. | 895,924 | 439,669 |
| 13,289 | Yum! Brands, Inc. | 1,845,311 | 715,544 |
| | <u>TOTALS - LOOMIS SAYLES & COMPANY, LP</u> | <u>\$ 133,671,675</u> | <u>\$ 57,841,518</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, 2021

| <u>No. of Shares</u> | <u>Common Stocks (Continued)</u> | <u>Fair Value</u> | <u>Carry Value</u> |
|--------------------------|--|-----------------------|------------------------|
| | <u>TimesSquare Capital Management, LLC</u> | | |
| 19,800 | AmerisourceBergen Corporation | \$ 2,631,222 | \$ 2,037,605 |
| 9,900 | Ametek, Inc. | 1,455,696 | 674,132 |
| 22,700 | Amphenol Corporation | 1,985,342 | 1,178,665 |
| 3,000 | Argenx SE | 1,050,570 | 928,015 |
| 8,975 | Ascendis Pharma A/S | 1,207,407 | 1,275,401 |
| 7,425 | Avalara, Inc. | 958,642 | 716,747 |
| 16,500 | Bentley Systems, Incorporated | 797,445 | 896,989 |
| 10,500 | Blueprint Medicines Corporation | 1,124,655 | 994,318 |
| 16,400 | Booz Allen Hamilton Holding Corporation | 1,390,556 | 782,811 |
| 18,700 | Brunswick Corporation | 1,883,651 | 1,270,672 |
| 4,300 | Burlington Stores, Inc. | 1,253,493 | 866,394 |
| 5,300 | Carlisle Companies Incorporated | 1,315,036 | 810,020 |
| 5,575 | Carmax, Inc. | 726,032 | 583,482 |
| 22,500 | Catalent, Inc. | 2,880,675 | 1,727,345 |
| 5,200 | Charles River Laboratories International, Inc. | 1,959,256 | 829,550 |
| 2,675 | Chemed Corporation | 1,415,182 | 1,052,418 |
| 8,900 | Cheniere Energy, Inc. | 902,638 | 940,736 |
| 3,325 | Cintas Corporation | 1,473,540 | 880,113 |
| 11,700 | Copart, Inc. | 1,773,954 | 852,289 |
| 15,000 | Costar Group, Inc. | 1,185,450 | 784,652 |
| 4,800 | Coupa Software Incorporated | 758,640 | 965,353 |
| 12,000 | CrowdStrike Holdings, Inc. | 2,457,000 | 926,468 |
| 6,800 | Cyberark Software Ltd. | 1,178,304 | 932,765 |
| 16,400 | Dentsply Sirona, Inc. | 914,956 | 955,186 |
| 9,300 | Elastic N.V. | 1,144,737 | 890,974 |
| 11,300 | Encompass Health Corporation | 737,438 | 718,505 |
| 8,400 | Entegris, Inc. | 1,164,072 | 303,251 |
| 3,100 | Fleetcor Technologies, Inc. | 693,904 | 776,055 |
| 10,300 | Floor & Decor Holdings, Inc. | 1,339,103 | 1,089,835 |
| 10,200 | FMC Corporation | 1,120,878 | 962,159 |
| 8,000 | Gartner, Inc. | 2,674,560 | 937,940 |
| 2,650 | Generac Holdings, Inc. | 932,588 | 824,711 |
| 5,000 | Guardant Health, Inc. | 500,100 | 561,266 |
| 9,525 | Horizon Therapeutics Public Limited Company | 1,026,414 | 1,036,751 |
| 3,900 | Hubbell Incorporated | 812,253 | 751,029 |
| 2,700 | Hubspot, Inc. | 1,779,705 | 1,067,598 |
| 7,600 | IAC/InterActiveCorp | 993,396 | 977,952 |
| 4,425 | Icon Public Limited Company | 1,370,423 | 951,499 |
| 13,400 | Interactive Brokers Group, Inc. | 1,064,228 | 912,778 |
| 7,350 | Keysight Technologies, Inc. | 1,517,849 | 780,956 |
| 3,500 | Lululemon Athletica, Inc. | 1,370,075 | 1,026,681 |
| 7,400 | Marriott Vacations Worldwide Corporation | 1,250,452 | 1,132,994 |
| 4,200 | Martin Marietta Materials, Inc. | 1,850,184 | 1,255,712 |
| 16,900 | Marvell Technology, Inc | 1,478,581 | 837,646 |
| 21,900 | Microchip Technology Incorporated | 1,906,614 | 1,142,305 |
| 4,600 | MKS Instruments, Inc. | 801,182 | 808,991 |
| 2,625 | Monolithic Power Systems, Inc. | 1,294,991 | 522,918 |
| 5,625 | Nice Ltd | 1,707,750 | 1,117,158 |
| 4,600 | Nordson Corporation | 1,174,242 | 914,201 |
| 34,700 | Olaplex Holdings, Inc. | 1,010,811 | 789,219 |
| 3,500 | O'Reilly Automotive, Inc. | 2,471,805 | 1,225,077 |
| 12,000 | Paccar Inc | 1,059,120 | 1,041,541 |
| 5,125 | Palo Alto Networks, Inc. | 2,853,395 | 2,620,807 |
| | <u>Forward</u> | <u>\$ 73,780,192</u> | <u>\$ 51,840,635</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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|--|---|-----------------------|----------------------|
| <u>TimesSquare Capital Management, LLC (Continued)</u> | | | |
| | <u>Forwarded</u> | \$ 73,780,192 | \$ 51,840,635 |
| 5,800 | Paylocity Holding Corporation | 1,369,728 | 1,170,839 |
| 26,400 | Pinterest, Inc. | 959,640 | 772,714 |
| 2,800 | Pool Corporation | 1,584,800 | 669,935 |
| 1,900 | Remitly Global, Inc | 39,178 | 91,654 |
| 15,200 | Renaissancere Holdings Ltd. | 2,573,816 | 2,209,520 |
| 9,900 | Robert Half International, Inc. | 1,104,048 | 660,314 |
| 32,000 | Royalty Pharma Plc | 1,275,200 | 1,173,146 |
| 16,800 | Samsara, Inc. | 472,248 | 390,308 |
| 6,650 | SBA Communications Corporation | 2,586,983 | 1,102,932 |
| 5,525 | Signature Bank | 1,787,172 | 1,464,894 |
| 18,100 | Smartsheet, Inc. | 1,401,845 | 1,253,032 |
| 17,700 | SS&C Technologies Holdings, Inc. | 1,451,046 | 896,431 |
| 4,700 | Synopsys, Inc. | 1,731,950 | 770,072 |
| 25,400 | Transunion | 3,012,932 | 2,013,652 |
| 1,775 | Twilio, Inc. | 467,429 | 327,599 |
| 1,850 | Tyler Technologies, Inc. | 995,208 | 869,190 |
| 7,300 | Unity Software Inc | 1,043,827 | 720,877 |
| 32,700 | US Foods Holding Corp. | 1,138,941 | 1,211,145 |
| 6,400 | Verisk Analytics, Inc. | 1,463,872 | 779,285 |
| 15,900 | Voya Financial, Inc. | 1,054,329 | 999,180 |
| 19,700 | Waste Connections, Inc. | 2,684,519 | 1,746,304 |
| 8,875 | Zendesk, Inc. | 925,574 | 785,034 |
| 209,600 | Zynga, Inc. | 1,341,440 | 1,378,781 |
| | <u>TOTALS - TIMESSQUARE CAPITAL MANAGEMENT, LLC</u> | <u>\$ 106,245,917</u> | <u>\$ 75,297,473</u> |
| <u>WEDGE Capital Management, LLP</u> | | | |
| 1,827 | 3M Co. | \$ 324,530 | \$ 331,473 |
| 5,024 | Abbvie, Inc. | 680,250 | 533,804 |
| 3,159 | Accenture Plc | 1,309,563 | 890,550 |
| 1,600 | Acuity Brands, Inc. | 338,752 | 181,952 |
| 2,564 | Agco Corporation | 297,475 | 167,618 |
| 9,532 | Allison Transmission Holdings, Inc. | 346,488 | 396,735 |
| 11,059 | Ally Financial, Inc. | 526,519 | 280,181 |
| 26,432 | American Eagle Outfitters, Inc. | 669,258 | 816,653 |
| 2,017 | Ameriprise Financial, Inc. | 608,448 | 209,938 |
| 4,504 | AmerisourceBergen Corporation | 598,537 | 434,826 |
| 2,586 | Amgen, Inc. | 581,772 | 603,674 |
| 14,224 | Amphenol Corporation | 1,244,031 | 777,417 |
| 1,341 | Anthem, Inc. | 621,607 | 514,757 |
| 6,905 | Apple, Inc. | 1,226,121 | 515,801 |
| 8,203 | Applied Materials, Inc. | 1,290,824 | 614,452 |
| 2,121 | Aptiv Plc | 349,859 | 124,733 |
| 2,238 | Archer-Daniels-Midland Company | 151,266 | 90,671 |
| 8,262 | Arista Networks, Inc. | 1,187,663 | 1,069,717 |
| 3,535 | Autoliv, Inc. | 365,554 | 247,070 |
| 5,731 | Autonation, Inc. | 669,667 | 543,341 |
| 370 | Autozone, Inc. | 775,664 | 424,390 |
| 12,858 | Baker Hughes Company | 309,363 | 269,121 |
| 8,541 | Bath & Body Works, Inc. | 596,076 | 409,398 |
| 2,339 | Berry Global Group, Inc. | 172,571 | 116,013 |
| | <u>Forward</u> | <u>\$ 15,241,858</u> | <u>\$ 10,564,285</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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|--|--|---------------|----------------|
| <u>WEDGE Capital Management, LLP (Continued)</u> | | | |
| | <u>Forwarded</u> | \$ 15,241,858 | \$ 10,564,285 |
| 7,287 | Borgwarner, Inc. | 328,425 | 287,214 |
| 10,144 | Boyd Gaming Corporation | 665,142 | 511,284 |
| 11,699 | BP PlcADR | 311,544 | 398,467 |
| 8,920 | Bristol-Myers Squibb Company | 556,162 | 601,729 |
| 6,827 | Brunswick Corporation | 687,684 | 559,045 |
| 6,941 | Cadence Design Systems, Inc. | 1,293,455 | 484,087 |
| 4,084 | Capital One Financial Corporation | 592,548 | 631,796 |
| 1,346 | Carlisle Companies Incorporated | 333,970 | 142,443 |
| 4,992 | Carmax, Inc. | 650,108 | 671,203 |
| 6,453 | Cdw Corporation | 1,321,445 | 920,032 |
| 920 | Celanese Corporation | 154,615 | 57,774 |
| 2,674 | Chevron Corporation | 313,794 | 265,354 |
| 2,576 | Cigna Corporation | 591,527 | 594,539 |
| 9,694 | Citigroup, Inc. | 585,421 | 553,859 |
| 11,869 | Citizens Financial Group, Inc. | 560,810 | 405,882 |
| 13,386 | Cognizant Technology Solutions Corporation | 1,187,606 | 1,071,323 |
| 3,953 | ConocoPhillips | 285,328 | 210,601 |
| 3,134 | Crane Co. | 318,822 | 216,218 |
| 5,002 | Crocs, Inc. | 641,356 | 410,694 |
| 1,396 | Crown Holdings, Inc. | 154,426 | 89,836 |
| 1,459 | Cummins, Inc. | 318,266 | 195,018 |
| 6,487 | D.R. Horton, Inc. | 703,515 | 408,575 |
| 4,611 | Darden Restaurants, Inc. | 694,601 | 670,828 |
| 11,701 | Dentsply Sirona, Inc. | 652,799 | 609,744 |
| 6,495 | Dick's Sporting Goods, Inc. | 746,860 | 549,517 |
| 4,618 | Discover Financial Services | 533,656 | 235,388 |
| 4,905 | Dollar Tree, Inc. | 689,251 | 664,574 |
| 3,034 | Dominion Energy, Inc. | 238,351 | 234,147 |
| 1,988 | Dover Corporation | 361,021 | 129,182 |
| 2,828 | Dow, Inc. | 160,404 | 171,467 |
| 1,349 | Eastman Chemical Company | 163,108 | 96,043 |
| 2,783 | Emcor Group, Inc. | 354,526 | 139,460 |
| 3,390 | Emerson Electric Co. | 315,168 | 175,358 |
| 17,851 | Equitable Holdings, Inc. | 585,334 | 390,913 |
| 3,721 | Evergy, Inc. | 255,298 | 241,172 |
| 4,305 | Exelon Corporation | 248,657 | 177,908 |
| 5,082 | F5, Inc. | 1,243,616 | 1,011,330 |
| 12,390 | Fidelity National Financial, Inc. | 646,510 | 531,400 |
| 34,802 | Ford Motor Company | 722,838 | 519,372 |
| 15,752 | Franklin Resources, Inc. | 527,534 | 459,039 |
| 3,587 | Gartner, Inc. | 1,199,206 | 841,612 |
| 8,796 | General Mills, Inc. | 592,674 | 396,628 |
| 9,737 | Gentex Corporation | 339,334 | 196,507 |
| 8,930 | Gilead Sciences, Inc. | 648,407 | 582,443 |
| 14,238 | Halliburton Company | 325,623 | 245,159 |
| 2,369 | HCA Healthcare, Inc. | 608,643 | 443,005 |
| 8,036 | Henry Schein, Inc. | 623,031 | 548,165 |
| 30,704 | HP, Inc. | 1,156,620 | 1,156,254 |
| 1,223 | Humana, Inc. | 567,301 | 361,504 |
| 4,591 | Huntsman Corporation | 160,134 | 123,089 |
| 1,529 | Ingredion Incorporated | 147,763 | 130,118 |
| 3,023 | International Paper Company | 142,021 | 123,344 |
| | <u>Forward</u> | \$ 43,448,116 | \$ 32,405,928 |

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, 2021

| No. of Shares | Common Stocks (Continued) | Fair Value | Carry Value |
|--|--|---------------|----------------|
| <u>WEDGE Capital Management, LLP (Continued)</u> | | | |
| | <u>Forwarded</u> | \$ 43,448,116 | \$ 32,405,928 |
| 1,714 | Intuit, Inc. | 1,102,479 | 767,137 |
| 14,077 | Jefferies Financial Group, Inc. | 546,188 | 438,695 |
| 3,554 | Johnson & Johnson | 607,983 | 432,640 |
| 2,420 | Jura Energy Corporation | 336,937 | 131,188 |
| 26,443 | Keycorp | 611,627 | 479,909 |
| 5,875 | Keysight Technologies, Inc. | 1,213,246 | 572,248 |
| 3,134 | KLA Corporation | 1,348,965 | 692,227 |
| 1,943 | Laboratory Corporation Of America Holdings | 610,510 | 392,645 |
| 1,641 | Lam Research Corporation | 1,180,125 | 696,462 |
| 1,934 | Lear Corporation | 353,825 | 222,932 |
| 6,625 | Lennar Corporation | 769,560 | 472,665 |
| 7,998 | Lincoln National Corporation | 545,943 | 297,012 |
| 2,368 | Lithia Motors, Inc. | 703,178 | 646,853 |
| 11,720 | LKQ Corporation | 703,552 | 615,864 |
| 2,987 | Lowe's Companies, Inc. | 772,080 | 450,377 |
| 1,636 | LyondellBasell Industries N.V. | 150,888 | 130,176 |
| 18,222 | Marathon Oil Corporation | 299,205 | 224,058 |
| 4,646 | Masco Corporation | 326,242 | 156,864 |
| 2,604 | Mckesson Corporation | 647,276 | 446,299 |
| 9,266 | MetLife, Inc. | 579,032 | 401,789 |
| 3,658 | Microsoft Corporation | 1,230,259 | 558,013 |
| 13,823 | Molson Coors Beverage Company | 640,696 | 673,915 |
| 12,985 | Netapp, Inc. | 1,194,490 | 1,179,268 |
| 4,572 | Nexstar Media Group, Inc. | 690,281 | 688,196 |
| 25,671 | Nov, Inc. | 347,842 | 328,119 |
| 7,003 | NRG Energy, Inc. | 301,689 | 222,629 |
| 1,445 | Nucor Corporation | 164,947 | 89,687 |
| 4,073 | Nvidia Corporation | 1,198,498 | 393,829 |
| 47,484 | NY Community Bancorp, Inc. | 579,780 | 495,977 |
| 6,792 | OGE Energy Corp. | 260,677 | 230,950 |
| 18,441 | On Semiconductor Corporation | 1,252,513 | 702,184 |
| 11,157 | Onemain Holdings, Inc. | 558,296 | 565,335 |
| 12,111 | Oracle Corporation | 1,056,200 | 1,099,530 |
| 2,889 | Oshkosh Corporation | 325,619 | 318,031 |
| 1,599 | Owens Corning | 144,710 | 105,697 |
| 1,172 | Packaging Corporation of America | 159,568 | 116,252 |
| 1,063 | Parker-Hannifin Corporation | 338,162 | 116,832 |
| 8,965 | Paychex, Inc. | 1,223,723 | 989,226 |
| 10,338 | Pfizer, Inc. | 610,459 | 380,037 |
| 6,259 | Philip Morris International, Inc. | 594,605 | 516,252 |
| 3,921 | Pinnacle West Capital Corporation | 276,783 | 303,031 |
| 4,809 | Portland General Electric Company | 254,492 | 232,440 |
| 7,900 | PPL Corporation | 237,474 | 237,334 |
| 8,830 | Principal Financial Group, Inc. | 638,674 | 376,645 |
| 5,435 | Prudential Financial, Inc. | 588,284 | 372,372 |
| 3,654 | Public Service Enterprise Group Incorporated | 243,831 | 175,155 |
| 3,497 | Quest Diagnostics Incorporated | 605,016 | 423,368 |
| 7,240 | Radisson Mining Resources, Inc. | 314,216 | 362,991 |
| 25,915 | Regions Financial Corporation | 564,947 | 268,961 |
| 5,773 | Robert Half International, Inc. | 643,805 | 539,088 |
| 928 | RS Technologies Co., Ltd. | 150,540 | 58,492 |
| 10,379 | Seagate Technology Plc | 1,172,619 | 1,101,492 |
| | <u>Forward</u> | \$ 75,420,652 | \$ 55,295,296 |

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, 2021

| No. of Shares | <u>Common Stocks (Continued)</u> | Fair Value | Carry Value |
|------------------|---|-----------------------|-----------------------|
| | <u>WEDGE Capital Management, LLP (Continued)</u> | | |
| | <u>Forwarded</u> | \$ 75,420,652 | \$ 55,295,296 |
| 7,228 | Skyworks Solutions, Inc. | 1,121,352 | 1,166,556 |
| 1,621 | Snap-On Incorporated | 349,131 | 315,687 |
| 2,751 | Sonoco Products Company | 159,255 | 155,946 |
| 2,275 | Steel Dynamics, Inc. | 141,209 | 70,647 |
| 11,394 | Synchrony Financial | 528,568 | 303,747 |
| 7,450 | TE Connectivity Ltd | 1,201,983 | 813,338 |
| 14,932 | Tempur Sealy International, Inc. | 702,252 | 442,559 |
| 7,965 | Tenet Healthcare Corporation | 650,661 | 516,320 |
| 6,340 | Texas Instruments Incorporated | 1,194,900 | 904,248 |
| 1,531 | The Goldman Sachs Group, Inc. | 585,684 | 627,496 |
| 4,467 | The J. M. Smucker Company | 606,708 | 573,514 |
| 17,192 | The Kraft Heinz Company | 617,193 | 527,599 |
| 13,816 | The Kroger Co. | 625,312 | 516,280 |
| 4,844 | The Timken Company | 335,641 | 392,730 |
| 6,301 | Thor Industries, Inc. | 653,855 | 820,637 |
| 2,032 | T-Mobile US, Inc. | 235,671 | 147,289 |
| 9,794 | Toll Brothers, Inc. | 708,988 | 499,130 |
| 6,493 | Total Energy Services, Inc. | 321,144 | 326,859 |
| 3,072 | Tractor Supply Company | 732,979 | 416,954 |
| 6,608 | Tyson Foods, Inc. | 575,953 | 517,123 |
| 5,861 | Ugi Corporation | 269,079 | 217,181 |
| 1,781 | Ulta Beauty, Inc. | 734,378 | 681,650 |
| 10,280 | Unilever Plc | 552,961 | 505,360 |
| 928 | United Rentals, Inc. | 308,365 | 83,061 |
| 2,841 | United Therapeutics Corporation | 613,883 | 334,002 |
| 4,407 | Valvoline, Inc. | 164,337 | 99,351 |
| 4,918 | Verizon Communications, Inc. | 255,539 | 268,266 |
| 46,754 | Viatis, Inc. | 632,582 | 664,652 |
| 11,880 | Vistra Corp. | 270,508 | 205,251 |
| 8,866 | Voya Financial, Inc. | 587,904 | 513,240 |
| 1,707 | Westlake Corporation | 165,801 | 114,535 |
| 4,046 | Williams-Sonoma, Inc. | 684,300 | 485,417 |
| 1,958 | Zebra Technologies Corporation | 1,165,402 | 951,680 |
| | <u>TOTALS - WEDGE CAPITAL MANAGEMENT, LLP</u> | <u>\$ 93,874,130</u> | <u>\$ 70,473,601</u> |
| | <u>TOTALS - COMMON STOCKS</u> | <u>\$ 656,996,797</u> | <u>\$ 435,832,014</u> |
| | <u>Real Estate and Related Investments</u> | | |
| 10,379 | AFL-CIO Building Investment Trust | \$ 84,786,599 | \$ 33,393,922 |
| 35,500 | AFL-CIO Housing Investment Trust | 40,365,278 | 39,761,674 |
| 8,274 | Multi-Employer Property Trust | 118,678,992 | 38,897,995 |
| - | Real Estate Corp. - Benefit Plaza, Inc. | 6,119,101 | 2,222,039 |
| - | Real Estate Corp. - Durango Health Center, Inc. | 26,782,444 | 26,838,440 |
| - | Real Estate Corp. - North Las Vegas Health Center, Inc. | 7,911,918 | 7,799,670 |
| - | Real Estate Corp. - Tropicana Health Center, Inc. | 22,253,220 | 12,420,342 |
| | <u>TOTALS - REAL ESTATE AND RELATED INVESTMENTS</u> | <u>\$ 306,897,552</u> | <u>\$ 161,334,082</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, 2021

| <u>No. of Units</u> | <u>Common Trust and Mutual Funds</u> | <u>Fair Value</u> | <u>Carry Value</u> |
|-------------------------|--|-------------------------|-------------------------|
| 1,518,702 | BlackRock S&P Midcap Index | \$ 112,463,834 | \$ 73,679,070 |
| 19,528 | Dimensional Fund Advisors, Inc. - Small Cap Sub Trust | 92,053,612 | 9,625,748 |
| 38,260 | Intercontinental US Real Estate Investment Fund, LLC | 55,077,729 | 40,000,000 |
| 786,990 | Invesco Macro Allocation Strategy Trust | 88,103,581 | 74,743,729 |
| 6,339,115 | J.P. Morgan Strategic Property Fund | 79,560,332 | 33,384,911 |
| 3,757,999 | Johnston International Equity Group Trust | 171,110,271 | 57,887,752 |
| 7,388,465 | Lazard International Strategic Equity Portfolio | 120,949,172 | 93,094,736 |
| 3,251,060 | Loomis Sayles Multisecular Full Discretion Trust | 89,826,786 | 39,501,727 |
| - | Oaktree Senior Loan Fund (Cayman), Ltd. | 88,437,580 | 70,000,000 |
| 2,466,761 | PIMCO Total Return Institutional | 25,333,640 | 25,907,253 |
| 4,847,247 | Voya Senior Loan Trust Fund | 93,474,608 | 70,000,000 |
| 1,275,213 | WA US Core Plus, LLC | 32,178,723 | 16,067,212 |
| | <u>TOTALS - COMMON TRUST AND MUTUAL FUNDS</u> | <u>\$ 1,048,569,868</u> | <u>\$ 603,892,138</u> |
| | <u>Limited Liability Company</u> | | |
| - | ABS Capital Opportunities Ltd. | \$ 155,555,800 | \$ 100,000,000 |
| | <u>Limited Partnerships</u> | | |
| - | EnTrust So. Nevada Culinary & Bartenders Partners, LP | \$ 161,818,175 | \$ 139,056,215 |
| - | GCM Grosvenor Multi-Asset Class Master Fund II, LP | 152,024,937 | 75,000,000 |
| - | Hamilton Lane Capital Opportunities Fund, LP | 4,188,887 | - |
| - | Landmark Equity Partners XIII, LP | 156,805 | - |
| - | McMorgan Infrastructure Fund I, LP | 78,584,857 | 53,616,739 |
| - | Mesirow Financial Private Equity Partnership Fund VI, LP | 65,098,071 | 17,273,008 |
| 38,215 | PIMCO StocksPlus, LP | 150,621,668 | 57,901,808 |
| - | Siguler Guff Small Buyout Opportunities Fund III, LP | 48,647,858 | 29,203,036 |
| | <u>TOTALS - LIMITED PARTNERSHIPS</u> | <u>\$ 661,141,258</u> | <u>\$ 372,050,806</u> |
| | <u>Pooled Separate Account</u> | | |
| 2,664,768 | Separate Account J of the Union Labor Life Insurance Company | \$ 44,987,627 | \$ 39,026,049 |
| | <u>Short Term Investment Funds</u> | | |
| \$1,085,297 | Interest Bearing Cash | \$ 1,085,297 | \$ 1,085,297 |
| 38,221,536 | Wells Fargo Bank - BlackRock STIF | 38,221,536 | 38,221,536 |
| | <u>TOTALS - SHORT TERM INVESTMENT FUNDS</u> | <u>\$ 39,306,833</u> | <u>\$ 39,306,833</u> |
| | <u>TOTALS - ALL INVESTMENTS</u> | <u>\$ 2,913,455,735</u> | <u>\$ 1,751,441,922</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, 2021 TO DECEMBER 31, 2021

| <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 | \$ 455,221,423 | \$ - | \$ 455,221,423 | \$ - |
| | Sales | - | 448,200,974 | 448,200,974 | - |

* 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 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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 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**

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** 127

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 <u>WYNN LAS VEGAS</u> | | |
| b | EIN <u>88-0494875</u> | c | Dollar amount contributed by employer <u>9094082</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>07</u> Day <u>31</u> Year <u>2021</u> | | |
| 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) <u>1.51</u> | | |
| (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 <u>BELLAGIO</u> | | |
| b | EIN <u>94-3373852</u> | c | Dollar amount contributed by employer <u>6350087</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>05</u> Day <u>31</u> Year <u>2023</u> | | |
| 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) <u>1.51</u> | | |
| (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 <u>CAESAR'S PALACE</u> | | |
| b | EIN <u>88-0097966</u> | c | Dollar amount contributed by employer <u>5719779</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>05</u> Day <u>31</u> Year <u>2023</u> | | |
| 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) <u>1.51</u> | | |
| (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 <u>ARIA RESORT & CASINO</u> | | |
| b | EIN <u>20-5396350</u> | c | Dollar amount contributed by employer <u>5969359</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>05</u> Day <u>31</u> Year <u>2023</u> | | |
| 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) <u>1.51</u> | | |
| (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 <u>MGM GRAND HOTEL, INC</u> | | |
| b | EIN <u>94-3373856</u> | c | Dollar amount contributed by employer <u>4722415</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>05</u> Day <u>31</u> Year <u>2023</u> | | |
| 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) <u>1.51</u> | | |
| (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 <u>MANDALAY BAY</u> | | |
| b | EIN <u>88-0384693</u> | c | Dollar amount contributed by employer <u>4595831</u> |
| d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>05</u> Day <u>31</u> Year <u>2023</u> | | |
| 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) <u>1.51</u> | | |
| (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|------|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) | 14a | NONE |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | 14b | NONE |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | 14c | NONE |

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 | 1.07 |
| b The corresponding number for the second preceding plan year | 15b | 1.11 |

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 | NONE |

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: 51.9% Investment-Grade Debt: 6.8% High-Yield Debt: 7.8% Real Estate: 13.1% Other: 20.4%

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):

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

**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 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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, Southern Nevada Culinary & Bartenders Pension Plan | 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 2021

b Assets

| | | |
|---|--------------|---------------|
| (1) Current value of assets..... | 1b(1) | 2,649,875,000 |
| (2) Actuarial value of assets for funding standard account..... | 1b(2) | 2,484,569,870 |

c (1) Accrued liability for plan using immediate gain methods.....
(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) | 3,036,162,757 |

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) | 5,459,873,548 |
| (b) Expected increase in current liability due to benefits accruing during the plan year..... | 1d(2)(b) | 130,632,352 |
| (c) Expected release from "RPA '94" current liability for the plan year..... | 1d(2)(c) | 221,615,145 |
| (3) Expected plan disbursements for the plan year..... | 1d(3) | 218,322,031 |

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 |  | <u>10/7/2022</u> Date |
| | Cary Franklin Signature of actuary | 20-04013 Most recent enrollment number |
| | Horizon Actuarial Services, LLC Type or print name of actuary | (818) 691-2002 Telephone number (including area code) |
| | 5200 Lankershim Blvd Suite 740 North Hollywood CA 91601 Firm name Address of the firm | |

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) 2021
v. 200204

2 Operational information as of beginning of this plan year:

| | | |
|---|----------------------------|-----------------------|
| a Current value of assets (see instructions) | 2a | 2,649,875,000 |
| b "RPA '94" current liability/participant count breakdown: | | |
| (1) For retired participants and beneficiaries receiving payment | (1) Number of participants | (2) Current liability |
| (2) For terminated vested participants | 29,631 | 1,658,001,339 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 52,413,472 |
| (b) Vested benefits | | 2,515,061,290 |
| (c) Total active | 44,979 | 2,567,474,762 |
| (4) Total | 100,552 | 5,459,873,548 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 48.53% |

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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| | 95,230,000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ | 95,230,000 | 3(b) |
| | | | | | 3(c) 0 |
| | | | | | 3(d) 0 |

4 Information on plan status:

| | | |
|--|-----------|--|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | 4a | 81.8% |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered 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 | |

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> 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 were made throughout the year.

6 Checklist of certain actuarial assumptions:

| | | |
|---|--|---|
| a Interest rate for "RPA '94" current liability..... | 6a | 2.43 % |
| 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) | 6+2 |
| (2) Females | 6c(2) | 6F+2 |
| d Valuation liability interest rate | 6d | 6.50 % |
| e Expense loading | 6e | 13.1 % <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 | 9.5 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 12.5 % |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | -81,938,284 | -8,182,502 |
| 4 | 146,233,651 | 14,603,151 |

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 | 66,642,735 |
| 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) | 1,203,348,739 |
| (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 | 13,371,086 |
| e Total charges. Add lines 9a through 9d | 9e | 219,080,102 |

| Credits to funding standard account: | | | |
|--------------------------------------|---|---------------------|---|
| f | Prior year credit balance, if any..... | 9f | 344,860,963 |
| g | Employer contributions. Total from column (b) of line 3..... | 9g | 95,230,000 |
| | | Outstanding balance | |
| h | Amortization credits as of valuation date..... | 9h | 306,894,889 |
| i | Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... | 9i | 28,638,179 |
| j | Full funding limitation (FFL) and credits: | | |
| | (1) ERISA FFL (accrued liability FFL)..... | 9j(1) | 1,025,491,766 |
| | (2) "RPA '94" override (90% current liability FFL)..... | 9j(2) | 2,541,036,814 |
| | (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 | 524,776,380 |
| m | Credit balance: If line 9l is greater than line 9e, enter the difference..... | 9m | 305,696,278 |
| n | Funding deficiency: If line 9e is greater than line 9l, enter the difference..... | 9n | |
| 9o | Current year's accumulated reconciliation account: | | |
| | (1) Due to waived funding deficiency accumulated prior to the 2020 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 | 0 |
| 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 |

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 8b(2)
Schedule of Active Participant Data
EIN: 88-6016617
PN: 001

Exhibit A.1 - Distribution of Active Participants

Measurement Date: January 1, 2021

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

Years of Vesting Service

| Age | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 + | Total |
|--------------|---------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|---------------|
| Under 25 | - | 1,108 | 43 | - | - | - | - | - | - | - | 1,151 |
| 25 - 29 | - | 2,460 | 1,304 | 35 | - | - | - | - | - | - | 3,799 |
| 30 - 34 | - | 2,021 | 1,871 | 655 | 71 | - | - | - | - | - | 4,618 |
| 35 - 39 | - | 1,624 | 1,455 | 1,089 | 745 | 65 | - | - | - | - | 4,978 |
| 40 - 44 | - | 1,275 | 1,219 | 1,106 | 1,124 | 630 | 44 | - | - | - | 5,398 |
| 45 - 49 | - | 1,111 | 1,148 | 1,121 | 1,418 | 1,082 | 387 | 64 | - | - | 6,331 |
| 50 - 54 | - | 926 | 920 | 1,172 | 1,592 | 1,491 | 752 | 455 | 45 | - | 7,353 |
| 55 - 59 | - | 742 | 729 | 1,076 | 1,430 | 1,596 | 857 | 612 | 229 | 71 | 7,342 |
| 60 - 64 | - | 374 | 350 | 530 | 651 | 668 | 383 | 250 | 122 | 128 | 3,456 |
| 65 - 69 | - | 128 | 90 | 78 | 68 | 40 | 15 | 8 | 6 | 11 | 444 |
| 70 + | - | 37 | 33 | 17 | 11 | 5 | 3 | - | - | 3 | 109 |
| Total | - | 11,806 | 9,162 | 6,879 | 7,110 | 5,577 | 2,441 | 1,389 | 402 | 213 | 44,979 |

| | | | |
|--------------|---------------|-------------------------|--------|
| Males | 21,527 | Average Age | 45.72 |
| Females | 23,452 | Average Vesting Service | 12.52 |
| <u>Total</u> | <u>44,979</u> | Number Fully Vested | 33,173 |
| | | Number Nonvested | 11,806 |

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 &
Bartenders Pension Plan**

Plan Name Southern Nevada Culinary and Bartenders Pension Plan

Plan Sponsor Board of Trustees, Southern Nevada Culinary & Bartenders Pension Plan

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 6.50% per annum, compounded annually, net of investment expense for determining costs and liabilities (7.00% was assumed for the January 1, 2020 valuation).

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 (note that 7.00% is used for the ASC 960 accounting disclosure as of December 31, 2020). 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 2021 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 2.43% per annum as of January 1, 2021.

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).

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 88-6016617
PN: 001

| | |
|--------------------------------------|---|
| <i>Operating Expenses</i> | Expenses are assumed to be \$8,000,000, 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 \$7,800,000 for the January 1, 2020 valuation.) This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation. |
| <i>Hours Worked</i> | 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. |
| <i>Contribution Income</i> | 72,900,000 hours are assumed to be worked during 2021 at a contribution rate of \$1.405 per hour through May 2021 and \$1.505 per hour thereafter. (Prior year valuation assumed 101,400,000 hours at a contribution rate of \$1.305 per hour through May 2020 and \$1.405 per hour thereafter). |
| <i>Active Participant</i> | 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, 2020, and had not retired as of January 1, 2021. |
| <i>Non-Disabled Mortality</i> | <p>RP-2014 Blue Collar Healthy Mortality with two-year set forward (separate male and female tables) and no future improvement in mortality rates beyond any included in published table.</p> <p>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.</p> <p>For determining the RPA '94 current liability, the mortality tables prescribed by the PPA were used.</p> |
| <i>Disabled Mortality</i> | <p>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.</p> <p>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.</p> <p>For determining the RPA '94 current liability, the mortality tables prescribed by the PPA were used.</p> |

**Southern Nevada Culinary &
Bartenders Pension Plan**

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 half of their accrued benefit as a single life annuity and half in a lump sum at retirement. The lump sum is limited to \$50,000.

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

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 88-6016617
PN: 001

| | |
|------------------------|--|
| <i>Marriage</i> | 50% of non-retired participants are assumed to be married. |
|------------------------|--|

| | |
|---------------------------|---|
| <i>Spouse Ages</i> | Spouse of a male participant is 4 years younger than the participant; spouse of a female participant is 4 years older than the participant. |
|---------------------------|---|

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

| | |
|-----------------------------------|--|
| <i>Lump Sum Conversion</i> | PPA Unisex Combined Mortality Table for 2021 and 5.75% interest. (Prior valuation used 2020 PPA Unisex Combined Mortality Table and 5.75% interest.) |
|-----------------------------------|--|

| | |
|---------------------------|--|
| <i>Cost Method</i> | 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. |
|---------------------------|--|

| | |
|--------------------------------------|---|
| <i>Asset Valuation Method</i> | 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. 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. |
|--------------------------------------|---|

| | |
|--------------------------------|--|
| <i>Participant Data</i> | Actuarial valuation was prepared based on data files for active, retired, and inactive vested participants furnished by Zenith American Solutions. |
|--------------------------------|--|

| | |
|--|--|
| <i>Missing or Incomplete Participant Data</i> | Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics. |
|--|--|

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 88-6016617
PN: 001

Financial Information Financial information was obtained from the audited financial statements filed with the 2020 Form 5500.

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:

- **Interest Rate** – The interest rate assumption was decreased from 7.00% as of January 1, 2020 to 6.50% as of January 1, 2021.
- **Lump Sum Conversion** – The mortality table used to value lump sums was updated to the 2021 PPA Unisex Combined Mortality Table. (Prior valuation was based on the 2020 PPA Unisex Combined Mortality Table.)
- **Contribution Income** – It is assumed that 72,900,000 hours will be worked in 2021 at a contribution rate of \$1.405 per hour through May 31, 2021 and \$1.505 per hour thereafter. (Prior valuation assumed 99,000,000 hours at a rate of \$1.305 per hour through May 31, 2020 and \$1.405 per hours thereafter.)
- **Operating Expenses** – Annual expenses are assumed to amount to \$8,000,000. (Prior year valuation assumed \$7,800,000.)

Justification for Changes in Assumptions

The assumptions were changed based on recent and anticipated future experience, and professional judgement.

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB – Statement by Enrolled Actuary
EIN: 88-6016617
PN: 001

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, 2021

Enrolled Actuary: Cary Franklin

Enrollment Number: 20-04013

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.

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 88-6016617
PN: 001

Exhibit E.1 - Projection of Expected Benefit Payments

[Form 5500 Sch. MB, Line 8b(1)]

| Plan Year Beginning January 1 | Expected Benefit Payments |
|--|--------------------------------------|
| 2021 | \$210,589,051 |
| 2022 | \$201,024,480 |
| 2023 | \$209,309,570 |
| 2024 | \$218,533,059 |
| 2025 | \$226,482,232 |
| 2026 | \$231,341,389 |
| 2027 | \$236,742,741 |
| 2028 | \$239,871,691 |
| 2029 | \$241,728,362 |
| 2030 | \$238,095,112 |

Notes

Expected benefit payments assume no future accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 88-6016617
PN: 001

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

| Type | Date Established | Initial Period | Outstanding at 1/1/2021 Period | Balance | Annual Payment |
|----------------------|------------------|----------------|--------------------------------|------------------------|-----------------------|
| Amendment | 1/1/1993 | 30.00 | 2.00 | \$ 2,770,023 | \$ 1,428,608 |
| Amendment | 1/1/1994 | 30.00 | 3.00 | 2,580,250 | 914,779 |
| Amendment | 1/1/1997 | 30.00 | 6.00 | 3,777,439 | 732,675 |
| Amendment | 1/1/1998 | 30.00 | 7.00 | 20,276,357 | 3,471,376 |
| Amendment | 1/1/1999 | 30.00 | 8.00 | 43,316,838 | 6,680,038 |
| Assumption | 1/1/1999 | 30.00 | 8.00 | 18,662,984 | 2,878,083 |
| Amendment | 1/1/2000 | 30.00 | 9.00 | 6,323,940 | 892,109 |
| Amendment | 1/1/2003 | 30.00 | 12.00 | 5,509,317 | 634,053 |
| Amendment | 1/1/2005 | 30.00 | 14.00 | 18,785,858 | 1,956,913 |
| Exper Loss | 1/1/2007 | 15.00 | 1.00 | 3,869,374 | 3,869,374 |
| ENIL (2008) | 1/1/2009 | 29.00 | 17.00 | 245,838,570 | 22,830,976 |
| ENIL (2008) | 1/1/2010 | 28.00 | 17.00 | 37,443,270 | 3,477,349 |
| ENIL (2008) | 1/1/2011 | 27.00 | 17.00 | 39,421,221 | 3,661,041 |
| ENIL (2008) | 1/1/2012 | 26.00 | 17.00 | 31,736,385 | 2,947,351 |
| Assumption | 1/1/2012 | 15.00 | 6.00 | 1,694,639 | 328,694 |
| Exper Loss | 1/1/2012 | 15.00 | 6.00 | 37,916,433 | 7,354,304 |
| ENIL (2008) | 1/1/2013 | 25.00 | 17.00 | 32,113,618 | 2,982,385 |
| ENIL (2008) | 1/1/2014 | 24.00 | 17.00 | 81,332,183 | 7,553,303 |
| Assumption | 1/1/2014 | 15.00 | 8.00 | 37,461,410 | 5,777,052 |
| Exper Loss | 1/1/2015 | 15.00 | 9.00 | 12,165,708 | 1,716,199 |
| Exper Loss | 1/1/2016 | 15.00 | 10.00 | 39,760,137 | 5,193,260 |
| Exper Loss | 1/1/2017 | 15.00 | 11.00 | 30,364,332 | 3,708,018 |
| Exper Loss | 1/1/2018 | 15.00 | 12.00 | 26,192,651 | 3,014,446 |
| Amendment | 1/1/2018 | 15.00 | 12.00 | 104,949,763 | 12,078,404 |
| Exper Loss | 1/1/2019 | 15.00 | 13.00 | 58,862,480 | 6,426,929 |
| Assumption | 1/1/2019 | 15.00 | 13.00 | 16,176,846 | 1,766,277 |
| Exper Loss | 1/1/2020 | 15.00 | 14.00 | 33,726,726 | 3,513,295 |
| Assumption | 1/1/2020 | 15.00 | 14.00 | 64,086,336 | 6,675,839 |
| Assumption | 1/1/2021 | 15.00 | 15.00 | 146,233,651 | 14,603,151 |
| Total Charges | | | | \$1,203,348,739 | \$ 139,066,281 |

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 88-6016617
PN: 001

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

Credits

[Schedule MB, Line 9h]

| Type | Date Established | Initial Period | Outstanding at 1/1/2021 | | Annual Payment |
|----------------------|------------------|----------------|-------------------------|-----------------------|----------------------|
| | | | Period | Balance | |
| Assumption | 1/1/1994 | 30.00 | 3.00 | \$ 309,590 | \$ 109,759 |
| Assumption | 1/1/1997 | 30.00 | 6.00 | 236,555 | 45,882 |
| Assumption | 1/1/2001 | 30.00 | 10.00 | 1,020,481 | 133,290 |
| Assumption | 1/1/2002 | 30.00 | 11.00 | 1,444,358 | 176,381 |
| Assumption | 1/1/2003 | 30.00 | 12.00 | 1,618,939 | 186,320 |
| Assumption | 1/1/2004 | 30.00 | 13.00 | 1,803,452 | 196,911 |
| Assumption | 1/1/2006 | 30.00 | 15.00 | 1,690,400 | 168,806 |
| Assumption | 1/1/2007 | 30.00 | 16.00 | 29,103,958 | 2,797,740 |
| Method | 1/1/2008 | 15.00 | 2.00 | 9,259,736 | 4,775,602 |
| Exper Gain | 1/1/2009 | 15.00 | 3.00 | 5,960,297 | 2,113,111 |
| Exper Gain | 1/1/2010 | 15.00 | 4.00 | 58,464,188 | 16,024,279 |
| Exper Gain | 1/1/2011 | 15.00 | 5.00 | 46,053,162 | 10,405,616 |
| Exper Gain | 1/1/2013 | 15.00 | 7.00 | 14,469,796 | 2,477,275 |
| Exper Gain | 1/1/2014 | 15.00 | 8.00 | 53,521,693 | 8,253,764 |
| Exper Gain | 1/1/2021 | 15.00 | 15.00 | 81,938,284 | 8,182,502 |
| Total Credits | | | | \$ 306,894,889 | \$ 56,047,238 |
| Net Total | | | | \$ 896,453,850 | \$ 83,019,043 |

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 |

**Southern Nevada Culinary &
Bartenders Pension Plan**

2021 Schedule MB, line 11
Justification for Change in Actuarial Assumptions
EIN: 88-6016617
PN: 001

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

- **Interest Rate** – The interest rate assumption was decreased from 7.00% as of January 1, 2020 to 6.50% as of January 1, 2021.
- **Lump Sum Conversion** – The mortality table used to value lump sums was updated to the 2021 PPA Unisex Combined Mortality Table. (Prior valuation was based on the 2020 PPA Unisex Combined Mortality Table.)
- **Contribution Income** – It is assumed that 72,900,000 hours will be worked in 2021 at a contribution rate of \$1.405 per hour through May 31, 2021 and \$1.505 per hour thereafter. (Prior valuation assumed 99,000,000 hours at a rate of \$1.305 per hour through May 31, 2020 and \$1.405 per hours thereafter.)
- **Operating Expenses** – Annual expenses are assumed to amount to \$8,000,000. (Prior year valuation assumed \$7,800,000.)

The assumptions were changed based on recent and anticipated future experience, and professional judgement.