

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEVADA RESORT ASSOCIATION - IATSE LOCAL 720 WAGE DISABILITY PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 01/15/1979
2a Plan sponsor's name (employer, if for a single-employer plan): NEVADA RESORT ASSOCIATION - IATSE LOCAL DISABILITY TRUST
2b Employer Identification Number (EIN): 94-2565664
2c Plan Sponsor's telephone number: 702-734-8601
2d Business code (see instructions): 525100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for MARIELLE THORNE and GREGORY DECKER.

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

Form 5500 (2023) v. 230707

|  |  |      |
|--|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |      |
|  | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |      |
|  | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 2404 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 2404 |
|  | <b>6a(2)</b>                               | 2167 |
|  | <b>6b</b>                                  |      |
|  | <b>6c</b>                                  |      |
|  | <b>6d</b>                                  | 2167 |
|  | <b>6e</b>                                  |      |
|  | <b>6f</b>                                  |      |
|  | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>   |  |      |
| <b>6h</b>  |  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   | 54   |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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)

|  |  |   |  |
|--|--|---|--|
| <b>a Pension Schedules</b>   |  | <b>b General Schedules</b>  |  |
| (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  |  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |  |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |  | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |  |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               |  | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ |  |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  |  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |  |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  |  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)            |  |
|  |  | (6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

---

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>NEVADA RESORT ASSOCIATION - IATSE LOCAL 720 WAGE DISABILITY PLAN</b>                                 | <b>B</b> Three-digit plan number (PN) ▶                            | <b>502</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEVADA RESORT ASSOCIATION - IATSE LOCAL DISABILITY TRUST</b> | <b>D</b> Employer Identification Number (EIN)<br><b>94-2565664</b> |            |

**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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | NONE  | 72471  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RUBINBROWN LLP

43-0765316

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 42198  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLIMAN, INC.

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16                  | NONE  | 12000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BROWNSTEIN HYATT FARBER SCHRECK

26-1367865

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 9600   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VERUS ADVISORY, INC.

91-1320111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27                     | NONE  | 6667   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>12/01/2023</b> and ending <b>11/30/2024</b>                         |  |
| <b>A</b> Name of plan<br><b>NEVADA RESORT ASSOCIATION - IATSE LOCAL 720 WAGE DISABILITY PLAN</b>                                 | <b>B</b> Three-digit plan number (PN) ▶ <b>502</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NEVADA RESORT ASSOCIATION - IATSE LOCAL DISABILITY TRUST</b> | <b>D</b> Employer Identification Number (EIN)<br><b>94-2565664</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 1408018               | 225825          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 53969                 | 52569           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 3920                  | 15916           |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 95688                 | 50203           |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1525845               | 2731398         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 3087440                      | 3075911                |
| <b>Liabilities</b>  |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 180200                       | 139900                 |
| <b>h</b> Operating payables .....   | <b>1h</b>    | 49726                        | 51958                  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....  | <b>1j</b>    | 361175                       | 138978                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 591101                       | 330836                 |
| <b>Net Assets</b>   |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 2496339                      | 2745075                |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 581092            |                  |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 581092           |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| (1) Interest:  |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 6007              |                  |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   |                  |
| (2) Dividends: <b>(A)</b> Preferred stock .....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 68860             |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| (3) Rents .....  | <b>2b(3)</b>    |                   |                  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   |                  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |                   |                  |

|  |        | (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) |            | 242125    |
| <b>c</b> Other income.....   | 2c     |            | 9249      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | 2d     |            | 907333    |

**Expenses**

|  |        |        |        |
|--|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 499971 |        |
| (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)  |        | 499971 |
| <b>f</b> Corrective distributions (see instructions).....                                  | 2f     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |        |        |
| <b>h</b> Interest expense.....   | 2h     |        |        |
| <b>i</b> Administrative expenses:  |        |        |        |
| (1) Salaries and allowances.....   | 2i(1)  |        |        |
| (2) Contract administrator fees.....   | 2i(2)  | 72471  |        |
| (3) Recordkeeping fees.....  | 2i(3)  | 27098  |        |
| (4) IQPA audit fees.....   | 2i(4)  | 15100  |        |
| (5) Investment advisory and investment management fees.....                                | 2i(5)  | 6667   |        |
| (6) Bank or trust company trustee/custodial fees.....                                      | 2i(6)  | 5337   |        |
| (7) Actuarial fees.....  | 2i(7)  | 12000  |        |
| (8) Legal fees.....  | 2i(8)  | 12952  |        |
| (9) Valuation/appraisal fees.....  | 2i(9)  |        |        |
| (10) Other trustee fees and expenses.....  | 2i(10) | 611    |        |
| (11) Other expenses.....   | 2i(11) | 6390   |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11).....                      | 2i(12) |        | 158626 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |        | 658597 |

**Net Income and Reconciliation**

|  |       |  |        |
|--|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 248736 |
| <b>l</b> Transfers of assets:                                  |       |  |        |
| (1) To this plan.....  | 2l(1) |  |        |
| (2) From this plan.....  | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

**Part IV Compliance Questions**

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

During the plan year:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....   | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  |        |
| <b>n</b> 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. ....  |     | X  |        |

**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.)

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

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

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

---

---

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720**  
**WAGE DISABILITY PLAN**  
*FINANCIAL STATEMENTS*  
*NOVEMBER 30, 2024*

---

---

## **Contents**

---

|  | <b>Page</b> |
|--|-------------|
| <b>Independent Auditors' Report</b> .....                          | 1 - 3       |
| <br><b>Financial Statements</b>                                    |             |
| Statement Of Net Assets Available For Benefits .....               | 4           |
| Statement Of Changes In Net Assets Available<br>For Benefits ..... | 5           |
| Statement Of Benefit Obligations.....                              | 6           |
| Statement Of Changes In Benefit Obligations.....                   | 7           |
| Notes To Financial Statements.....                                 | 8 - 15      |
| <br><b>Supplemental Schedules</b>                                  |             |
| Schedule Of Assets Held At Year End .....                          | 16          |
| Schedule Of Reportable Transactions .....                          | 17          |

## Independent Auditors' Report

Board of Trustees  
Nevada Resort Association  
I.A.T.S.E. Local 720 Wage Disability Plan  
Las Vegas, Nevada

### *Opinion*

We have audited the accompanying financial statements of the Nevada Resort Association I.A.T.S.E. Local 720 Wage Disability Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly in all material respects, the net assets available for benefits and benefit obligations of the Plan as of November 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### *Basis For Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Responsibilities Of Management For The Financial Statements*

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

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

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

### ***Auditors' Responsibilities For The Audit Of The Financial Statements***

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

### ***Supplemental Schedules Required By ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of November 30, 2024 and reportable transactions for the year ended November 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

*RubinBrown LLP*

September 12, 2025

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

|  | <b>November 30,</b> |                     |
|--|---------------------|---------------------|
|  | <b>2024</b>         | <b>2023</b>         |
| <b>Assets</b>                            |                     |                     |
| <b>Investments - At Fair Value</b>       |                     |                     |
| Mutual funds                             | \$ 2,731,398        | \$ 1,525,845        |
| Money market fund                        | 50,203              | 95,688              |
| <b>Total Investments - At Fair Value</b> | <b>2,781,601</b>    | <b>1,621,533</b>    |
| <br>                                     |                     |                     |
| <b>Receivables</b>                       |                     |                     |
| Employer contributions                   | 52,569              | 53,969              |
| Other receivables                        | 10,664              | —                   |
| Accrued interest                         | 4,806               | 2,827               |
| <b>Total Receivables</b>                 | <b>68,039</b>       | <b>56,796</b>       |
| <br>                                     |                     |                     |
| <b>Other Assets</b>                      |                     |                     |
| Cash                                     | 225,825             | 1,408,018           |
| Prepaid expenses                         | 446                 | 1,093               |
| <b>Total Other Assets</b>                | <b>226,271</b>      | <b>1,409,111</b>    |
| <br>                                     |                     |                     |
| <b>Total Assets</b>                      | <b>3,075,911</b>    | <b>3,087,440</b>    |
| <br>                                     |                     |                     |
| <b>Liabilities</b>                       |                     |                     |
| Due to other funds                       | 138,978             | 361,175             |
| Accounts payable and accrued expenses    | 51,958              | 49,726              |
| <b>Total Liabilities</b>                 | <b>190,936</b>      | <b>410,901</b>      |
| <br>                                     |                     |                     |
| <b>Net Assets Available For Benefits</b> | <b>\$ 2,884,975</b> | <b>\$ 2,676,539</b> |

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

|  | <b>For The Years<br/>Ended November 30,</b> |                     |
|--|---|---------------------|
|  | <b>2024</b>                                 | <b>2023</b>         |
| <b>Additions To Net Assets Available For</b>                 |   |                     |
| <b>Benefits Attributed To:</b>                               |   |                     |
| Employer contributions                                       | \$ 581,092                                  | \$ 576,865          |
| <hr/>  |   |                     |
| <b>Deductions From Plan Assets Attributed To:</b>            |   |                     |
| <b>Benefit Payments:</b>                                     |   |                     |
| Disability claims paid to participants                       | 540,271                                     | 481,028             |
| <hr/>  |   |                     |
| <b>Operating Expenses</b>                                    |   |                     |
| Administrative fees  | 72,471                                      | 72,437              |
| Actuarial and consultant fees                                | 23,607                                      | 12,000              |
| Compliance audit fees  | 15,491                                      | 11,306              |
| Trust fund audit and tax return fees                         | 15,100                                      | 14,500              |
| Legal fees - BHFS  | 9,600                                       | 9,000               |
| Investment manager fees                                      | 6,667                                       | 6,000               |
| Office, printing and other                                   | 5,240                                       | 727                 |
| Commercial banking fees                                      | 3,637                                       | 2,085               |
| Legal fees - Urban Law Firm                                  | 3,352                                       | 3,801               |
| Custodial fees   | 1,700                                       | 1,700               |
| Bond and insurance   | 1,150                                       | 1,073               |
| Trustee education  | 611   | 1,630               |
| Meeting expenses   | —   | 189                 |
| <b>Total Operating Expenses</b>                              | <b>158,626</b>                              | <b>136,448</b>      |
| <hr/>  |   |                     |
| <b>Total Deductions</b>                                      | <b>698,897</b>                              | <b>617,476</b>      |
| <hr/>  |   |                     |
| <b>Investment Income</b>                                     |   |                     |
| Interest and dividends                                       | 75,966                                      | 67,591              |
| Net change in fair value of investments                      | 242,125                                     | 13,426              |
| <b>Net Investment Income</b>                                 | <b>318,091</b>                              | <b>81,017</b>       |
| <hr/>  |   |                     |
| <b>Other Income</b>  |   |                     |
| Insurance refunds  | 8,150                                       | —                   |
| <hr/>  |   |                     |
| <b>Net Increase</b>  | <b>208,436</b>                              | <b>40,406</b>       |
| <hr/>  |   |                     |
| <b>Net Assets Available For Benefits - Beginning Of Year</b> | <b>2,676,539</b>                            | <b>2,636,133</b>    |
| <hr/>  |   |                     |
| <b>Net Assets Available For Benefits - End Of Year</b>       | <b>\$ 2,884,975</b>                         | <b>\$ 2,676,539</b> |
| <hr/>  |   |                     |

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**STATEMENT OF BENEFIT OBLIGATIONS**

|  | <u>November 30,</u> |                   |
|--|---------------------|-------------------|
|  | <u>2024</u>         | <u>2023</u>       |
| <b>Benefit Obligations</b>               |                     |                   |
| Accumulated claims incurred but not paid | <b>\$ 139,900</b>   | <b>\$ 180,200</b> |

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS**

|  | <b>For The Years</b>      |                   |
|--|---------------------------|-------------------|
|  | <b>Ended November 30,</b> |                   |
|  | <u>2024</u>               | <u>2023</u>       |
| <b>Benefit Obligations - Beginning Of Year</b> | <b>\$ 180,200</b>         | <b>\$ 152,600</b> |
| Claims reported and approved for payment       | <b>499,971</b>            | 508,628           |
| Claims paid                                    | <b>(540,271)</b>          | (481,028)         |
| <hr/>  |                           |                   |
| <b>Benefit Obligations - End Of Year</b>       | <b>\$ 139,900</b>         | <b>\$ 180,200</b> |

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**NOTES TO FINANCIAL STATEMENTS**

**November 30, 2024 And 2023**

**1. Plan Description**

The following description of the Nevada Resort Association I.A.T.S.E. Local 720 Wage Disability Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

This Plan was formed pursuant to a collective bargaining agreement negotiated between the Nevada Resort Association and I.A.T.S.E. Local 720 providing for the creation of a wage disability fund for eligible participants. A plan was developed and adopted by the Board of Trustees. Employer contributions, as negotiated, together with investment income provide the basic funding for the operation of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Benefits**

Wage disability benefits are available to all eligible participants. An eligible wardrobe employee must have (i) earned at least \$8,000 cumulative in wages in any four of the last five completed calendar quarters, of which at least \$500 was earned in each of any four of the last five completed calendar quarters, (ii) averaged at least \$125 per week in wages during the ninety day period immediately preceding the date of disability, and (iii) been employed in covered employment on the date of disability or have registered for work on the union's referral lists within six days of the date his last period of covered employment was terminated.

An eligible stagehand employee must have (i) earned at least \$10,000 cumulative in wages in any four of the last five completed calendar quarters, of which at least \$600 was earned in each of any four of the last five completed calendar quarters, (ii) averaged at least \$150 per week in wages during the ninety day period immediately preceding the date of disability, and (iii) been employed in covered employment on the date of disability or have registered for work on the union's referral lists within six days of the date his last period of covered employment was terminated.

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

The weekly benefit amount is determined as follows: the first 13 weeks are at 70% of pay, not to exceed \$600 per week; the second 13 weeks are at 70% of pay, not to exceed \$700 per week; the next 26 weeks are at 50% of pay, not to exceed \$600 per week; the next 26 weeks are at 35% of pay, not to exceed \$200 per week for participants with less than ten calendar years coverage, and not to exceed \$300 per week for participants with more than ten calendar years coverage. The maximum benefit to be paid out of the Plan is 78 weeks.

**Contributions**

Participating employers pay 0.5% to 1.1% of gross wages (depending on their contract) for all employees performing covered employment pursuant to the Collective Bargaining Agreement.

**2. Summary Of Significant Accounting Policies**

**Basis Of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting, except for disability claims, which are recorded when paid.

**Estimates And Assumptions**

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period and the actuarial present value of benefit obligations at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Priorities Upon Termination**

Although the Trustees have not expressed any intent to do so, they may amend, modify or terminate the Plan subject to the provisions of ERISA. In the event of termination, the net assets of the Plan would be used to pay any and all obligations of the Plan with the excess, if any, to be used for the continuance of the Plan benefits until such monies have been exhausted.

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

**Investment Valuation And Income Recognition**

The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Net change in fair value of investments represents the difference between the aggregate fair value of investments at year-end and the values at the beginning of the year and includes any realized gains and losses in shares that were bought and sold during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Employer Contributions Receivable And Credit Loss Policy**

The Plan accounts for employer contributions receivable and cash in accordance with Accounting Standards Codification Topic 326, *Financial Instruments - Credit Losses*. The standard requires entities to record an estimate of expected losses on financial assets for the remaining estimated life of the asset. This estimate includes consideration of historical experience, current conditions, and reasonable and supportable forecasts.

Contributions receivable are principally amounts received in December from employers for hours worked by employees in November or earlier. The Plan has concluded that no allowance for current expected credit losses was necessary at November 30, 2024 or 2023.

**Concentration Of Risk**

For the years ended November 30, 2024 and 2023, one contributing employer accounted for approximately 47% and 52%, respectively, of employer contributions.

**Subsequent Events**

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' report.

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

**3. Estimated Liability For Incurred Claims**

This liability represents future estimated disability payments for claims that existed at November 30, 2024 and 2023. The estimated liability has been calculated by the Plan's actuary using an experience factor based on historical data and participant data received from the Administrator.

The estimates and assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of benefit obligations.

**4. Fair Value Measurements**

The Plan utilizes an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- |         |   |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.   |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets</li><li>• Inputs other than quoted prices that are observable for the asset or liability</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means</li></ul> |

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value:

**Money Market Fund And Mutual Funds**

Valued at the daily closing price as reported by the fund. Mutual funds and the money market fund held by the Plan are open-end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and the money market fund held by the Plan are deemed to be actively traded.

The method described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodology used at November 30, 2024 or 2023.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2024 and 2023:

|                   | <b>November 30, 2024</b> |                |                | <b>Total</b>        |
|-------------------|--------------------------|----------------|----------------|---------------------|
|                   | <b>Level 1</b>           | <b>Level 2</b> | <b>Level 3</b> |                     |
| Money market fund | \$ 50,203                | \$ —           | \$ —           | \$ 50,203           |
| Mutual funds      | 2,731,398                | —              | —              | 2,731,398           |
|                   | <u>\$ 2,781,601</u>      | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 2,781,601</u> |

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

|                   | November 30, 2023 |         |         | Total        |
|-------------------|-------------------|---------|---------|--------------|
|                   | Level 1           | Level 2 | Level 3 |              |
| Money market fund | \$ 95,688         | \$ —    | \$ —    | \$ 95,688    |
| Mutual funds      | 1,525,845         | —       | —       | 1,525,845    |
|                   | \$ 1,621,533      | \$ —    | \$ —    | \$ 1,621,533 |

**5. Other Receivables**

Effective July 1, 2017, the Nevada Resort Association I.A.T.S.E. Local 720 Wage Disability Trust adopted Amendment 8 enabling the Plan to withhold both the employer's and employee's portions of Social Security/FICA and Medicare from all wage disability payments, and submit all related required filings to the Internal Revenue Service. At November 30, 2024 and 2023, the Plan had a receivable of \$10,664 and \$0, respectively, representing the employer's portion that will be reimbursed to the Plan.

**6. Risks And Uncertainties**

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent to November 30, 2018, the Plan received a notice from the Internal Revenue Service (IRS) related to assessed overdue payroll taxes in the amount of \$43,184. This amount has been recorded and is included in accounts payable and accrued expenses on the statement of net assets available for benefits. It is at least reasonably possible that changes in the values of assessment will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

**7. Administrative Agreements And Party In Interest Transactions**

The Plan has an agreement with Zenith American Solutions to act as the Plan administrator. The Trust has an agreement with BMO Harris Bank N.A. to act as a custodian of assets held for investment. Effective January 1, 2024, BMO Harris Bank N.A. transitioned its custodian business to Midwest Institutional Trust Company. The Plan has an agreement with Milliman to act as independent actuary and Plan consultant. The Plan has agreements with certain investment advisors and investment managers in relation to the Plan's investment portfolio. The Plan pays fees and expenses to various professional firms to provide administrative functions of the Plan. These transactions qualify as exempt party in interest transactions.

**8. Income Tax Status**

The Nevada Resort Association - IATSE Local 720 Wage Disability Plan is exempt from federal income tax under current provisions of the Internal Revenue Code (IRC).

The Plan has received an exemption letter from the IRS dated May 23, 1979, stating that the voluntary employees' beneficiary association (VEBA) trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

The Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator and the Plan's counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust was tax-exempt as of the financial statement date.

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

**NEVADA RESORT ASSOCIATION**  
**I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

Notes To The Financial Statements (*Continued*)

**9. Reconciliation Of Financial Statements To Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of November 30:

|  | <u>2024</u>             | <u>2023</u>             |
|--|-------------------------|-------------------------|
| Net assets available for benefits per<br>the financial statement | \$ 2,884,975            | \$ 2,676,539            |
| Benefit obligations currently payable                            | <u>(139,900)</u>        | <u>(180,200)</u>        |
| <br>Net Assets Available For Benefits Per<br>The Form 5500       | <br><u>\$ 2,745,075</u> | <br><u>\$ 2,496,339</u> |

The following is a reconciliation of benefits paid per the financial statements to Form 5500 for the year ended November 30, 2024:

|  |                       |
|--|-----------------------|
| Benefits paid to participants per the financial statements | \$ 540,271            |
| Add: Benefit obligations at end of year                    | 139,900               |
| Less: Benefit obligations at beginning of year             | <u>(180,200)</u>      |
| <br>Benefits Paid To Participants Per The Form 5500        | <br><u>\$ 499,971</u> |

Benefit obligations are recorded on Form 5500 but are not recorded as a reduction of net assets available for benefits on the financial statements. Such obligations are recorded on the statement of benefit obligations.

---

## **Supplemental Schedules**

---

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**EIN: 94-2565664    PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
November 30, 2024**

| <b>Description Of Investment</b>              | <b>Number<br/>Of Shares</b> | <b>Cost</b>         | <b>Fair Value</b>   |
|---|-----------------------------|---------------------|---------------------|
| <b>Mutual Funds</b>                           |                             |                     |                     |
| Vanguard Small Cap Index Fund                 | 1,473                       | \$ 109,474          | \$ 183,803          |
| Vanguard Institutional Index Fund             | 1,541                       | 569,723             | 766,385             |
| Vanguard Total International Stock Index Fund | 3,726                       | 462,668             | 492,990             |
| Metropolitan West Total Return Bond Fund      | 141,563                     | 1,379,086           | 1,288,220           |
| <b>Total Mutual Funds</b>                     |                             | <u>2,520,951</u>    | <u>2,731,398</u>    |
| <b>Money Market Fund</b>                      |                             |                     |                     |
| GS Financial Square Government Fund #466      | 50,203                      | 50,203              | 50,203              |
| <b>Total Investments</b>                      |                             | <u>\$ 2,571,154</u> | <u>\$ 2,781,601</u> |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

**EIN: 94-2565664 PLAN NUMBER: 502  
SCHEDULE OF REPORTABLE TRANSACTIONS  
For The Year Ended November 30, 2024**

| Type Of Investment  | Number<br>Of Purchase<br>Transactions | Number<br>Of Sales<br>Transactions | Total<br>Value Of<br>Purchases | Total Net<br>Selling<br>Price | Expenses<br>Incurred In<br>Transactions | Total Cost<br>Of Assets<br>Sold | Total Current<br>Value Of<br>Assets On<br>Transaction Date | Net<br>Gain<br>(Loss) |
|---|---------------------------------------|------------------------------------|--------------------------------|-------------------------------|---|---------------------------------|--|-----------------------|
| <b>Individual Transactions In Excess Of 5%</b>                    |                                       |                                    |                                |                               |   |                                 |  |                       |
| Metropolitan West Total Return Bond Fund                          | 1                                     | —                                  | \$ 541,292                     | \$ —                          | \$ —                                    | \$ —                            | \$ 541,292   | \$ —                  |
| Metropolitan West Total Return Bond Fund                          | 1                                     | —                                  | 146,939                        | —                             | —                                       | —                               | 146,939  | —                     |
| Vanguard Total International Stock Index Fund                     | 1                                     | —                                  | 236,815                        | —                             | —                                       | —                               | 236,815  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | 1                                     | —                                  | 112,769                        | —                             | —                                       | —                               | 112,769  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | —                                     | 1                                  | —                              | 296,939                       | —                                       | 319,182                         | 296,939  | (22,243)              |
| Vanguard Institutional Index Fund                                 | 1                                     | —                                  | 191,708                        | —                             | —                                       | —                               | 191,708  | —                     |
| Vanguard Institutional Index Fund                                 | 1                                     | —                                  | 150,000                        | —                             | —                                       | —                               | 150,000  | —                     |
| <b>Series Of Transactions In Excess Of<br/>5% of Plan Assets:</b> |                                       |                                    |                                |                               |   |                                 |  |                       |
| Metropolitan West Total Return Bond Fund                          | 15                                    | —                                  | \$ 771,680                     | \$ —                          | \$ —                                    | \$ —                            | \$ 771,680   | \$ —                  |
| Metropolitan West Total Return Bond Fund                          | —                                     | 6                                  | —                              | 157,367                       | —                                       | 198,504                         | 157,367  | (41,137)              |
| Vanguard Total International Stock Index Fund                     | 6                                     | —                                  | 268,137                        | —                             | —                                       | —                               | 268,137  | —                     |
| Vanguard Total International Stock Index Fund                     | —                                     | 6                                  | —                              | 68,848                        | —                                       | 51,059                          | 68,848   | 17,789                |
| Vanguard Inflation-Protected Securities Fund                      | 6                                     | —                                  | 132,940                        | —                             | —                                       | —                               | 132,940  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | —                                     | 7                                  | —                              | 329,723                       | —                                       | 355,241                         | 329,723  | (25,518)              |
| Vanguard Institutional Index Fund                                 | 11                                    | —                                  | 369,271                        | —                             | —                                       | —                               | 369,271  | —                     |
| Vanguard Institutional Index Fund                                 | —                                     | 6                                  | —                              | 55,734                        | —                                       | 22,466                          | 55,734   | 33,268                |
| GS Financial Square Government Fund #466                          | 63                                    | —                                  | 3,632,029                      | —                             | —                                       | —                               | 3,632,029  | —                     |
| GS Financial Square Government Fund #466                          | —                                     | 100                                | —                              | 3,677,514                     | —                                       | 3,677,514                       | 3,677,514  | —                     |

The above information is a required disclosure for IRS form 5500, Schedule H, Part IV, line 4j.

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

---

**EIN: 94-2565664    PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
November 30, 2024**

| <b>Description Of Investment</b>              | <b>Number<br/>Of Shares</b> | <b>Cost</b>         | <b>Fair Value</b>   |
|---|-----------------------------|---------------------|---------------------|
| <b>Mutual Funds</b>                           |                             |                     |                     |
| Vanguard Small Cap Index Fund                 | 1,473                       | \$ 109,474          | \$ 183,803          |
| Vanguard Institutional Index Fund             | 1,541                       | 569,723             | 766,385             |
| Vanguard Total International Stock Index Fund | 3,726                       | 462,668             | 492,990             |
| Metropolitan West Total Return Bond Fund      | 141,563                     | 1,379,086           | 1,288,220           |
| <b>Total Mutual Funds</b>                     |                             | <u>2,520,951</u>    | <u>2,731,398</u>    |
| <b>Money Market Fund</b>                      |                             |                     |                     |
| GS Financial Square Government Fund #466      | 50,203                      | 50,203              | 50,203              |
| <b>Total Investments</b>                      |                             | <u>\$ 2,571,154</u> | <u>\$ 2,781,601</u> |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**NEVADA RESORT ASSOCIATION  
I.A.T.S.E. LOCAL 720 WAGE DISABILITY PLAN**

**EIN: 94-2565664 PLAN NUMBER: 502  
SCHEDULE OF REPORTABLE TRANSACTIONS  
For The Year Ended November 30, 2024**

| Type Of Investment  | Number<br>Of Purchase<br>Transactions | Number<br>Of Sales<br>Transactions | Total<br>Value Of<br>Purchases | Total Net<br>Selling<br>Price | Expenses<br>Incurred In<br>Transactions | Total Cost<br>Of Assets<br>Sold | Total Current<br>Value Of<br>Assets On<br>Transaction Date | Net<br>Gain<br>(Loss) |
|---|---------------------------------------|------------------------------------|--------------------------------|-------------------------------|---|---------------------------------|--|-----------------------|
| <b>Individual Transactions In Excess Of 5%</b>                    |                                       |                                    |                                |                               |   |                                 |  |                       |
| Metropolitan West Total Return Bond Fund                          | 1                                     | —                                  | \$ 541,292                     | \$ —                          | \$ —                                    | \$ —                            | \$ 541,292   | \$ —                  |
| Metropolitan West Total Return Bond Fund                          | 1                                     | —                                  | 146,939                        | —                             | —                                       | —                               | 146,939  | —                     |
| Vanguard Total International Stock Index Fund                     | 1                                     | —                                  | 236,815                        | —                             | —                                       | —                               | 236,815  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | 1                                     | —                                  | 112,769                        | —                             | —                                       | —                               | 112,769  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | —                                     | 1                                  | —                              | 296,939                       | —                                       | 319,182                         | 296,939  | (22,243)              |
| Vanguard Institutional Index Fund                                 | 1                                     | —                                  | 191,708                        | —                             | —                                       | —                               | 191,708  | —                     |
| Vanguard Institutional Index Fund                                 | 1                                     | —                                  | 150,000                        | —                             | —                                       | —                               | 150,000  | —                     |
| <b>Series Of Transactions In Excess Of<br/>5% of Plan Assets:</b> |                                       |                                    |                                |                               |   |                                 |  |                       |
| Metropolitan West Total Return Bond Fund                          | 15                                    | —                                  | \$ 771,680                     | \$ —                          | \$ —                                    | \$ —                            | \$ 771,680   | \$ —                  |
| Metropolitan West Total Return Bond Fund                          | —                                     | 6                                  | —                              | 157,367                       | —                                       | 198,504                         | 157,367  | (41,137)              |
| Vanguard Total International Stock Index Fund                     | 6                                     | —                                  | 268,137                        | —                             | —                                       | —                               | 268,137  | —                     |
| Vanguard Total International Stock Index Fund                     | —                                     | 6                                  | —                              | 68,848                        | —                                       | 51,059                          | 68,848   | 17,789                |
| Vanguard Inflation-Protected Securities Fund                      | 6                                     | —                                  | 132,940                        | —                             | —                                       | —                               | 132,940  | —                     |
| Vanguard Inflation-Protected Securities Fund                      | —                                     | 7                                  | —                              | 329,723                       | —                                       | 355,241                         | 329,723  | (25,518)              |
| Vanguard Institutional Index Fund                                 | 11                                    | —                                  | 369,271                        | —                             | —                                       | —                               | 369,271  | —                     |
| Vanguard Institutional Index Fund                                 | —                                     | 6                                  | —                              | 55,734                        | —                                       | 22,466                          | 55,734   | 33,268                |
| GS Financial Square Government Fund #466                          | 63                                    | —                                  | 3,632,029                      | —                             | —                                       | —                               | 3,632,029  | —                     |
| GS Financial Square Government Fund #466                          | —                                     | 100                                | —                              | 3,677,514                     | —                                       | 3,677,514                       | 3,677,514  | —                     |

The above information is a required disclosure for IRS form 5500, Schedule H, Part IV, line 4j.