

Cumulative e-File History 2017	
Federal	
Locator:	52086K
Taxpayer Name:	SO NEVADA CULINARY AND BARTENDERS PENSION PLN
Return Type:	5500
Submitted Date:	10/13/2018 12:52:16
Acknowledgement Date:	10/13/2018 13:26:42
Status:	Accepted
Submission ID:	886016617181013132004

Authorized Multiemployer Plan e-Signature Affidavit

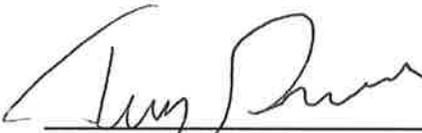
Southern Nevada Culinary and Bartenders Pension Plan; E.I.N. 88-6016617; Plan No. 001

Form 5500 for the year beginning January 1, 2017 and ending December 31, 2017

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 ("MKA") to electronically submit Form 5500 on its behalf under the "additional e-signature option." MKA will maintain a copy of this authorization for its records.

We have manually signed the Form 5500 and understand that MKA 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 MKA 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 10, 8, 18
UNION TRUSTEE (Print Name – Signature - Date)

 Rick Darnold 10, 8, 18
EMPLOYER TRUSTEE (Print Name – Signature - Date)

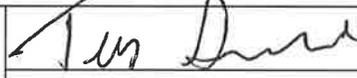
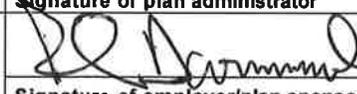
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2017</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a single-employer plan B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program

Part II Basic Plan Information - enter all requested information											
1a Name of plan SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">01/01/1971</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">88-6016617</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">702-369-0000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">721120</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	01/01/1971	2b Employer Identification Number (EIN)	88-6016617	2c Plan Sponsor's telephone number	702-369-0000	2d Business code (see instructions)	721120
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	01/01/1971										
2b Employer Identification Number (EIN)	88-6016617										
2c Plan Sponsor's telephone number	702-369-0000										
2d Business code (see instructions)	721120										

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

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

SIGN HERE		10/8/18	Terry Greenwald
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/8/18	Rick Darnold
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 88-6016617
	3c Administrator's telephone number 702-369-0000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 101014
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 53599
a(2) Total number of active participants at the end of the plan year	6a(2) 52454
b Retired or separated participants receiving benefits	6b 23185
c Other retired or separated participants entitled to future benefits	6c 24479
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 100118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 1081
f Total. Add lines 6d and 6e.	6f 101199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0.
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h 0.
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 117

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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information)
	(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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2017 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN			001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		
BD. OF TRUSTEES, (OF THE ABOVE PLAN)	88-6016617		

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

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

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

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

PNC BANK, NATIONAL ASSOCIATION 22-1146430

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

AFL-CIO HOUSING INVESTMENT TRUST 52-6220193

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

HAMILTON LANE ADVISORS, LLC 23-2962336

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

SCHRODER COMMODITY PORTFOLIO 13-4064414

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

ABS INVESTMENT MANAGEMENT LLC 13-4205457

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

PNC REALTY INVESTORS, INC. 22-1146430

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

LAZARD ASSET MANAGEMENT, LLC 05-0530199

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

MESIROW FINANCIAL PARTNERSHIP FD VI 27-3525125

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

GAM USA, INC.
ONE ROCKEFELLER PLAZA 21ST FL
NEW YORK NY 10020

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

NEW TOWER TRUST COMPANY 30-0872552

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

MCMORGAN & COMPANY LLC 52-2334338

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

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

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

SIGULER GUFF ADVISERS, LLC 13-3855629

(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 95-1702986

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	2801900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES & COMPANY 84-6391546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 51	NONE	850916	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOHNSTON ASSET MANAGEMENT 13-3257590

(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	610662	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 52 51	NONE	577688	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 28 51	NONE	554821	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	492447	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INTERCONTINENTAL REAL ESTATE CORP. 11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	400000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYSTEMATIC FINANCIAL MGMT, L.P. 22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 51 68	NONE	391608	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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	377569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VOYA INVESTMENT TRUST COMPANY 06-1440627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	355267	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES, LLC 26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	326887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT LLP 56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 51 68	NONE	298516	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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	245099	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLUMBIA MGMT INVESTMENT ADVISORS 41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 51	NONE	225279	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARCO CONSULTING GROUP 36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	225000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	206907	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY 95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	184640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO BANK 30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	131639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLER KAPLAN ARASE LLP 95-2036255

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

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

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	78073	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARAMETRIC CLIFTON 20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 51	NONE	73534	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UNITE HERE HEALTH 23-738560

(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	58962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	21502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETERSON BAKER, PLLC 81-2901417

(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	6038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 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 or DFE sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)		
BD. OF TRUSTEES, (OF THE ABOVE PLAN)		88-6016617	

Part I Information 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)	57489337
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)	95784357
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)	88723459
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)	112338263
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA GROUP TRUST - SMALL CAP SUB TRU		
b Name of sponsor of entity listed in (a):	DFA LP		
c EIN-PN 23-6819730 - 005	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70690000
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)	80416604
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)	53939000

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

Schedule D (Form 5500) 2017

**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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning and ending

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

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	11911000	8325000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10049000	9612000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7380000	6617000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31005000	31825000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	515880000	592424000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	8423000	8522000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	410875000	434752000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	174952000	290203000
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	331268000	274142000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	573547000	653692000

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

Schedule H (Form 5500) 2017
v.170203

		(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	2075290000 2310114000
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables.	1h	1772000 2309000
i	Acquisition indebtedness.	1i	
j	Other liabilities.	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).	1k	1772000 2309000
Net Assets			
l	Net assets (subtract line 1k from line 1f).	1l	2073518000 2307805000

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)	114585000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	2000
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	114587000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).	2b(1)(A)	431000
	(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)	431000
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	9194000
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11549000
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	20743000
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.	2b(4)(A)	330915000
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	303878000
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	27037000
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	148539000
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	148539000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		84827000
c Other income	2c		45000
d Total income. Add all income amounts in column (b) and enter total	2d		396209000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.	2e(1)	148884000	
(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)		148884000
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)	1110000	
(2) Contract administrator fees	2i(2)	2750000	
(3) Investment advisory and management fees	2i(3)	5694000	
(4) Other	2i(4)	3484000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13038000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		161922000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		234287000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: MILLER KAPLAN ARASE LLP (2) EIN: 95-2036255

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? . Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4090198 . (See instructions.)

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, 2017

No. of Shares	Common Stocks	Fair Value	Carry Value
<u>Columbia Management Investment Advisers, LLC</u>			
146,400	AES Corp.	\$ 1,585,512	\$ 1,656,142
23,900	Altria Group, Inc.	1,706,699	618,433
33,000	American International Group Co.	1,966,140	2,044,466
36,000	Anadarko Pete Corp.	1,931,040	2,125,133
37,000	Applied Materials, Inc.	1,891,440	501,550
108,100	Bank of America Corp.	3,191,112	1,794,209
26,800	Baxter International, Inc.	1,732,352	822,969
27,500	Bristol-Myers Squibb Co.	1,685,200	632,386
13,800	Chevron Corp.	1,727,622	590,605
36,400	Citigroup, Inc.	2,708,524	1,131,042
56,500	Corning, Inc.	1,807,435	1,142,498
3,400	Costco Wholesale Corp.	632,808	112,534
41,300	Csx Corp.	2,271,913	281,214
15,000	Express Scripts Holding Company	1,119,600	1,216,264
27,000	FMC Corp	2,555,820	997,858
29,500	Halliburton Co.	1,441,665	977,127
15,200	Honeywell International, Inc.	2,331,072	390,366
8,800	Humana, Inc.	2,183,016	537,500
22,100	JPMorgan Chase & Co.	2,363,374	1,047,129
37,800	Juniper Networks, Inc.	1,077,300	747,081
19,200	Lowe's Companies, Inc.	1,784,448	462,655
21,600	Marathon Petroleum Corp.	1,425,168	514,811
31,400	MetLife, Inc.	1,587,584	1,529,115
46,700	Morgan Stanley	2,450,349	1,710,675
16,200	NextEra Energy, Inc.	2,530,278	1,622,216
17,500	Philip Morris International, Inc.	1,848,875	944,856
36,965	Qualcomm, Inc.	2,366,499	1,948,314
61,400	Teradata Corp.	2,361,444	2,289,278
35,035	Tyson Foods, Inc. CL A	2,840,288	989,106
9,800	Union Pacific Corp.	1,314,180	141,834
12,300	United Technologies Corp.	1,569,111	386,223
44,200	Unum Group	2,426,138	986,853
19,400	Valero Energy Corp.	1,783,054	287,312
57,000	Verizon Communications, Inc.	3,017,010	2,715,964
37,500	Wells Fargo & Co.	2,275,125	1,142,804
63,900	Williams Companies, Inc.	1,948,311	1,435,033
<u>TOTALS - COLUMBIA MANAGEMENT INVESTMENT ADVISERS, LLC</u>		<u>\$ 71,437,506</u>	<u>\$ 38,473,555</u>
<u>Janus Intech Institutional Asset Management</u>			
9,100	3M Co.	\$ 2,447,848	\$ 1,647,030
9,400	A.O. Smith Corp.	490,240	267,965
2,400	Abiomed, Inc.	487,266	296,476
7,700	Accenture plc, CL A	520,506	408,981
11,200	Adobe Systems Inc.	2,908,984	2,084,907
1,500	Aetna, Inc.	216,468	185,349
9,400	Albemarle Corp.	153,468	138,992
900	Align Technology, Inc.	1,022,074	394,811
5,300	Allstate Corp.	712,028	630,294
500	Amazon.com, Inc.	1,169,470	922,762
4,900	American Tower Corp	798,952	765,418
6,600	Amphenol Corp. CL A	1,738,440	1,178,412
400	Ansys, Inc.	501,806	403,502
<u>Forward</u>		<u>\$ 13,167,550</u>	<u>\$ 9,324,899</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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DECEMBER 31, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 13,167,550	\$ 9,324,899
13,900	AON plc	1,862,600	1,754,339
29,400	Apple, Inc.	4,975,362	2,766,291
33,200	Applied Materials, Inc.	1,697,184	1,372,232
1,000	AptarGroup, Inc.	86,280	75,602
1,300	Aramark	55,562	53,402
2,100	Arista Networks, Inc.	494,718	313,379
7,600	Arthur J. Gallagher & Co.	480,928	372,937
12,200	Automatic Data Processing, Inc.	1,429,718	990,518
1,700	Avery Dennison Corp.	195,262	185,374
2,900	Baxter International, Inc.	187,456	142,933
5,000	Becton Dickinson & Co.	1,070,300	601,329
3,000	BGC Partners, Inc.	45,330	38,004
8,900	Boeing Co.	2,624,699	2,014,574
4,400	Booz Allen Hamilton Holding Corp.	167,772	157,797
3,400	Boston Scientific Corp.	84,286	80,910
6,200	Broadridge Financial Solutions	561,596	235,138
5,700	BWX Technologies Inc	344,793	225,537
300	Cable One Inc	211,005	175,441
16,900	Cadence Designn Systems, Inc.	706,758	338,895
5,600	CBOE Global Markets, Inc.	697,704	546,612
2,200	CDW Corp.	152,878	87,666
2,000	Celanese, Corp.	214,160	211,546
1,100	Centene Corp.	110,968	106,399
1,000	Cintas Corp.	155,830	86,189
4,900	Cognex, Corp.	299,684	194,717
500	Coherent Inc.	141,110	108,016
1,300	CommScope Holding Company, Inc.	49,179	48,115
7,500	Constellation Brands, Inc.	1,714,275	973,731
2,200	Cooper Companies, Inc.	479,336	524,975
11,700	Copart, Inc.	505,323	255,238
2,700	CoreLogic, Inc.	124,767	122,864
2,300	CoreSite Realty Corp.	261,970	256,138
3,200	Corning, Inc.	102,368	91,513
300	Costar Group, Inc.	89,085	86,541
1,600	CR Bard	529,984	451,845
14,200	Csx Corp.	781,142	706,923
3,300	Cummins Engine, Inc.	582,912	518,181
2,500	CyrusOne Inc	148,825	129,676
1,300	Deere & Company	203,463	165,009
3,700	Dell Technologies, Inc.	300,736	301,624
544	Digital Realty Trust, Inc.	61,962	61,062
3,200	Domino's Pizza, Inc.	604,672	342,864
6,700	Douglas Emmett, Inc.	275,102	256,245
6,000	DXC Technology Co.	569,400	493,386
7,100	Equifax, Inc.	837,232	673,928
1,824	Equinix, Inc.	826,673	535,663
4,800	Equity Lifestyle Properties, Inc.	427,296	250,039
600	Erie Indemnity Company CL A	73,104	58,069
8,100	Expeditors International of Washington, Inc.	523,989	431,927
4,500	Facebook, Inc.	794,070	680,213
600	First Republic Bank	51,984	52,577
11,100	Fiserv, Inc.	1,455,543	736,019
6,700	FMC Corp	634,222	622,753
	<u>Forward</u>	\$ 45,230,107	\$ 32,387,794

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 45,230,107	\$ 32,387,794
6,000	Fortive Corp.	434,100	364,432
4,500	Gaming and Leisure Properties, Inc.	166,500	171,063
5,200	Gartner, Inc.	640,380	453,597
7,100	General Dynamics, Corp.	1,444,495	1,303,645
10,500	Graco, Inc.	474,810	384,578
1,900	Harris Corp.	269,135	232,587
3,000	HEICO Corp.	237,150	171,632
700	Henry Schein, Inc.	48,916	45,725
2,700	Hexcel Corp.	166,995	163,881
2,400	Hill-Rom holdings, Inc.	202,296	161,040
17,100	Honeywell International, Inc.	2,622,456	2,108,030
2,300	Huntington Ingalls Industries, Inc.	542,110	443,010
1,100	Huntsman Corp.	36,619	28,729
3,800	IDEX Corp.	501,486	362,307
1,800	IDEXX Laboratories, Inc.	281,484	221,875
7,000	IHS Markit Ltd.	316,050	307,202
14,200	Illinois Tool Works, Inc.	2,369,270	1,689,949
6,100	Ingersoll-Rand Co. Ltd. plc	544,059	504,162
2,800	Intercontinental Exchange, Inc.	197,568	187,325
200	International Flavors & Fragrances, Inc.	30,522	30,202
1,600	Intuit, Inc.	252,448	156,542
6,900	Intuitive Surgical, Inc.	2,518,086	2,004,665
2,100	IPG Photonics, Corp.	449,673	286,179
2,900	J.B. Hunt Transport Services Inc.	333,442	301,785
3,500	Jack Henry & Associates, Inc.	409,360	200,721
8,100	Johnson & Johnson	1,131,732	1,038,941
1,200	Kar Auction Services, Inc.	60,612	47,733
4,300	KLA-Tencor, Corp.	451,801	376,495
5,600	Lam Research, Corp.	1,030,792	660,084
1,866	Lamb Weston Holdings, Inc.	105,336	66,455
2,400	Landstar System, Inc.	249,840	205,761
11,600	Las Vegas Sands Corp.	806,084	695,239
7,800	Live Nation Entertainment, Inc.	332,046	329,924
900	Lockheed Martin Corp.	288,945	282,004
1,800	LPL Financial Holdings Inc.	102,852	90,336
1,700	Marriott Intl, Inc.	230,741	185,732
26,700	Marsh & McLennan Co.	2,173,113	1,502,541
21,600	Mastercard, Inc.	3,269,376	2,379,634
8,200	McDonald's, Corp.	1,411,384	1,256,580
1,600	Mettler Toledo Intl.	991,232	506,943
900	MGM Resorts International	30,051	27,501
10,300	Microchip Technology, Inc.	905,164	704,805
1,800	Micron Technology Inc.	74,016	80,453
31,800	Microsoft, Corp.	2,720,172	1,727,294
1,700	Monsanto Co.	198,526	200,794
5,400	Moody Corp.	797,094	687,276
5,800	MSCI, Inc.	733,932	319,967
5,200	National Instruments Corp.	216,476	209,170
1,300	Nordson, Corp.	190,320	149,496
5,600	Northrop Grumman Corp.	1,718,696	1,229,234
700	Nu Skin Enterprises, Inc. CL A	47,761	39,004
200	NVR, Inc.	701,644	311,441
1,400	Old Dominion Freight Line, Inc.	184,170	168,252
	<u>Forward</u>	\$ 81,873,425	\$ 60,151,746

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No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 81,873,425	\$ 60,151,746
6,100	Oracle, Corp.	288,408	271,980
5,400	Packaging Corporation of America	650,970	526,516
500	Parker Hannifin Corp.	99,790	91,965
400	PayPal Holdings, Inc.	29,448	28,344
4,100	PepsiCo, Inc.	491,672	457,907
7,600	Philip Morris International, Inc.	802,940	835,151
1,000	Pool, Corp.	129,650	97,943
2,000	Procter & Gamble Company	183,760	175,334
1,900	Progressive, Corp.	107,008	86,843
3,200	PulteGroup, Inc.	106,400	102,949
600	Raymond James Financial, Inc.	53,580	50,864
6,500	Raytheon Company	1,221,025	1,061,002
1,300	Resmed, Inc.	110,097	77,205
500	Rockwell Automation, Inc.	98,175	95,963
700	Rockwell Collins	94,934	93,922
6,400	Rollins, Inc.	297,792	213,355
5,400	Roper Industries, Inc.	1,398,600	1,063,015
4,500	S&P Global, Inc.	762,300	596,681
1,700	SBA Communications Corp.	277,712	277,829
200	Scotts Miracle-Gro Company CL A	21,398	19,416
3,300	SEI Investments Co.	237,138	219,893
6,000	Service Corporation International	223,920	187,197
1,000	State Street Corp.	97,610	92,062
11,800	Stryker Corp.	1,827,112	1,052,967
31,500	Symantec, Corp.	883,890	897,655
900	Synopsys, Inc.	76,716	43,916
1,000	T. Rowe Price Group, Inc.	104,930	95,856
6,400	Take-Two Interactive Software, Inc.	702,592	634,846
1,300	TD Ameritrade Holding Corp.	66,469	63,700
400	Teleflex Inc.	99,528	73,537
2,400	Teradyne, Inc.	100,488	82,585
17,300	Texas Instruments, Inc.	1,806,812	1,332,287
9,600	The Chemours Company	480,576	467,218
10,400	The Wendy's Co.	170,768	149,837
4,800	T-Mobile US, Inc.	304,848	272,091
7,200	Toro Co.	469,656	283,204
8,200	TransUnion	450,672	386,491
4,100	United Parcel Services, Inc.	488,515	444,562
2,100	UnitedHealth Group, Inc.	462,966	367,643
2,800	Vail Resorts, Inc.	594,916	493,539
2,800	Varian Medical Systems, Inc.	311,220	239,732
1,200	Veeva Systems Inc CL A	66,336	50,570
14,400	Visa, Inc. CL A	1,641,888	1,283,715
1,400	Visteon Corp.	175,196	179,259
3,900	VMware, Inc.	488,748	474,770
2,700	Wabco Holdings, Inc.	387,450	393,362
15,200	Waste Management, Inc.	1,311,760	1,066,389
4,700	Waters, Corp.	907,993	635,231
2,500	WellCare Health Plans, Inc.	502,775	349,395
1,700	West Pharmaceutical Services, Inc.	167,739	138,715
800	Westlake Chemical Corp.	85,224	71,968
5,200	Wyndham Worldwide Corp.	602,524	506,510
5,000	Xylem Inc.	341,000	306,651
	<u>Forward</u>	\$ 105,739,059	\$ 79,713,283

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>Janus Intech Institutional Asset Management (Continued)</u>			
	<u>Forwarded</u>	\$ 105,739,059	\$ 79,713,283
13,800	Yum China Holdings, Inc.	552,276	542,486
6,800	Yum! Brands, Inc.	554,948	455,987
10,800	Zayo Group Holdings, Inc.	397,440	352,461
900	Zoetis, Inc.	64,836	57,112
	<u>TOTALS - JANUS INTECH INSTITUTIONAL ASSET MANAGEMENT</u>	<u>\$ 107,308,559</u>	<u>\$ 81,121,329</u>
<u>LSV Asset Management</u>			
3,500	AbbVie, Inc.	\$ 338,485	\$ 237,829
3,200	Aetna, Inc.	577,248	228,652
6,500	AFLAC, Inc.	570,570	295,641
3,000	AGCO Corp.	214,290	146,659
3,400	Alaska Air Group, Inc.	249,934	217,581
4,900	Allstate Corp.	513,079	299,440
10,300	Ally Financial, Inc.	300,348	249,876
4,000	American Airlines, Inc.	208,120	193,308
3,700	American International Group Co.	220,446	185,420
2,100	Ameriprise Financial, Inc.	355,887	46,434
5,300	Amgen, Inc.	921,670	772,380
2,000	Andeavor	228,680	79,614
29,800	Annaly Capital Management, Inc.	354,322	428,517
2,200	Anthem, Inc.	495,022	90,452
2,300	Apple, Inc.	389,229	222,555
9,200	Archer Daniels Midland Co.	368,736	282,888
2,600	Assurant, Inc.	262,184	153,844
42,300	AT&T, Inc.	1,644,624	1,463,674
1,600	Autoliv, Inc.	203,328	89,223
64,500	Bank of America Corp.	1,904,040	1,677,924
12,000	Bank of New York Mellon Corp	646,320	561,074
9,900	Berkshire Hathaway, Inc.	1,962,378	881,685
7,200	Best Buy Co., Inc.	492,984	264,149
3,500	Big Lots, Inc.	196,525	81,884
800	Boeing Co.	235,928	105,968
5,900	BorgWarner, Inc.	301,431	307,039
590	Brighthouse Financial, Inc.	34,598	19,594
3,300	Bunge Ltd.	221,364	253,100
7,500	CA, Inc.	249,600	205,998
4,800	Capital One Financial Corp.	477,984	256,643
3,100	Cardinal Health, Inc.	189,937	223,334
12,200	Chevron Corp.	1,527,318	607,930
38,100	Cisco Systems, Inc.	1,459,230	619,963
4,100	CIT Group, Inc.	201,843	178,882
20,300	Citigroup, Inc.	1,510,523	2,531,892
11,400	Citizens Financial Group, Inc.	478,572	405,788
9,700	Comcast Corp.	388,485	381,088
5,900	Convergys Corp.	138,650	65,991
13,400	Corning, Inc.	428,666	215,665
2,500	Cummins Engine, Inc.	441,600	298,023
9,500	Delta Air Lines, Inc.	532,000	442,023
30,100	DiamondRock Hospitality Co.	339,829	324,388
6,100	Discover Financial Services	469,212	197,418
	<u>Forward</u>	<u>\$ 23,245,219</u>	<u>\$ 16,791,430</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

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No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 23,245,219	\$ 16,791,430
4,200	Domtar Corp.	207,984	162,090
3,000	DowDuPont, Inc.	213,660	140,242
1,176	DXC Technology Co.	111,602	72,536
4,100	Eastman Chemical Company	379,824	290,277
3,600	Edison International	227,664	185,735
6,200	Energizer Holdings, Inc.	297,476	295,274
5,200	Entergy Corp.	423,228	386,529
900	Everest RE Group Ltd.	199,134	100,915
14,800	Exelon Corp.	583,268	548,917
7,300	Express Scripts Holding Company	544,872	464,893
23,900	Exxon Mobil Corp.	1,998,996	2,043,166
1,300	FedEx Corp.	324,402	113,156
8,900	Fifth Third Bancorp	270,026	127,559
10,600	Firstenergy Corp.	324,572	323,052
54,700	Ford Motor Company	683,203	764,016
4,600	Gamestop Corp.	82,570	100,480
9,300	Gannett Co., Inc.	107,787	75,031
25,600	General Electric Co.	446,720	781,527
16,200	General Motors Co.	664,038	523,624
6,000	Gilead Sciences, Inc.	429,840	443,208
2,700	Goldman Sachs Group, Inc.	687,852	561,719
7,800	Goodyear Tire & Rubber Co.	252,018	207,026
5,200	Hartford Financial Services Group, Inc.	292,656	322,392
3,200	HCA Holdings, Inc.	281,088	229,810
23,900	Hewlett-Packard Company	343,204	310,692
7,800	Hospitality Properties Trust	232,830	271,326
10,900	Host Hotels & Resorts, Inc.	216,365	201,577
20,500	HP, Inc.	430,705	356,735
12,400	Huntsman Corp.	412,796	146,941
1,400	Ingredion, Inc.	195,720	51,844
32,900	Intel, Corp.	1,518,664	763,746
4,100	International Business Machines Corp.	629,022	655,063
3,600	International Paper Co.	208,584	171,813
3,100	J.M. Smucker Co.	385,144	367,273
10,900	Johnson & Johnson	1,522,948	847,544
23,300	JPMorgan Chase & Co.	2,491,702	830,643
11,600	Juniper Networks, Inc.	330,600	340,308
13,900	KeyCorp.	280,363	122,581
4,800	Kohls Corp.	260,304	232,830
11,200	Kroger Co.	307,440	321,234
2,000	Lam Research, Corp.	368,140	213,107
5,500	LaSalle Hotel Properties	154,385	149,259
1,500	Lear, Corp.	264,990	63,062
5,300	Lincoln National Corp.	407,411	366,589
1,412	LSC Communications, Inc.	21,392	110,140
4,400	LyondellBasell Industries N.V. CL A	485,408	223,896
6,200	Macy's, Inc.	156,178	186,407
2,300	Manpowergroup Inc.	290,053	208,947
7,500	Marathon Petroleum Corp.	494,850	315,807
40,700	McDermott Intl, Inc.	267,806	259,576
1,500	Mckesson, Corp.	233,925	214,834
5,000	Medtronic plc	403,750	277,747
18,600	Merck & Co., Inc.	1,046,622	869,470
	<u>Forward</u>	\$ 47,641,000	\$ 35,505,595

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No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 47,641,000	\$ 35,505,595
6,500	MetLife, Inc.	328,640	169,738
16,600	MFA Financial, Inc.	131,472	128,197
5,200	Michael Kors Holdings Ltd	327,340	247,461
14,900	Morgan Stanley	781,803	565,669
9,100	Murphy Oil Corp.	282,555	257,402
5,100	Mylan B.V.	215,781	257,659
13,900	Navient Corp.	185,148	190,087
1,600	Norfolk Southern Corp.	231,840	108,552
42,400	Office Depot, Inc.	150,096	246,720
9,900	Omega Healthcare Investors, Inc.	272,646	249,348
10,000	Oracle, Corp.	472,800	381,777
3,800	Owens Corning	349,372	203,833
8,400	Owens-Illinois, Inc.	186,228	222,753
40,500	Pfizer, Inc.	1,466,910	996,901
4,500	Philip Morris International, Inc.	475,425	463,871
1,600	Phillips 66	161,840	75,473
3,200	Pinnacle West Capital Corp.	272,576	96,570
12,400	Pitney Bowes, Inc.	138,632	182,394
5,400	PNC Financial Services Group, Inc.	779,166	286,978
10,700	Procter & Gamble Company	983,116	753,636
4,300	Prudential Financial, Inc.	494,414	210,560
11,100	Public Service Enterprise Group, Inc.	571,650	472,140
6,700	Qualcomm, Inc.	428,934	402,754
26,300	Regions Financial Corp.	454,464	256,981
3,766	RR Donnelley & Sons Co.	35,024	217,864
2,300	Sanderson Farms, Inc.	319,194	263,840
2,700	Schlumberger Ltd.	181,953	212,630
5,600	Seagate Technology plc	234,304	135,812
11,400	Senior Housing Properties Trust	218,310	214,438
4,700	Southwest Airlines	307,615	88,891
4,600	Spirit AeroSystems Holdings, Inc.	401,350	276,816
3,900	State Street Corp.	380,679	142,152
8,600	SunTrust Banks, Inc.	555,474	517,736
942	SuperValu Inc.	20,347	311,055
9,700	Target Corp.	632,925	614,623
1,700	Tech Data Corp.	166,549	84,534
9,400	Tenga, Inc.	132,352	52,069
6,500	Teradyne, Inc.	272,155	116,312
1,800	The Children's Place Inc.	261,630	210,942
5,200	Time Warner Inc.	475,644	356,823
6,000	Toll Brothers, Inc.	288,120	248,323
15,100	Transocean Ltd.	161,268	226,319
3,800	Travelers Companies, Inc.	515,432	145,096
4,300	Tyson Foods, Inc. CL A	348,601	267,497
1,700	U.S. Bancorp	91,086	35,321
3,900	United Continental Holdings, Inc.	262,860	206,623
5,500	United Technologies Corp.	701,635	526,152
7,000	Unum Group	384,230	131,583
8,400	Valero Energy Corp.	772,044	169,413
25,600	Vereit, Inc.	199,424	218,987
17,100	Verizon Communications, Inc.	905,103	881,081
6,300	Viacom, Inc.	194,103	278,076
8,700	Walgreens Boots Alliance	631,794	614,346
	<u>Forward</u>	\$ 67,835,053	\$ 50,698,403

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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>LSV Asset Management (Continued)</u>		
	<u>Forwarded</u>	\$ 67,835,053	\$ 50,698,403
13,000	Wal-Mart Stores, Inc.	1,283,750	906,545
21,600	Wells Fargo & Co.	1,310,472	830,762
3,100	Western Digital Corp.	246,543	105,025
3,500	Westrock Co.	221,235	192,178
2,000	Whirlpool, Corp.	337,280	168,672
4,900	Williams-Sonoma, Inc.	253,330	243,588
4,700	World Fuel Services, Corp.	132,258	215,332
9,900	Xenia Hotels & Resorts, Inc.	213,741	195,693
6,475	Xerox Corp.	188,746	264,265
7,000	XL Group Ltd. plc	246,120	231,975
	<u>TOTALS - LSV ASSET MANAGEMENT</u>	<u>\$ 72,268,528</u>	<u>\$ 54,052,438</u>
	<u>Loomis Sayles & Company, LP</u>		
38,873	Alabama Group Holdings ADR	\$ 6,702,871	\$ 3,008,566
3,026	Alphabet, Inc., CL A	3,187,588	1,419,812
3,035	Alphabet, Inc., CL C	3,175,824	1,645,956
6,696	Amazon.com, Inc.	7,830,771	2,478,062
15,955	American Express Co.	1,584,491	1,194,968
10,720	Amgen, Inc.	1,864,208	1,679,212
5,248	Analog Devices, Inc.	467,229	329,627
33,314	Autodesk, Inc.	3,492,307	1,951,461
7,775	Automatic Data Processing, Inc.	911,152	660,324
33,314	Cerner Corp.	2,245,030	1,913,649
133,839	Cisco Systems, Inc.	5,126,034	3,655,304
62,024	Coca-Cola Co.	2,845,661	2,504,809
205,585	Danone ADR	3,447,660	2,772,881
20,078	Deere & Company	3,142,408	1,687,628
46,715	Expeditors International of Washington, Inc.	3,021,993	2,233,907
40,021	Facebook, Inc.	7,062,106	2,195,197
9,306	FactSet Research Systems Inc.	1,793,825	1,483,464
18,368	Merck & Co., Inc.	1,033,567	1,042,187
35,555	Microsoft, Corp.	3,041,375	1,442,705
69,643	Monster Beverage Corp.	4,407,706	2,433,780
22,782	Novartis AG ADR	1,912,777	2,272,771
66,685	Novo Nordisk A/S ADR	3,578,984	3,380,726
109,613	Oracle, Corp.	5,182,503	4,784,417
31,127	Procter & Gamble Company	2,859,949	2,498,700
52,656	Qualcomm, Inc.	3,371,037	3,461,689
6,698	Regeneron Pharmaceuticals, Inc.	2,518,180	2,718,338
50,312	Schlumberger Ltd.	3,390,526	3,805,940
48,451	SEI Investments Co.	3,481,689	2,130,221
19,940	United Parcel Services, Inc.	2,375,851	1,927,733
21,141	Varian Medical Systems, Inc.	2,349,822	1,718,276
50,589	Visa, Inc. CL A	5,768,158	2,053,369
33,491	Yum China Holdings, Inc.	1,340,310	763,420
22,781	Yum! Brands, Inc.	1,859,157	1,226,638
	<u>TOTALS - LOOMIS SAYLES & COMPANY, LP</u>	<u>\$ 106,372,749</u>	<u>\$ 70,475,737</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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>Systematic Financial Management</u>			
20,945	Alcoa, Inc.	\$ 1,128,307	\$ 774,654
62,665	Allscripts Healthcare Solutions, Inc.	911,776	859,664
13,050	Aptiv plc	1,107,031	1,139,979
13,150	Aramark	562,031	498,693
7,325	Arch Coal Inc.	682,397	549,883
15,710	Athene Holding Ltd. Cl A	812,364	825,270
6,460	Atlas Air Worldwide Holdings Inc.	378,879	341,421
3,350	Avery Dennison Corp.	384,781	264,119
8,950	Baxter International, Inc.	578,528	439,341
19,535	Belden Inc.	1,507,516	1,465,007
6,315	Burlington Stores Inc.	776,934	562,541
113,665	Caesars Entertainment Corp.	1,437,862	1,446,533
19,502	CBRE Group, Inc.	844,632	578,099
62,310	Citizens Financial Group, Inc.	2,615,774	2,257,806
7,095	CNA Financial Corp.	376,390	380,356
93,985	CNH Industrial NV	1,259,399	1,218,391
22,675	Comerica, Inc.	1,968,417	1,677,786
16,565	Comverse Technology, Inc.	693,245	717,777
2,475	Cummins Engine, Inc.	437,184	367,751
5,200	Darden Restaurants, Inc.	499,304	484,617
7,016	Digital Realty Trust, Inc.	799,122	744,308
12,850	E*TRADE Financial Corp	636,974	357,704
36,720	Energen Corp.	2,113,970	2,038,749
21,215	Entergy Corp.	1,726,689	1,733,126
9,365	EPR Properties	613,033	667,034
29,185	Exelon Corp.	1,150,181	1,022,381
76,465	FNB Corp.	1,056,746	1,212,070
26,125	Gaming and Leisure Properties, Inc.	966,625	927,415
9,525	GATX Corp.	592,074	561,225
27,540	Hartford Financial Services Group, Inc.	1,549,951	1,467,629
13,060	HealthSouth, Corp.	645,295	541,255
26,750	Hess Corp.	1,269,822	1,400,255
64,280	Host Hotels & Resorts, Inc.	1,275,958	1,214,181
68,185	HudBay Minerals, Inc.	600,028	544,746
4,560	Humana, Inc.	1,131,199	1,165,411
34,410	Huntsman Corp.	1,145,509	764,370
4,005	ICON plc ADR	449,161	353,726
12,340	JELD-WEN Holding, Inc.	485,826	427,099
53,705	JetBlue Airways Corp.	1,199,770	1,175,418
97,605	KBR, Inc.	1,935,507	1,715,536
37,450	KeyCorp.	755,366	422,892
1,726	Lam Research, Corp.	317,705	126,016
27,310	Lazard Ltd., Cl A	1,433,775	1,129,610
10,915	Leidos Holdings, Inc.	704,781	515,814
35,240	Liberty Property Trust	1,515,672	1,466,560
38,690	Lions Gate Entertainment Corp. Cl B	1,228,021	1,053,786
19,660	Loews Corp.	983,590	969,642
108,335	Medical Properties Trust, Inc.	1,492,856	1,460,458
9,265	Meredith Corp.	611,953	529,700
12,650	Micron Technology Inc.	520,168	275,506
26,615	Microsemi Corp.	1,374,665	1,074,774
14,805	NetApp Inc.	819,013	556,862
24,775	Newmont Mining Corp.	929,558	921,065
61,270	Nomad Foods Ltd.	1,036,076	892,615
8,410	Orbotech Ltd.	422,518	218,005
	<u>Forward</u>	<u>\$ 54,451,908</u>	<u>\$ 48,496,631</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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Systematic Financial Management (Continued)</u>		
	<u>Forwarded</u>	\$ 54,451,908	\$ 48,496,631
4,045	PerkinElmer, Inc.	295,770	215,297
13,285	Perrigo Co. plc	1,157,921	1,168,766
53,950	Piedmont Office Realty Trust	1,057,959	1,168,523
29,555	Pinnacle Foods, Inc.	1,757,636	1,270,474
344,640	Precision Drilling	1,040,813	2,043,751
40,325	Public Service Enterprise Group, Inc.	2,076,738	1,812,411
5,965	PVH Corp.	818,458	601,457
16,970	Qiagen NV	524,882	586,413
5,430	Ralph Lauren Corp.	563,037	471,357
6,250	SL Green Realty Corp.	630,812	728,915
40,935	SM Energy Co.	903,845	1,308,911
15,670	Synchrony Financial	605,019	506,763
10,640	Targa Resources Corp.	515,189	465,829
12,010	Teradyne, Inc.	502,859	404,761
33,905	Terex Corp.	1,634,899	1,391,062
5,535	The Children's Place Inc.	804,512	612,305
8,260	Toll Brothers, Inc.	396,645	288,930
33,565	Triton International Ltd.	1,257,009	1,212,063
44,895	Twitter, Inc.	1,077,929	918,951
5,095	Tyson Foods, Inc. CL A	413,052	350,277
2,210	United Rentals, Inc.	379,921	258,409
12,355	Unum Group	678,166	560,317
30,335	US Foods Holding Corp.	968,596	824,859
37,530	Venator Materials plc	830,164	872,462
3,007	Visteon Corp.	376,296	257,352
31,840	Vistra Energy Corp.	583,309	577,395
14,915	Westrock Co.	942,777	840,477
29,410	Wolverine World Wide, Inc.	937,591	771,207
129,925	WPX Energy, Inc.	1,828,045	1,400,022
3,635	Xilinx, Inc.	245,072	191,466
	<u>TOTALS - SYSTEMATIC FINANCIAL MANAGEMENT</u>	<u>\$ 80,256,829</u>	<u>\$ 72,577,813</u>
	<u>TimesSquare Capital Management, LLC</u>		
20,500	Aercap Holdings Ltd.	\$ 1,078,505	\$ 936,392
13,900	Agilent Technologies, Inc.	930,883	869,289
6,000	Alliance Data Systems Corp.	1,520,880	886,004
20,700	Amdocs Ltd.	1,355,436	780,735
14,500	Ametek, Inc.	1,050,815	517,684
12,000	Amphenol Corp. CL A	1,053,600	633,129
36,300	Apollo Global Management LLC	1,214,961	858,673
22,100	Assured Guaranty Ltd.	748,527	516,952
12,500	Atlassian Corp. plc CL A	569,000	538,378
16,800	AXIS Capital Holdings Ltd.	844,368	872,266
4,500	Bio-Rad Laboratories Inc	1,074,015	840,417
4,400	Bio-Techne Corp.	570,020	566,333
45,100	Booz Allen Hamilton Holding Corp.	1,719,663	1,341,035
18,600	Brunswick Corp.	1,027,092	1,057,961
16,100	BWX Technologies Inc	973,889	693,323
6,500	Carlise Corp.	738,725	661,396
39,300	CBRE Group, Inc.	1,702,083	1,259,608
9,600	Centene Corp.	968,448	657,492
	<u>Forward</u>	<u>\$ 19,140,910</u>	<u>\$ 14,487,067</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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>TimesSquare Capital Management, LLC (Continued)</u>		
	<u>Forwarded</u>	\$ 19,140,910	\$ 14,487,067
6,000	Charles River Laboratories	656,700	613,102
3,025	Coherent Inc.	853,716	768,474
8,200	Concho Resources, Inc.	1,231,804	1,016,861
17,000	Copart, Inc.	734,230	276,230
3,750	Costar Group, Inc.	1,113,563	797,335
19,100	DaVita Inc.	1,379,975	920,737
20,800	Dolby Laboratories Inc. CL A	1,289,600	1,033,543
16,700	Dollar Tree Inc.	1,792,077	1,297,188
3,500	Domino's Pizza, Inc.	661,360	476,861
8,300	Ecolab, Inc.	1,113,694	577,958
8,900	Electronic Arts, Inc.	935,034	672,065
10,100	Fidelity National Information Services	950,309	671,715
8,850	Fleetcor Technologies Inc	1,703,005	1,344,117
17,500	Gartner, Inc.	2,155,125	1,230,694
13,500	Genesee & Wyoming, Inc.	1,062,855	1,091,408
22,500	Global Payments Inc.	2,255,400	1,147,458
12,500	Hexcel Corp.	773,125	531,719
6,900	International Flavors & Fragrances, Inc.	1,053,009	1,014,788
28,000	International Game Technology plc	742,280	533,065
7,900	J.B. Hunt Transport Services Inc.	908,342	659,785
9,000	L3 Technologies, Inc.	1,780,650	1,142,278
20,800	Leggett & Platt, Inc.	992,784	991,319
8,500	Lincoln Electric Holdings Inc.	778,430	601,934
7,100	Martin Marietta Materials, Inc.	1,569,384	1,272,335
51,600	Marvell Technology Group Ltd	1,107,852	838,087
7,600	McCormick & Co.	774,516	759,251
10,700	Microchip Technology, Inc.	940,316	948,615
18,000	Neurocrine Biosciences, Inc.	1,396,620	922,655
26,900	Nielsen Holdings plc	979,160	905,717
7,800	Nordson, Corp.	1,141,920	914,094
21,000	Open Text Corp.	749,070	651,400
5,800	O'Reilly Automotive, Inc.	1,395,132	1,064,963
7,000	Pool, Corp.	907,550	371,409
36,800	Premier, Inc.	1,074,192	1,119,338
48,400	Progressive, Corp.	2,725,888	1,896,880
8,600	Red Hat, Inc.	1,032,860	727,310
9,800	Renaissance Re Holdings Ltd.	1,230,782	917,921
13,400	Ross Stores, Inc.	1,075,350	630,188
12,400	Ryanair Holdings plc ADR	1,291,956	892,297
6,500	S&P Global, Inc.	1,101,100	444,902
17,300	SBA Communications Corp.	2,826,128	997,322
7,600	Scotts Miracle-Gro Company CL A	813,124	701,081
17,100	ServiceMaster Global Holdings, Inc.	876,717	576,764
7,100	Signature Bank	974,546	893,655
18,900	TD Ameritrade Holding Corp.	966,357	738,563
7,700	Tesaro, Inc.	638,099	864,434
3,800	TransDigm Group, Inc.	1,043,556	779,686
20,300	TransUnion	1,115,688	921,347
5,300	Tyler Technologies Inc.	938,365	859,386
3,200	Ulta Salon, Cosmetics & Fragrance, Inc.	715,712	698,418
10,600	Vantiv, Inc.	779,630	431,749
13,500	Verisk Analytics, Inc.	1,296,000	993,694
6,100	Vertex Pharmaceuticals Inc.	914,146	596,655
	<u>Forward</u>	\$ 80,449,693	\$ 59,227,817

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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
<u>TimesSquare Capital Management, LLC (Continued)</u>			
	<u>Forwarded</u>	\$ 80,449,693	\$ 59,227,817
5,100	Wabco Holdings, Inc.	731,850	418,039
21,200	Waste Connections, Inc.	1,503,928	1,232,119
4,400	Watsco, Inc.	748,176	614,714
19,500	Zayo Group Holdings, Inc.	717,600	564,816
	<u>TOTALS - TIMESSQUARE CAPITAL MANAGEMENT, LLC</u>	<u>\$ 84,151,247</u>	<u>\$ 62,057,505</u>
<u>WEDGE Capital Management, LLP</u>			
1,700	3M Co.	\$ 400,129	\$ 200,852
4,900	AGCO Corp.	350,007	261,495
1,000	Air Products & Chemicals, Inc.	164,080	109,009
4,800	Alaska Air Group, Inc.	352,848	346,856
1,300	Albemarle Corp.	166,257	91,447
4,000	Ameren Corp.	235,960	138,057
3,200	American Electric Power Company, Inc.	235,424	158,550
10,200	American International Group Co.	607,716	573,860
3,700	Ameriprise Financial, Inc.	627,039	199,551
5,200	Amgen, Inc.	904,280	829,695
13,100	Amphenol Corp. CL A	1,150,180	1,039,070
4,200	Anthem, Inc.	945,042	486,964
7,200	Apple, Inc.	1,218,456	1,120,659
3,600	Aptiv plc	305,388	200,480
3,800	Archer Daniels Midland Co.	152,304	141,917
3,000	Autoliv, Inc.	381,240	256,969
4,200	Ball Corp.	158,970	109,663
21,300	Bank of America Corp.	628,776	371,867
9,000	Best Buy Co., Inc.	616,230	400,455
2,900	Biogen Inc.	923,853	677,982
4,100	Boeing Co.	1,209,131	973,509
6,700	BP plc ADR	281,601	297,942
5,000	Burlington Stores Inc.	615,150	495,238
6,400	Capital One Financial Corp.	637,312	459,172
3,100	Carlise Corp.	352,315	305,150
7,300	CarMax, Inc.	468,149	558,358
1,409	Celanese, Corp.	150,876	64,587
9,600	Centene Corp.	968,448	745,761
8,200	Centerpoint Energy, Inc.	232,552	156,161
2,300	Chevron Corp.	287,937	183,401
8,300	Citigroup, Inc.	617,603	466,743
5,500	ConocoPhillips	301,895	281,034
2,500	Crown Holdings, Inc.	140,625	114,532
2,200	Cummins Engine, Inc.	388,608	226,146
11,100	D.R. Horton, Inc.	566,877	401,244
9,700	Danaher Corp.	900,354	785,873
6,600	Delta Air Lines, Inc.	369,600	310,281
8,300	Discover Financial Services	638,436	318,617
5,300	Dollar Tree Inc.	568,743	561,978
3,900	Dover Corp.	393,861	297,438
9,600	Dr. Pepper Snapple Group, Inc.	931,776	621,823
1,800	Eastman Chemical Company	166,752	99,547
3,100	Edison International	196,044	163,208
5,700	Emerson Electric Co.	397,233	297,203
	<u>Forward</u>	<u>\$ 22,306,057</u>	<u>\$ 16,900,344</u>

SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

SCHEDULE 1

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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 88-6016617; PLAN NO. 001

DECEMBER 31, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>WEDGE Capital Management, LLP (Continued)</u>		
	<u>Forwarded</u>	\$ 22,306,057	\$ 16,900,344
8,400	Eni SpA ADR	278,796	348,312
2,900	Entergy Corp.	236,031	201,420
3,600	Eversource Energy	227,448	210,992
6,100	Exelon Corp.	240,401	207,115
12,800	Express Scripts Holding Company	955,392	917,393
3,400	Exxon Mobil Corp.	284,376	289,889
7,100	Firstenergy Corp.	217,402	253,785
8,900	Fiserv, Inc.	1,167,057	866,354
13,400	Franklin Resources, Inc.	580,622	486,075
6,400	General Dynamics, Corp.	1,302,080	963,561
18,800	Gentex, Corp.	393,860	325,309
11,600	Global Payments Inc.	1,162,784	880,636
2,600	Goldman Sachs Group, Inc.	662,376	417,257
10,400	Hartford Financial Services Group, Inc.	585,312	330,623
6,100	Hess Corp.	289,567	366,445
22,300	Hologic, Inc.	953,325	786,634
3,000	Home Depot, Inc.	568,590	359,068
5,300	Huntsman Corp.	176,437	128,563
1,100	Ingredion, Inc.	153,780	83,678
26,500	Intel, Corp.	1,223,240	964,099
2,700	International Paper Co.	156,438	94,815
7,000	J.M. Smucker Co.	869,680	859,244
5,300	Jacobs Engineering Group, Inc.	349,588	239,194
6,300	Johnson & Johnson	880,236	610,006
5,800	JPMorgan Chase & Co.	620,252	228,382
8,500	Las Vegas Sands Corp.	590,665	559,518
2,200	Lear, Corp.	388,652	227,877
8,200	Lincoln National Corp.	630,334	300,344
1,600	LyondellBasell Industries N.V. CL A	176,512	141,054
4,600	Manpowergroup Inc.	580,106	449,737
18,400	Marathon Oil Corp.	311,512	255,154
3,500	McDonald's, Corp.	602,420	501,324
5,600	Mckesson, Corp.	873,320	880,088
11,400	Medtronic plc	920,550	929,233
16,300	Merck & Co., Inc.	917,201	960,073
12,800	MetLife, Inc.	647,168	529,095
30,200	Micron Technology Inc.	1,241,824	1,366,237
2,200	Mohawk Industries Inc.	606,980	427,148
3,700	Moody Corp.	546,157	540,527
11,600	Morgan Stanley	608,652	412,694
10,300	Murphy Oil Corp.	319,815	367,707
50,600	Nabors Industries Ltd.	345,598	443,279
8,000	National-Oilwell Varco, Inc.	288,160	255,780
3,900	Northrop Grumman Corp.	1,196,949	1,007,629
7,800	NRG Energy, Inc.	222,144	130,911
6,300	OGE Energy Corp.	207,333	167,031
22,700	Oracle, Corp.	1,073,256	1,144,393
6,300	Owens-Illinois, Inc.	139,671	120,916
1,400	Packaging Corporation of America	168,770	109,058
1,750	Parker Hannifin Corp.	349,265	156,481
32,800	Pitney Bowes, Inc.	366,704	527,731
8,900	Principial Financial Group, Inc.	627,984	338,457
5,400	Prudential Financial, Inc.	620,892	338,888
	<u>Forward</u>	\$ 52,409,721	\$ 41,907,557

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, 2017

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>WEDGE Capital Management, LLP (Continued)</u>		
	<u>Forwarded</u>	\$ 52,409,721	\$ 41,907,557
5,000	Public Service Enterprise Group, Inc.	257,500	176,802
16,700	PulteGroup, Inc.	555,275	385,517
4,500	PVH Corp.	617,445	578,648
39,400	Regions Financial Corp.	680,832	336,555
1,900	Reliance Steel & Aluminum Co.	163,001	104,124
4,300	Royal Caribbean Cruises Ltd	512,904	464,733
4,400	Royal Dutch Shell plc	293,524	279,854
3,300	S&P Global, Inc.	559,020	450,576
4,900	SCANA Corp.	194,922	284,779
45,400	Southwestern Energy Co.	253,332	337,598
14,000	Spirit AeroSystems Holdings, Inc.	1,221,500	1,016,152
3,600	Stanley Black & Decker, Inc.	610,884	495,682
10,200	SunTrust Banks, Inc.	658,818	307,912
16,600	Synchrony Financial	640,926	537,219
5,400	Take-Two Interactive Software, Inc.	592,812	360,679
12,000	TE Connectivity Ltd	1,140,480	905,221
11,200	Texas Instruments, Inc.	1,169,728	716,451
7,500	The Mosaic Co.	192,450	224,073
3,700	Thor Industries, Inc.	557,664	473,325
3,800	T-Mobile US, Inc.	241,338	166,210
11,300	Toll Brothers, Inc.	542,626	450,890
5,200	Total SA ADR	287,456	289,409
27,100	Transocean Ltd.	289,428	397,679
10,200	Tyson Foods, Inc. CL A	826,914	661,534
6,300	United Continental Holdings, Inc.	424,620	328,379
2,100	United Rentals, Inc.	361,011	175,987
6,600	United Therapeutics Corp.	976,470	809,342
12,500	Unum Group	686,125	328,945
4,800	Verizon Communications, Inc.	254,064	250,942
83,800	Weatherford International plc	349,446	465,216
4,400	WellCare Health Plans, Inc.	884,884	901,825
43,400	Western Union Co.	825,034	940,284
1,600	Westlake Chemical Corp.	170,448	94,274
4,700	Xcel Energy Inc	226,117	206,224
	<u>TOTALS - WEDGE CAPITAL MANAGEMENT, LLP</u>	<u>\$ 70,628,719</u>	<u>\$ 56,810,597</u>
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 592,424,137</u>	<u>\$ 435,568,974</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, 2017

No. of Shares	Real Estate and Related Investments	Fair Value	Carry Value
16,230	AFL-CIO Building Investment Trust	\$ 112,338,263	\$ 52,218,365
44,273	AFL-CIO Housing Investment Trust	50,848,293	50,889,280
11,678	Multi-Employer Property Trust	88,723,459	38,897,995
-	Real Estate Corp. - Benefit Plaza, Inc.	8,522,044	2,282,384
	<u>TOTALS - REAL ESTATE AND RELATED INVESTMENTS</u>	<u>\$ 260,432,059</u>	<u>\$ 144,288,024</u>
	<u>Common Trust and Mutual Funds</u>		
25,301	Dimensional Fund Advisors, Inc. - Small Cap Sub Trust	\$ 70,690,130	\$ 11,423,915
38,260	Intercontinental US Real Estate Investment Fund, LLC	44,954,312	40,000,000
18,055	J.P. Morgan Strategic Property Fund	57,489,337	33,384,911
3,895,123	Johnston International Equity Group Trust	109,433,165	60,000,000
5,953,834	Lazard International Strategic Equity Portfolio	94,695,874	73,259,993
4,407,932	Loomis Sayles Multisecular Full Discretion Trust	95,784,357	53,558,200
-	Oaktree Senior Loan Fund (Cayman), Ltd.	77,597,480	70,000,000
6,250,404	PIMCO Total Return Institutional	56,894,444	58,297,673
4,847,247	Voya Senior Loan Trust Fund	80,416,604	70,000,000
3,117,080	WA US Core Plus, LLC	53,938,620	32,834,413
	<u>TOTALS - COMMON TRUST AND MUTUAL FUNDS</u>	<u>\$ 741,894,323</u>	<u>\$ 502,759,105</u>
	<u>Limited Liability Company</u>		
-	ABS Opportunities Ltd.	\$ 110,316,700	\$ 100,000,000
	<u>Limited Partnerships</u>		
-	GAM US Institutional Trading II, LP	\$ 56,508,574	\$ 56,442,482
-	EnTrust So. Nevada Culinary & Bartenders Partners, LP	254,417,902	242,864,639
-	Hamilton Lane Capital Opportunities Fund, LP	27,545,202	8,787,251
-	Landmark Equity Partners XIII, LP	13,104,719	44,504
-	McMorgan Infrastructure Fund I, LP	56,140,697	51,015,416
-	Mesirow Financial Private Equity Partnership Fund VI, LP	26,339,899	21,910,770
39,815	PIMCO StocksPlus, LP	81,743,069	60,324,805
-	Schroder Commodity Portfolio, LP	19,439,720	30,000,000
-	Siguler Guff Small Buyout Opportunities Fund III, LP	13,427,595	12,616,649
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 548,667,377</u>	<u>\$ 484,006,516</u>
Par Value	<u>Short Term Investment Funds</u>		
\$ 6,116	Interest Bearing Cash	\$ 6,116	\$ 6,116
994,154	U.S. Treasury Bill	994,154	994,154
30,825,145	Wells Fargo Bank - BlackRock	30,825,145	30,825,145
	<u>TOTALS - SHORT TERM INVESTMENT FUNDS</u>	<u>\$ 31,825,415</u>	<u>\$ 31,825,415</u>
	<u>TOTALS - ALL INVESTMENTS</u>	<u>\$ 2,285,560,011</u>	<u>\$ 1,698,448,034</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
DECEMBER 31, 2017

<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	\$ 367,803,910	\$ -	\$ 367,803,910	\$ -
	Sales	-	366,335,614	366,335,614	-

* 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning and ending

A Name of plan
SOUTHERN NEVADA CULINARY AND BARTENDERS PENSION PLAN

B Three-digit plan number (PN) ► 001

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

D Employer Identification Number (EIN)
88-6016617

Part I Distributions

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

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

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

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0.

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer			WYNN LAS VEGAS
b	EIN	88-0494875	c	Dollar amount contributed by employer
				13027803
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	07	Day	31
	Year	2021		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)			
(1)	Contribution rate (in dollars and cents) <u>1.21</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			BELLAGIO
b	EIN	94-3373852	c	Dollar amount contributed by employer
				8057599
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	05	Day	31
	Year	2018		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)			
(1)	Contribution rate (in dollars and cents) <u>1.21</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			ARIA RESORT & CASINO
b	EIN	20-5396350	c	Dollar amount contributed by employer
				7641252
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	05	Day	31
	Year	2018		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)			
(1)	Contribution rate (in dollars and cents) <u>1.21</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			MANDALAY BAY
b	EIN	88-0384693	c	Dollar amount contributed by employer
				7229668
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	05	Day	31
	Year	2018		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)			
(1)	Contribution rate (in dollars and cents) <u>1.21</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			CAESAR 'S PALACE
b	EIN	88-0097966	c	Dollar amount contributed by employer
				7151265
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	05	Day	31
	Year	2018		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)			
(1)	Contribution rate (in dollars and cents) <u>1.21</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			MGM GRAND HOTEL, INC
b	EIN	94-3373856	c	Dollar amount contributed by employer
				6682124
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	11	Day	12
	Year	2014		
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>1.21</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):			

**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

2017

**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**

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

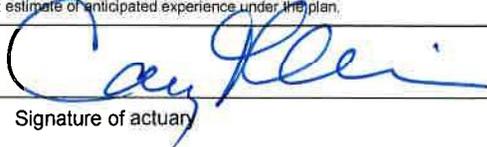
A Name of plan Southern Nevada Culinary and Bartenders Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees	D Employer Identification Number (EIN) 88-6016617

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

1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2017</u>	
b Assets	
(1) Current value of assets.....	1b(1) 2,073,518,000
(2) Actuarial value of assets for funding standard account.....	1b(2) 2,136,779,660
c (1) Accrued liability for plan using immediate gain methods.....	1c(1) 2,317,853,705
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases.....	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method.....	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 2,317,853,705
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 4,054,409,415
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 131,256,171
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 164,586,439
(3) Expected plan disbursements for the plan year.....	1d(3) 161,694,076

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>10/2/18</u>
	Signature of actuary	Date
Cary Franklin	Type or print name of actuary	17-04013
Horizon Actuarial Services, LLC	Firm name	Most recent enrollment number
5200 Lankershim Blvd Suite 740 North Hollywood CA 91601	Address of the firm	(818) 691-2002
		Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2017
v. 170203

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2,073,518,000
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	23,944	1,106,085,374
(2) For terminated vested participants	23,085	923,944,353
(3) For active participants:		
(a) Non-vested benefits		41,489,348
(b) Vested benefits		1,982,890,340
(c) Total active	50,366	2,024,379,688
(4) Total	97,395	4,054,409,415
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.14 %

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
	114,587,000	0			
Totals ▶			3(b)	114,587,000	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

3(a) Contributions were made throughout the year.

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.05 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	11
(2) Females	6c(2)	11F
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	11.1 % <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	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	7.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	36,880,615	3,784,386

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	67,790,559
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)	994,917,034
(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	13,803,202
e Total charges. Add lines 9a through 9d.....	9e	210,991,802

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	388,974,436
g	Employer contributions. Total from column (b) of line 3.....	9g	114,587,000
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	424,868,553
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	88,325,790
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	752,602,837
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	1,621,595,242
(3)	FFL credit.....	9j(3)	0
k	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	628,640,389
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	417,648,587
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 2017 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Exhibit A.1 - Distribution of Active Participants

Measurement Date: January 1, 2017

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

Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	2,537	38	-	-	-	-	-	-	-	2,575
25 - 29	-	4,044	869	54	-	-	-	-	-	-	4,967
30 - 34	-	2,742	1,580	877	31	-	-	-	-	-	5,230
35 - 39	-	1,938	1,442	1,461	657	24	-	-	-	-	5,522
40 - 44	-	1,615	1,335	1,668	1,232	392	43	-	1	-	6,286
45 - 49	-	1,290	1,314	1,810	1,665	819	444	25	-	-	7,367
50 - 54	-	1,017	1,171	1,779	1,963	1,048	707	236	51	-	7,972
55 - 59	-	659	904	1,333	1,615	929	647	300	271	34	6,692
60 - 64	-	384	449	670	746	395	295	141	136	73	3,289
65 - 69	-	102	101	88	51	15	8	5	6	3	379
70 +	-	39	16	13	10	4	1	1	2	1	87
Total	-	16,367	9,219	9,753	7,970	3,626	2,145	708	467	111	50,366

Males	24,369	Average Age	44.23
Females	25,997	Average Credited Service	10.62
Total	50,366	Number Fully Vested	36,116
		Number Nonvested	14,250

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.

Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Plan Name Southern Nevada Culinary and Bartenders Pension Plan

Plan Sponsor Board of Trustees

EIN / PN 88-6016617 / 001

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

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

This interest rate assumptions, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2017 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 3.05% per annum as of January 1, 2017

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 retired at age 62 (or current age, if older).

Schedule MB, Line 6 (cont.)

Statement of Actuarial Assumptions/Methods

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

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

Contribution Income 96,400,000 hours are assumed to be worked during 2017 at a contribution rate of \$1.14 per hour through May 2017 and \$1.205 per hour thereafter. (Prior year valuation assumed 100,000,000 hours at a rate of \$1.06 per hour through May 2016 and \$1.14 per hour thereafter.)

Active Participant For valuation purposes, an active participant is a participant who has at least one year of Credited Service, and who worked at least 300 hours in the Plan Year ended December 31, 2016, and had not retired as of January 1, 2017.

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

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

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

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

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

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

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

Disability

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

Representative Disability Rates

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

Withdrawal

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

Representative Withdrawal Rates

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

Reemployment

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

Form of Payment

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

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

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

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

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

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

Lump Sum Conversion PPA Unisex Combined Mortality Table for the valuation year and 6.25% interest.

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

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

Schedule MB, Line 6 (cont.) Statement of Actuarial Assumptions/Methods

Pension Relief Act of 2010

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

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

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

Participant Data

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

Missing or Incomplete Participant Data

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

Financial Information

Financial information was obtained from the audited financial statements filed with the 2016 Form 5500.

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

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

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

Schedule MB Attachments

Statement by the Enrolled Actuary

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

EIN: 88-6016617

Plan Number: 001

Plan Name: Southern Nevada Culinary & Bartenders Pension Plan

Valuation Date: January 1, 2017

Enrolled Actuary: Cary Franklin

Enrollment Number: 17-04013

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

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

The 2017 Form 5500 Schedule MB reflects the Trustees' prior decision to apply the provisions of funding relief as permitted under the Pension Relief Act of 2010. Specifically, the Trustees elected to utilize:

- Special extended funding standard account amortization of the Eligible Net Investment Loss incurred during the plan year beginning January 1, 2008.
- Ten-year asset smoothing of the 2008 market value investment loss.

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**Southern Nevada Culinary and
Bartenders Pension Plan**

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2017	154,944,680
2018	149,594,204
2019	158,345,080
2020	163,953,952
2021	169,182,604
2022	176,211,746
2023	181,062,647
2024	187,301,011
2025	191,629,154
2026	193,506,497

Schedule MB, Line 6

Summary of Plan Provisions

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

Plan Name Southern Nevada Culinary and Bartenders Pension Plan

Plan Sponsor Board of Trustees

EIN / PN 88-6016617 / 001

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

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

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

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

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

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

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

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

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

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

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

Schedule MB, Line 6 (cont.)
Summary of Plan Provisions

**Regular Pension –
Amount of Benefit**

The monthly amount of the Regular Pension is equal to \$11.00 for each year of Pension Credit accumulated prior to January 1, 1976, plus a benefit for service on and after January 1, 1976, determined in accordance with the following schedule:

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

The prior schedule is as follows:

Hours Worked in Plan Year	Monthly Accumulated Benefit	Hours Worked in Plan Year	Monthly Accumulated Benefit
2000 or more	\$34.39	1000-1099	\$17.20
1900-1999	32.67	900-999	15.48
1800-1899	30.95	800-899	13.76
1700-1799	29.23	700-799	12.04
1600-1699	27.51	600-699	10.32
1500-1599	25.80	500-599	8.60
1400-1499	24.08	400-499	6.88
1300-1399	22.36	300-399	5.16
1200-1299	20.64	Under 300	None
1100-1199	18.92		

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

**Early Pension –
Eligibility**

Age 55 with at least 5 years of Pension Credit.

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

**Early Pension –
Amount of Benefit**

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

**Disability Benefit –
Eligibility**

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

**Disability Benefit –
Amount of Benefit**

Same as the calculated Regular Pension, commencing immediately.

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

Vested Benefit

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

**Pre-Retirement Death
Benefits**

Spouse's Benefit

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

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

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

Forms of Payment

Normal Form:

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

Optional Forms:

Lump Sum Option

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

Life Annuity

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

Qualified Optional Survivor Annuity

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

Schedule MB, Line 6 (cont.)
Summary of Plan Provisions

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

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

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

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

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Outstanding at 1/1/2017 Period	Balance	Annual Payment
Amendment	1/1/1988	30.00	1.00	\$ 2,371,943	\$ 2,371,943
Amendment	1/1/1990	30.00	3.00	6,623,734	2,358,865
Amendment	1/1/1991	30.00	4.00	1,273,347	351,335
Amendment	1/1/1993	30.00	6.00	7,302,700	1,431,846
Amendment	1/1/1994	30.00	7.00	5,298,805	918,889
Amendment	1/1/1997	30.00	10.00	5,566,129	740,647
Amendment	1/1/1998	30.00	11.00	28,212,592	3,516,210
Amendment	1/1/1999	30.00	12.00	57,617,632	6,779,603
Assumption	1/1/1999	30.00	12.00	24,824,452	2,920,979
Amendment	1/1/2000	30.00	13.00	8,112,265	907,140
Exper Loss	1/1/2003	15.00	1.00	8,425,227	8,425,227
Amendment	1/1/2003	30.00	16.00	6,552,519	648,257
Exper Loss	1/1/2004	15.00	2.00	11,602,396	5,997,374
Exper Loss	1/1/2005	15.00	3.00	28,274,666	10,069,261
Amendment	1/1/2005	30.00	18.00	21,607,605	2,007,541
Exper Loss	1/1/2006	15.00	4.00	24,810,793	6,845,647
Exper Loss	1/1/2007	15.00	5.00	16,975,735	3,869,367
ENIL (2008)	1/1/2009	29.00	21.00	272,839,260	23,532,769
ENIL (2008)	1/1/2010	28.00	21.00	41,555,699	3,584,237
ENIL (2008)	1/1/2011	27.00	21.00	43,750,889	3,773,575
ENIL (2008)	1/1/2012	26.00	21.00	35,222,020	3,037,948
Assumption	1/1/2012	15.00	10.00	2,497,084	332,270
Exper Loss	1/1/2012	15.00	10.00	55,870,540	7,434,306
ENIL (2008)	1/1/2013	25.00	21.00	35,640,690	3,074,060
ENIL (2008)	1/1/2014	24.00	21.00	90,264,976	7,785,481
Assumption	1/1/2014	15.00	12.00	49,829,066	5,863,157
Exper Loss	1/1/2015	15.00	13.00	15,606,005	1,745,114
Exper Loss	1/1/2016	15.00	14.00	49,507,650	5,290,607
Exper Loss	1/1/2017	15.00	15.00	36,880,615	3,784,386
Total Charges				\$ 994,917,034	\$ 129,398,041

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

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

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Outstanding at 1/1/2017 Period	Balance	Annual Payment
Method	1/1/1988	30.00	1.00	\$ 807,577	\$ 807,577
Assumption	1/1/1990	30.00	3.00	4,657,453	1,658,626
Assumption	1/1/1994	30.00	7.00	635,765	110,250
Assumption	1/1/1997	30.00	10.00	348,562	46,380
Assumption	1/1/2001	30.00	14.00	1,270,663	135,789
Assumption	1/1/2002	30.00	15.00	1,754,325	180,015
Assumption	1/1/2003	30.00	16.00	1,925,487	190,493
Assumption	1/1/2004	30.00	17.00	2,106,749	201,667
Assumption	1/1/2006	30.00	19.00	1,918,254	173,455
Assumption	1/1/2007	30.00	20.00	32,638,847	2,879,323
Method	1/1/2008	15.00	6.00	24,411,747	4,786,431
Method	1/1/2009	15.00	2.00	72,583,298	37,518,905
Exper Gain	1/1/2009	15.00	7.00	12,240,044	2,122,597
Exper Gain	1/1/2010	15.00	8.00	103,066,239	16,131,096
Exper Gain	1/1/2011	15.00	9.00	73,178,675	10,497,136
Exper Gain	1/1/2013	15.00	11.00	20,133,315	2,509,267
Exper Gain	1/1/2014	15.00	12.00	71,191,553	8,376,783
Total Credits				\$ 424,868,553	\$ 88,325,790
Net Total				\$ 570,048,481	\$ 41,072,251

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 cost method, actuarial valuation method, or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.03
b The corresponding number for the second preceding plan year	15b	1.07

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 47.0 % Investment-Grade Debt: 9.6 % High-Yield Debt: 9.1 % Real Estate: 13.3 % Other: 21.0 %
- 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):