

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR 2250 S. RANCHO DRIVE, SUITE 295 LAS VEGAS, NV 89102-4454
2b Employer Identification Number (EIN) 51-0144767
2c Plan Sponsor's telephone number 702-734-8601
2d Business code (see instructions) 711100

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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/10/2025, MARIELLE THORNE; 2. Filed with authorized/valid electronic signature, 10/10/2025, GREG DECKER; 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ZENITH AMERICAN SOLUTIONS 2250 S. RANCHO DRIVE, SUITE 295 LAS VEGAS, NV 89102-4454		3b Administrator's EIN 52-1590516	
		3c Administrator's telephone number 702-734-8601	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	5987
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	4388
		6a(2)	4464
		6b	800
		6c	731
		6d	5995
		6e	135
		6f	6130
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	82

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	---

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6664515

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR</u>	D Employer Identification Number (EIN) <u>51-0144767</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>226840117</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>244146856</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>293985280</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>293985280</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>469183444</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>9995101</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>19879399</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>19832771</u>

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

SIGN HERE	
Signature of actuary	Date
<u>JOHN R. BOTSFORD, F.S.A.</u>	<u>09/29/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC</u>	<u>415-394-3740</u>
Firm name	Telephone number (including area code)
<u>500 YGNACIO VALLEY ROAD, SUITE 498 WALNUT CREEK, CA 94596</u>	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	226840117
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	900	209432100
(2) For terminated vested participants	718	95863533
(3) For active participants:		
(a) Non-vested benefits		5939642
(b) Vested benefits		157948169
(c) Total active	1904	163887811
(4) Total	3522	469183444
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.35 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	14549195					
Totals ▶			3(b)	14549195	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	290000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	83.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	6.80 % 6.80 %
e Salary scale	6e	2.50 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.80 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	965165
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	10667793	1082878
4	903409	91704

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	5563374

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	92610658	12698704
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1241821
e Total charges. Add lines 9a through 9d.....	9e		19503899
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		16039859
g Employer contributions. Total from column (b) of line 3.....	9g		14549195
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	26732375	7256788
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2032236
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	94785931	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	187927614	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		39878078
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		20374179
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR	D Employer Identification Number (EIN) 51-0144767	

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

DOVER VIII ASSOCIATES L.P.

30-0692313

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

HARBOURVEST PARTNERS LP

74-3130888

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

BOSTON PARTNERS GLOBAL INVESTORS

98-0202744

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

MACKAY SHIELDS LLC

13-4080466

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

PATHWAY CAPITAL MANAGEMENT, LP

95-4299348

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

PRUDENTIAL INSURANCE CO. OF AMERICA

22-1211670

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

BOSTON PARTNERS TRUST COMPANY

ONE BEACON STREET, 30TH FLOOR
BOSTON, MA 02108

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

BROOKFIELD SUPER-CORE INFRSCTR PTRS

83-0564148

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

BLUE OWL ALTERNATIVE CREDIT ADVISOR

399 PARK AVENUE
NEW YORK, NY 10022

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

BLUE OWL A4 GP LP

399 PARK AVENUE
NEW YORK, NY 10022

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

SEI TRUST COMPANY

06-1271230

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)

RUBINBROWN, LLP

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	220288	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)

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	210485	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	147000	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 LLP

26-1367865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	145826	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	119801	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)

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 24 50 28 27 24 50 51	NONE	54392	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)

THE URBAN LAW FIRM

75-2986189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	52602	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)

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	52500	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)

PRUDENTIAL TRUST COMPANY

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	NONE	49867	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BMO BANK

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	18956	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)

IRON MOUNTAIN, INC.

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13884	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)

PDQ PRINTING

3820 S VALLEY VIEW BLVD
LAS VEGAS, NV 89103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5847	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR</u>	D Employer Identification Number (EIN) <u>51-0144767</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENT EMERG MKTS BLEND DEBT FUND</u>	b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>	c EIN-PN <u>23-6994310-204</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12588825</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PANAGORA GROUP TRUST RISK PARITY</u>	b Name of sponsor of entity listed in (a): <u>PANAGORA ASSET MANAGEMENT, INC.</u>	c EIN-PN <u>04-3183235-006</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13743362</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MACKAY SHIELDS CIT</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>	c EIN-PN <u>47-1818241-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11075966</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM REAL ESTATE US DEBT FUND ICSA</u>	b Name of sponsor of entity listed in (a): <u>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>	c EIN-PN <u>22-1211670-219</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6664515</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMM. PEN. TRUST FUND OF JPMORGAN</u>	b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>	c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5320295</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN EMERGING MARKETS SMALL CAP</u>	b Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT, LLC</u>	c EIN-PN <u>04-2929221-014</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7503930</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOSTON PARTNERS LARGE CAP VALUE FD</u>	b Name of sponsor of entity listed in (a): <u>BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND</u>	c EIN-PN <u>61-1603964-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR	D Employer Identification Number (EIN) 51-0144767

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	106929	7283
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1084687	1074868
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1591390	1893864
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	789561	881305
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	461	323
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	36342346	39170351
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	41160192	28985086
(10) Value of interest in pooled separate accounts	1c(10)	6264995	6664515
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	12984072	21247292
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	126758847	141605709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	227083480	241530596
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	115501	58087
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	115501	58087
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	226967979	241472509

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	14388467	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14388467
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	94407	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		94407
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2828289	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2828289
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	82196603	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	81854767	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		341836
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	634016	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2538976
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		444573
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		763220
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10392316
c Other income	2c		1582338
d Total income. Add all income amounts in column (b) and enter total	2d		34008438

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17970299	
(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)		17970299
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	193709	
(3) Recordkeeping fees	2i(3)	183838	
(4) IQPA audit fees	2i(4)	36450	
(5) Investment advisory and investment management fees	2i(5)	543025	
(6) Bank or trust company trustee/custodial fees	2i(6)	71456	
(7) Actuarial fees	2i(7)	119801	
(8) Legal fees	2i(8)	198428	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19595	
(11) Other expenses	2i(11)	167307	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1533609
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19503908

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14504530
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		96067244
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559033.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN, BOARD OF TR</u>	D Employer Identification Number (EIN) <u>51-0144767</u>	

Part I	Distributions
---------------	----------------------

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 52-1590516

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

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

3	3
---	---

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer LUXOR HOTEL & CASINO		
b	EIN 88-0237030	c	Dollar amount contributed by employer 565247
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 13.5% OF GROSS WAGES		
a	Name of contributing employer FREEMAN AUDIO VISUAL LLC		
b	EIN 75-1375597	c	Dollar amount contributed by employer 98657
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 15.0% OF GROSS WAGES		
a	Name of contributing employer PRODUCTION SUPPORT SERVICES		
b	EIN 88-0252619	c	Dollar amount contributed by employer 78657
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 15.0% OF GROSS WAGES		
a	Name of contributing employer ENCORE GROUP (USA) LLC		
b	EIN 13-4025660	c	Dollar amount contributed by employer 5350517
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 12.5% OF GROSS WAGES		
a	Name of contributing employer INLINE PRODUCTION		
b	EIN 81-4337701	c	Dollar amount contributed by employer 1914613
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2029		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 15.6% OF GROSS WAGES		
a	Name of contributing employer SHOWPAY (NEVADA) LLC		
b	EIN 74-3052991	c	Dollar amount contributed by employer 672989
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2026		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
(1)	Contribution rate (in dollars and cents) _____		
(2)	Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): 11.5% OF GROSS WAGES		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **MSG LAS VEGAS, LLC**

b EIN **32-0488155** **c** Dollar amount contributed by employer **767238**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **15.0% OF GROSS WAGES**

a Name of contributing employer **EXCALIBUR HOTEL & CASINO**

b EIN **88-0239831** **c** Dollar amount contributed by employer **371701**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **13.5% OF GROSS WAGES**

a Name of contributing employer **ROCK LABOR, LLC**

b EIN **87-1630563** **c** Dollar amount contributed by employer **328172**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **15.6% OF GROSS WAGES**

a Name of contributing employer **GLOBAL EXPERIENCE SPECIALISTS**

b EIN **59-1008863** **c** Dollar amount contributed by employer **240736**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2028**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **15.0% OF GROSS WAGES**

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	395
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	379
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	366

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.04
b The corresponding number for the second preceding plan year.....	15b	1.01

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 50.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.0 %
 High-Yield Debt: 6.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 14.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule MB, line 8b(3)</p> <p>Schedule of Projection of Employer Contributions and Withdrawal Liability Payments</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

Name of Plan	NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-0144767	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	13280257	290000	13570257
2025	13612263	290000	13902263
2026	13952570	116413	14068983
2027	14301384	0	14301384
2028	14658918	0	14658918
2029	15025391	0	15025391
2030	15401026	0	15401026
2031	15786052	0	15786052
2032	16180703	0	16180703
2033	16585221	0	16585221

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments****2024****This Form is Open to
Public Inspection**

Name of Plan	NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-0144767	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1194006	1500893	17134965	19829864
2025	1852409	1806890	16694080	20353379
2026	2863838	2087406	16189435	21140679
2027	3664321	2396837	15671847	21733005
2028	4389686	2742599	15137585	22269870
2029	5095061	3048257	14585878	22729196
2030	5801074	3377260	14014737	23193071
2031	6419383	3608569	13396528	23424480
2032	6954307	3787110	12768257	23509674
2033	7392610	4061769	12121844	23576223
2034	7884351	4327390	11472353	23684094
2035	8437951	4581866	10828391	23848208
2036	8750775	4806472	10158923	23716170
2037	8955802	5009341	9493617	23458760
2038	9065592	5104731	8817301	22987624
2039	9263371	5187443	8163863	22614677
2040	9323501	5389063	7527415	22239979
2041	9383744	5453034	6900579	21737357
2042	9411862	5519154	6286912	21217928
2043	9419381	5596243	5690104	20705728
2044	9389163	5606494	5113964	20109621
2045	9300294	5581124	4562378	19443796
2046	9192592	5553097	4039213	18784902
2047	9036150	5442994	3548078	18027222
2048	8847939	5290941	3092098	17230978

Name of Plan	NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-0144767	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	8592588	5124253	2673680	16390521
2050	8299318	4919525	2294342	15513185
2051	7985216	4744782	1954595	14684593
2052	7643100	4558993	1653888	13855981
2053	7315240	4341371	1390702	13047313
2054	6948602	4104645	1162782	12216029
2055	6597038	3873982	967334	11438354
2056	6222538	3639450	801262	10663250
2057	5851727	3404182	661326	9917235
2058	5485496	3178654	544252	9208402
2059	5122113	2956003	446901	8525017
2060	4765783	2731363	366380	7863526
2061	4421699	2540268	300043	7262010
2062	4114496	2326345	245561	6686402
2063	3805175	2121300	200897	6127372
2064	3503514	1924691	164300	5592505
2065	3224454	1738748	134314	5097516
2066	2952492	1563175	109741	4625408
2067	2694542	1398273	89589	4182404
2068	2458617	1244234	73055	3775906
2069	2232104	1101131	59480	3392715
2070	2018849	968917	48321	3036087
2071	1820552	847479	39148	2707179
2072	1636869	736659	31615	2405143
2073	1467239	636215	25444	2128898

NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720
RETIREMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024

Contents

	Page
Independent Auditors' Report	1 - 3
 Financial Statements	
Statement Of Net Assets Available For Benefits	4
Statement Of Changes In Net Assets Available For Benefits	5
Notes To Financial Statements.....	6 - 19
 Supplemental Schedules	
Schedule Of Assets Held At End Of Year	20
Schedule Of Reportable Transactions.....	21

Independent Auditors' Report

Board of Trustees
Nevada Resort Association -
I.A.T.S.E. Local No. 720 Retirement Plan
Las Vegas, Nevada

Opinion

We have audited the financial statements of Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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 Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement 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 Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement 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 Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement 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 Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement 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 December 31, 2024 and reportable transactions for the year ended December 31, 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

October 10, 2025

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments - At Fair Value		
Money market fund	\$ 881,305	\$ 789,561
Corporate bond	323	461
Mutual funds	141,605,709	126,758,847
Partnerships	39,170,351	36,342,346
Common/collective trusts	28,985,086	41,160,192
103-12 investment entities	21,247,292	12,984,072
Pooled separate account	6,664,515	6,264,995
Total Investments - At Fair Value	238,554,581	224,300,474
Receivables		
Withdrawal liability receivable	460,446	715,581
Allowance for withdrawal liability receivable (Note 2)	(460,446)	(587,719)
	—	127,862
Employer contributions receivable	1,074,868	956,825
Accrued investment income	238,438	74,553
Total Receivables	1,313,306	1,159,240
Cash	7,283	106,929
Prepaid Benefits And Expenses	1,655,426	1,516,837
Total Assets	241,530,596	227,083,480
Liabilities		
Accounts payable	58,087	115,501
Net Assets Available For Benefits	\$ 241,472,509	\$ 226,967,979

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

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

	For The Years	
	Ended December 31,	
	2024	2023
Additions To Net Assets Available		
For Benefits Attributed To:		
Employer contributions	\$ 14,259,195	\$ 12,790,611
Withdrawal liability contributions	129,272	288,585
Interest income - withdrawal liability payments	34,866	53,565
Total Additions	14,423,333	13,132,761
Deductions From Net Assets Available For		
Benefits Attributed To:		
Pension benefits paid to participants	17,970,299	17,187,822
Operating Expenses		
Actuarial and consulting fees	119,801	87,605
Administrative fees	193,709	192,069
Commercial banking fees	18,956	17,998
Compliance audit fees	183,838	185,471
Fiduciary and fidelity insurance	4,640	18,608
Legal fees - BHFS	145,826	161,527
Legal fees - Urban Law Firm	52,602	73,207
PBGC insurance	129,537	116,480
Printing and other	33,130	20,837
Trust audit fees	36,450	32,640
Trustee education	16,218	28,990
Trustee meeting expense	3,377	5,274
Total Operating Expenses	938,084	940,706
Total Deductions	18,908,383	18,128,528
Investment Income		
Interest and dividends	4,216,122	4,299,871
Net change in fair value of investments	15,368,983	23,483,228
Less custodial fees	(52,500)	(52,500)
Less investment consulting fees	(147,000)	(129,000)
Less investment manager fees	(396,025)	(228,727)
Net Investment Income	18,989,580	27,372,872
Net Increase	14,504,530	22,377,105
Net Assets Available For Benefits - Beginning Of Year	226,967,979	204,590,874
Net Assets Available For Benefits - End Of Year	\$ 241,472,509	\$ 226,967,979

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2024 And 2023**

1. Plan Description

The following is a brief description of the Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement Plan (the Plan), which is provided for general information purposes only. Participants should refer to the Plan and Trust Agreements for more complete information.

General

The Nevada Resort Association - I.A.T.S.E. Local No. 720 Retirement Plan, a defined benefit pension plan, was established for the purpose of implementing a program of providing pension benefits for employees performing work under the collective bargaining agreements negotiated with employers by I.A.T.S.E. Local No. 720. Under the terms of the Trust Agreement, the Trustees enacted a Pension Plan, with an initial effective date of January 1, 1971, providing for payment of retirement benefits to eligible participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Retirement Dates

The Plan provides for three retirement dates. A participant's normal retirement date is the first day of the month following the day he/she has attained at least age 65 and has five years of credited past and future service of which at least two years must be future service, or has attained age 65 and has reached the fifth anniversary of his/her commencement of participation in the Plan without a permanent break in service. Under a provision for early retirement, a participant may retire on the first day of any month before his/her normal retirement date if the participant has attained at least age 55 and has ten years of credited past and future service of which at least two years must be credited future service. Under a provision for late retirement, a participant may work after his/her normal retirement date and continue to earn future service credits as set forth in the Plan as amended. Under a provision for disability retirement date, a participant whose qualified date of disability occurred on or before January 1, 1998, is eligible for a disability benefit as of January 1, 1998. A participant whose date of disability occurred after January 1, 1998, is eligible for a disability benefit on their qualified date of disability. To be eligible to receive a disability benefit, a participant must have a total and permanent disability, be eligible for social security disability benefits, have at least ten years of credited service, two of which must be future service, and he/she cannot be receiving benefits from any other group wage disability plan nor be receiving any other benefit from this Plan.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

Vesting

Effective December 31, 1997, a Plan participant, any age, with five years of credited future service, shall be 100% vested in their accumulated retirement benefit.

Pension Benefits

A participant's monthly benefit at retirement is determined by the sum of the amounts applicable to past service and future service benefits. The Plan permits early retirement at ages 55-64. The normal form of benefit payment is a life annuity with guaranteed payments for 36 months. Married participants may elect the normal (36 month) form with the consent of their spouse. If the participant has been married at least 12 months prior to the beginning of benefit payments, the benefit is mathematically adjusted to provide a 50% joint and survivor benefit to provide lifetime income to the spouse if the participant predeceases the spouse. Should the retired participant's spouse predecease the retired participant, the retired participant's monthly benefit shall increase to the full normal form, 36 months guaranteed. Payments received prior to the spouse's death count against the 36-month guarantee. Effective January 1, 2009, participants (with spousal consent) may also elect an optional 75% joint and survivor benefit upon retirement, which is consistent with the provisions noted under the 50% joint and survivor benefit. The 75% joint and survivor benefit is actuarially equivalent to the single life pension that would be payable for the life of the participant if the participant were not eligible for the joint and survivor benefit. In lieu of the benefits described above, the participant may select (1) a life annuity with guaranteed payments for 120 months with an actuarially reduced benefit. However, should the participant die before receiving 120 monthly payments, the designated beneficiary would continue to receive the monthly payments until the 120 monthly payments have been made or (2) a life annuity with guaranteed payments for 180 months with an actuarially reduced benefit. However, should the participant die before receiving 180 monthly payments, the designated beneficiary would continue to receive the monthly payments until the 180 monthly payments have been made.

Funding

The employer contribution rate is determined through collective bargaining. Current contracts negotiated under the commercial agreement provide for employer contribution rates between 8% and 15% of wages regardless of employee work classification. Benefit levels have been estimated so that participants' pension benefits are projected to be fully funded by the time the benefits come due. Contributions to the Plan for the years ended December 31, 2024 and 2023 were in compliance with the minimum funding requirements of ERISA and were actuarially certified within the green zone.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

Death Benefits

If an active participant, whose benefits have become vested prior to a retirement date, should die, the participant's legal surviving spouse, or if there is no legal surviving spouse, such participant's surviving children, parents, siblings, or next of kin as determined by the Trustees, shall receive a pre-retirement death benefit. This benefit shall be twelve times the accrued monthly benefit not to exceed \$20,000. If a vested participant dies before becoming eligible for a retirement benefit, and has been married at least twelve months prior to the date of death, the spouse shall be entitled to a 50% joint and survivor benefit payable as of the earliest of the date the participant would have become eligible for a retirement benefit, but not later than the participant's required beginning date. The spouse may elect, in lieu of the deferred 50% joint and survivor benefit, the lump sum benefit as described above.

Priorities Upon Termination Of The Plan

It is expected that the Plan will continue in effect indefinitely, and that each employer will continue to make contributions to the Plan, as required by the Collective Bargaining Agreement. However, the Trustees have the right to voluntarily terminate the Plan by an agreement in writing. In the event of voluntary termination or partial termination of the Plan, all rights of all participants to benefits accrued as of the date of termination shall be nonforfeitable. Assets shall be distributed in accordance with Section 4044(a) of the Employee Retirement Income Security Act. The order of distribution shall be:

1. Annuity benefits former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year-period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefits that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Governmental agency, up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to contributing employers.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Significant estimates include the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein.

Concentration Of Risk

For the years ended December 31, 2024 and 2023, one contributing employer accounted for approximately 40% of employer contributions.

Payment Of Benefits

Benefit payments to participants are recorded when distributed.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT 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 on investments 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

Employer contributions are due and payable the month following the month for which wages were earned. Contributions are included as additions to net assets in the year the wages were earned. Contributions due from employers at year end are based on wages worked by eligible employees in December, and prior months if delinquent.

Contributions receivable are mostly due from employers located in Southern Nevada and are not collateralized. Employer contributions receivable are shown on the statement of net assets available for benefits net of estimated allowances for credit losses.

At December 31, 2024 and 2023, the Plan had unfunded vested benefits which subjects each employer who withdraws from the Plan to a withdrawal liability. The Plan's actuary calculates each withdrawal liability. As of December 31, 2024 and 2023, there was one employer who had withdrawn from the Plan. The Plan's policy is to recognize a receivable at its present value, net of any allowance for credit losses, once a withdrawal liability has been actuarially determined and formally assessed by the Plan. The withdrawal liability receivable and the related allowance amount is shown on the statement of net assets available for benefits. The allowance for the withdrawal liability receivable is determined by the Trustees to be the amount of the receivable not expected to be collected as of the date the financial statements were issued.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

Contributions Receivable And Credit Loss Policy

The Plan accounts for employer contributions receivable, withdrawal liability 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.

The Plan has concluded that no allowance for current expected credit losses related to employer contributions receivable and cash was necessary at December 31, 2024 and 2023. The Plan has concluded that an allowance of \$460,446 and \$587,719 for current expected credit losses related to withdrawal liability receivable was necessary at December 31, 2024 and 2023, respectively.

Subsequent Events

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

3. Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Milliman and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Mortality	Pri-2012 Blue Collar projected generationally from 2018 using IRS-Adjusted Mortality Improvement Scale MP-2021 mortality table	RP 2000 with Blue Collar adjustment projected generationally from 2017 under scale BB mortality table
Investment rate of return	6.80%	6.80%
Incidence of disability	75% of 1975 Social Security rate of disability	1975 Social Security rate of disability
Discount rate	3.29%	2.55%
Assumed retirement age for terminated participants	10 or more years of service: 62 Less than ten years of service: 65	10 or more years of service: 62 Less than ten years of service: 65
Future salary growth	2.50%	2.50%
Marriage	80% of non-retired participants assumed to be married; female spouses assumed to be 3 years younger than male spouses	80% of non-retired participants assumed to be married; female spouses assumed to be 3 years younger than male spouses
Annual fund operating expenses	\$1,000,000	\$975,000

As of January 1, 2024 the Plan had \$61,869,055 of unfunded vested benefits. Employers who withdraw from the Plan would be subject to a withdrawal liability.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

The latest available actuarial reports were prepared as of January 1, 2024. The actuarial present value of accumulated plan benefits as of that date is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Current retirees	\$ 151,816,862
Other participants	<u>137,742,970</u>
	289,559,832
Non vested benefits	4,425,448
Present value of expected administrative expenses	<u>13,229,338</u>
Total Actuarial Present Value Of Accumulated Plan Benefits	<u><u>\$ 307,214,618</u></u>

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

The changes in the present value of the accumulated plan benefits during the valuation year ended January 1, 2024, are as follows:

Actuarial present value of accumulated plan benefits at the beginning of the year	<u>\$ 298,072,528</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and net actuarial gain	5,636,717
Benefits paid	(17,187,822)
Administrative expenses	393,679
Changes in actuarial assumption	903,409
Increase for interest due to the decrease in the discount period	<u>19,396,107</u>
Net Increase	<u>9,142,090</u>
 Actuarial Present Value Of Accumulated Plan Benefits At The End Of The Year	 <u>\$ 307,214,618</u>

4. Fair Value Of Financial Instruments

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:
- Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT 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 methodologies 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.

Corporate Bond

Valued at the closing price reported on the active market on which the individual security is traded or valued by a pricing service which determines the valuation of normal institutionalized trading units of such security using methods based upon market transactions for a comparable security and various relationships between securities which are generally recognized by institutional traders.

Partnerships, Common/Collective Trusts, 103-12 Investment Entities And Pooled Separate Account

Valued at the NAV of units, or NAV equivalent, of the individual funds. The NAV, as provided by the trustee of each of the invested funds, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

The methods 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 methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There have been no changes in the valuation methodologies used at December 31, 2024 or 2023.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 881,305	\$ —	\$ —	\$ 881,305
Corporate bond	323	—	—	323
Mutual funds	141,605,709	—	—	141,605,709
Total Assets In The Fair Value Hierarchy	\$ 142,487,337	\$ —	\$ —	142,487,337
Investments measured at net asset value {a}				96,067,244
Total Assets At Fair Value				\$ 238,554,581

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 789,561	\$ —	\$ —	\$ 789,561
Corporate bond	461	—	—	461
Mutual funds	126,758,847	—	—	126,758,847
Total Assets In The Fair Value Hierarchy	\$ 127,548,869	\$ —	\$ —	127,548,869
Investments measured at net asset value {a}				96,751,605
Total Assets At Fair Value				\$ 224,300,474

{a} Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

5. Fair Value Of Entities Based On NAV Per Share Or Equivalent

Fair value of entities based on NAV per share or equivalent consist of:

	December 31, 2024	Unfunded	Redemption	Redemption
	Fair Value	Commitments	Frequency (If Currently Available)	Notice Period (If Currently Available)
Fixed income funds (a)	\$ 23,664,791	\$ —	Monthly	30 days
Private equity (b)	39,170,351	8,658,988	(b)	(b)
International equity (a)	7,503,930	—	Daily	10 days
Risk parity (a)	13,743,362	—	Monthly	2 days
Real estate (a)	11,984,810	—	Quarterly	45 days
Total	\$ 96,067,244	\$ 8,658,988		

	December 31, 2023	Unfunded	Redemption	Redemption
	Fair Value	Commitments	Frequency (If Currently Available)	Notice Period (If Currently Available)
Fixed income fund (a)	\$ 22,942,330	\$ —	Monthly	30 days
Private equity (b)	36,342,346	11,479,542	(b)	(b)
Domestic equity (a)	12,747,946	—	Daily	5 days
Risk parity (a)	12,984,072	—	Monthly	2 days
Real estate (a)	11,734,911	—	Quarterly	45 days
Total	\$ 96,751,605	\$ 11,479,542		

- (a) This class includes investments that file annual returns on Form 5500 as direct filing entities.
- (b) This class includes eleven private equity funds which are structured as limited partnerships. Unless otherwise noted, none of the limited partners may assign or otherwise transfer all or any part of their interest in their Partnership to another entity unless the general partner has consented to the transfer in writing in accordance with the applicable partnership agreement.

The first partnership invests in credit co-investments, direct credit and equity investments, and secondary investments. This partnership terminated on April 30, 2023, and is currently in liquidation. As of December 31, 2024 and 2023, this partnership comprised \$323,188 and \$920,608, respectively, of the private equity fair values above.

The second partnership invests in direct and opportunistic equity investments, and secondary investments. This partnership terminated on April 30, 2024, and is currently in liquidation. As of December 31, 2024 and 2023, this partnership comprised \$533,734 and \$785,850, respectively, of the private equity fair values above.

The third partnership makes investments with a primary emphasis on equity-oriented investments in venture capital, management buy-in, management buyout, leveraged buy-out, mezzanine, special situation, and recapitalization transactions. This partnership terminated on June 30, 2025, and is currently in liquidation. As of December 31, 2024 and 2023, this partnership comprised \$367,435 and \$550,340, respectively, of the private equity fair values above.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

The fourth partnership invests in direct credit investments, secondary investments, and opportunistic equity investments. This partnership terminated on April 30, 2025 and is currently in liquidation. As of December 31, 2024 and 2023, this partnership comprised \$1,456,509 and \$2,180,493, respectively, of the private equity fair values above.

The fifth partnership invests in direct credit investments, secondary investments, and opportunistic equity investments. This partnership is scheduled to terminate on July 31, 2026, with possible one-year extensions with the consent of the partnership's advisory committee. As of December 31, 2024 and 2023, this partnership comprised \$1,396,023 and \$2,083,930, respectively, of the private equity fair values above.

The sixth partnership invests in direct credit investments, secondary investments, and opportunistic equity investments. This partnership is scheduled to terminate on February 28, 2026 (subject to two one-year extensions); As of December 31, 2024 and 2023, this partnership comprised \$2,902,037 and \$3,762,666, respectively, of the private equity fair values above.

The seventh partnership invests in direct credit investments, secondary investments, and opportunistic equity investments. This partnership is scheduled to terminate on September 2, 2027, (subject to two one-year extensions). As of December 31, 2024 and 2023, this partnership comprised \$3,485,079 and \$4,108,760, respectively, of the private equity fair values above.

The eighth partnership is part of a "master feeder" structure whose assets are substantially all invested in the master fund. The master fund's principal purpose is to invest in private market partnerships and co-investments alongside private market investment partnerships located primarily in North America and Europe. This partnership's term expires on the date that the master fund is dissolved, September 4, 2031. As of December 31, 2024 and 2023, this fund comprised \$16,097,983 and \$14,380,993, respectively, of the private equity fair values above.

The ninth partnership is part of a "master feeder" structure whose assets are substantially all invested in the master fund. The master fund's principal purpose is to invest in private market partnerships and co-investments alongside private market investment partnerships located primarily in North America and Europe. This partnership's term expires on the date that the master fund is dissolved, May 18, 2034. As of December 31, 2024 and 2023, this fund comprised \$3,491,003 and \$933,113, respectively, of the private equity fair values above.

The tenth partnership's assets are substantially invested in core infrastructure assets with predominately long-term contracted or regulated revenues, with a focus on North America, Western Europe, and Australia. Following the applicable lockup period, the Plan has the right to request, upon at least 90 days written notice, to have some or all of its partnership units redeemed effective the last day of each calendar quarter. As of December 31, 2024 and 2023, this fund comprised \$7,291,174 and \$6,635,593, respectively, of the private equity fair values above.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

The eleventh partnership makes investments in investment vehicles, which primarily acquire and originate reasonably diversified portfolios of credit, special opportunity investments, and other adjacent investment opportunities including “overflow” investments alongside other funds. This partnership’s existing pool is scheduled to terminate on February 26, 2029, subject to the option of an additional one-year period. Any remaining unfunded commitment will be invested in the next two subsequent pools, and the investment will be automatically renewed when the last pool is funded unless 30 days’ written notice is provided. As of December 31, 2024, this fund comprised \$1,826,186 of the private equity fair values above. The Plan was not invested in this fund as of December 31, 2023.

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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation 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 could be material to the financial statements.

7. Administrative Agreements And Party In Interest Transactions

The Plan has an agreement with Zenith American Solutions to provide for administrative services. The Plan 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 Verus Advisory, Inc. to act as the investment advisor. The Plan has an agreement with Milliman to perform actuarial and other consulting services. The Plan pays fees and expenses to various professional firms and investment managers to provide services to the Plan. These transactions qualify as exempt party in interest transactions.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

Notes To The Financial Statements (*Continued*)

8. Tax Status

The Plan obtained its latest determination letter on January 30, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Effective October 1, 2018, the Plan was restated to incorporate all amendments since the last restatement on April 1, 2014. Amendments have been made subsequent to the October 1, 2018, restatement. Management believes the Plan is operating in a manner that would not jeopardize its tax exempt status.

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Plan Amendments

Effective January 1, 2025, for retirement benefits payable for the months of January 2025 and later, the accrual rate on contributions paid for covered employment between January 1, 2014 and December 31, 2014 increased to 1.5% from 1%. There is no effect on benefits paid for earlier months.

Supplemental Schedules

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

**PLAN #: 001 EIN #: 51-0144767
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024**

Description Of Investment	Number Of Shares/Units	Cost	Fair Value
Money Market Fund			
GS Financial Square Government Fund #466	881,305	\$ 881,305	\$ 881,305
Corporate Bond			
Lehman Brth Hld Escrow Var Rate Dtd 03/23/2007	461,000	—	323
Mutual Funds			
TCW Metwest Total Return Bond Fund Class I	3,470,668	34,523,874	30,784,822
DFA US Targets Value Portfolio Instl #5096	161,537	4,029,786	5,552,022
William Blair Small-Mid Cap Growth Fund Glass I #1474	204,766	4,813,430	5,739,577
Vanguard Institutional Index Fd #94	128,990	52,446,687	61,773,097
Dodge & Cox International Stock Fund Class I	379,630	15,669,409	18,943,532
American Europacific Growth Fund Class R6 #2616	350,198	17,767,814	18,812,659
Total Mutual Funds		<u>129,251,000</u>	<u>141,605,709</u>
Partnerships			
Atalaya A4 LP	—	1,766,267	1,826,186
Hamilton Lane Strategic Opportunities 2016 Offshore Fund LP	—	—	323,188
Hamilton Lane Strategic Opportunities 2017 Offshore Fund LP	—	359,296	533,734
Hamilton Lane Strategic Opportunities 2018 Offshore Fund LP	—	1,536,150	1,456,509
Hamilton Lane Strategic Opportunities 2019 Offshore Fund LP	—	1,166,852	1,396,023
Hamilton Lane Strategic Opportunities 2020 Offshore Fund LP	—	2,872,005	2,902,037
Hamilton Lane Strategic Opportunities Offshore Fund VII LP	—	3,287,198	3,485,079
Harbourvest Dover Street VIII Cayman Fund LP	—	—	367,435
Pathway Private Equity Fund Investors 10 (Cayman) LP	—	12,730,397	16,097,983
Brookfield Super-Core Infrastructure Partners	6,308	6,483,530	7,291,174
Pathway Private Equity Fund Investors 11 (Cayman) LP	—	3,037,165	3,491,003
Total Partnerships		<u>33,238,860</u>	<u>39,170,351</u>
Common/Collective Trusts			
MacKay Shields Core Plus Bond CIT	926,084	9,586,167	11,075,966
JPMCB Strategic Property Fund	481,210	2,906,599	5,320,295
Prudential Emerging Markets Blend Debt Fund	102,332	11,401,890	12,588,825
Total Common/Collective Trusts		<u>23,894,656</u>	<u>28,985,086</u>
103-12 Investment Entites			
Acadian Emerging Markets Small-Cap Equity Fund, LLC	1,597	7,500,000	7,503,930
Panagora Risk Parity Multi-Asset Group Trust	664,737	10,339,085	13,743,362
Total 103-12 Investment Entities		<u>17,839,085</u>	<u>21,247,292</u>
Pooled Separate Account			
PGIM Real Estate US Debt Fund ICOSA	4,212	5,175,082	6,664,515
Total Investments		<u>\$ 210,279,988</u>	<u>\$ 238,554,581</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 NO. 720 RETIREMENT PLAN**

**PLAN #: 001 EIN #: 51-0144767
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Individual Transactions In Excess Of 5%								
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	—	1	\$ —	\$ 13,381,781	\$ —	\$ 2,970,529	\$ 13,381,781	\$ 10,411,252
Touchstone Sand Capital Select Growth Fund Class I	—	1	—	12,796,321	—	8,906,073	12,796,321	3,890,248
Vanguard Institutional Index Fd #94	1	—	26,178,101	—	—	—	26,178,101	—
Series Of Transactions In Excess Of 5%								
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	1	—	\$ 770,000	\$ —	\$ —	\$ —	\$ 770,000	\$ —
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	—	7	—	13,839,822	—	3,066,343	13,839,822	10,773,479
GS Financial Square Government Fund #466	232	—	78,165,430	—	—	—	78,165,430	—
GS Financial Square Government Fund #466	—	107	—	78,073,686	—	78,073,686	78,073,686	—
TCW Metwest Total Return Bond Fund Class I	24	—	13,840,923	—	—	—	13,840,923	—
TCW Metwest Total Return Bond Fund Class I	—	6	—	691,567	—	810,724	691,567	(119,157)
Touchstone Sand Capital Select Growth Fund Class I	—	9	—	14,425,420	—	10,067,441	14,425,420	4,357,979
Vanguard Total International Stock Index Fund #1869	4	—	471,866	—	—	—	471,866	—
Vanguard Total International Stock Index Fund #1869	—	7	—	20,035,673	—	16,793,187	20,035,673	3,242,486
Vanguard Inflation-Protected Securities Fd - In #1190	9	—	1,538,534	—	—	—	1,538,534	—
Vanguard Inflation-Protected Securities Fd - In #1190	—	7	—	11,441,813	—	12,597,184	11,441,813	(1,155,371)
Vanguard Institutional Index Fd #94	10	—	38,336,800	—	—	—	38,336,800	—
Vanguard Institutional Index Fd #94	—	12	—	3,145,536	—	1,425,247	3,145,536	1,720,289

2024 Attachment #3
 Schedule MB, line 6 - Summary of Plan Provisions.

Effective Date

January 1, 1971

Plan Year

January 1 – December 31.

Participation

Commences on the first day Contributions are made or required to be made by a contributing Employer.

Credited Service

Credited Future Service is granted based on Annual Earnings made each Plan Year. The current schedule for the granting of Credited Future Service for a participant is as follows:

Annual Earnings (Stagehands)	Annual Earnings (Wardrobe)	Credited Future Service
Less than \$10,000	Less than \$6,000	None
\$10,000 to \$15,000	\$6,000 to \$9,000	½ year
\$15,000 to \$20,000	\$9,000 to \$12,000	¾ year
\$20,000 and over	\$12,000 and over	One year

For Wardrobe employees first hired on or after July 1, 2023, the Annual Earnings thresholds in the above table will be the same as for Stagehands. Credited Past Service was available for the period through January 1, 1961 through December 31, 1970 for Stagehand participants, and January 1, 1966 through December 31, 1975 for Wardrobe participants. One year of Credited Past Service was granted to Stagehand participants for each year in the period in which their annual earnings were at least \$4,000 (\$2,000 for Wardrobe participants).

Contributions

In accordance with the Collective Bargaining Agreement, contributions ranging from 6% to 15.9% of participants' annual earnings are made to the Pension Trust fund.

Vesting

A participant is vested at the time that he earns five years of Credited Future Service. No portion of the pension is vested until five years of Vesting Service have been earned. A participant shall also be 100% vested upon reaching their Normal Retirement Date.

One-Year Break in Service

A Plan Year in which the participant earns less than \$10,000 for all Stagehand participants and Wardrobe participants that were hired on or after July 1, 2023, and \$6,000 for Wardrobe participants hired before July 1, 2023. A break in service becomes permanent when the number of consecutive 1-year breaks in service equals the number of pre-break years of vesting service, but not before the participants has 5 consecutive 1-year breaks in service.

Forfeiture of Service

All accrued service of a non-vested participant is forfeited at the time he incurs a permanent break in continuous service.

2024 Attachment #3
 Schedule MB, line 6 - Summary of Plan Provisions.

Normal Retirement

Eligibility – (i) Attainment of age 65, and
 (ii) Either at least five years of Credited Past and Future Service (with at least two Future Service years) or upon the 5th anniversary of participation within the plan.

Benefit Amount – For past service, eleven dollars (\$11) per month for each year of Credited Past Service. For future service before June 30, 2009, a participant accrues a monthly retirement benefit in accordance with the Benefit Schedule based on 8% and 11% employer contributions. Monthly retirement benefits for a 4% employer contribution are 50% of those listed for an 8% employer contribution. For future service from July 1, 2009 and up to June 30, 2010, monthly pension benefits accrue at 4.3% of total employer contributions, for earnings up to \$58,000. For future service after July 1, 2010, monthly pension benefits accrue at 1.0% of employer contributions, for earnings up to \$58,000. With respect to benefits payable for January, 2016 and later, the accrual rate for the period July 1, 2010 – December 31, 2013 has been increased to 1.5%. Effective January 1, 2021, the earnings for which contributions are earned for benefit accruals was increased from \$58,000 to \$100,000.

Benefit Form – The Normal Form is payable as a life annuity with guaranteed payments for 36 months. The benefit to a married participant, unless the participant and spouse jointly elect otherwise, is payable as a joint and 50% survivor annuity. The amount of the benefit is reduced to allow for the fact that that should the participant predecease the spouse, the spouse receives a lifetime benefit. Under the joint and 50% survivor annuity, should the retired participant’s spouse predecease the participant, the monthly benefit increases to the full Normal Form.

Early Retirement

Eligibility – (i) Attainment of age 55, and
 (ii) Accrual of at least ten years of Credited Past and Future Service (with at least two Future Service years).

However, any Participant who initially commences Covered Employment on or after July 1, 2013, or recommences Covered Employment on or after July 1, 2013 following a Permanent Break in Service, shall not be eligible for an Early Retirement Pension from the Plan.

Benefit Amount – Equal to accrued normal benefit reduced according to the following table varying by age and total years of credited service.

Age at Retirement	Total Years of Credited Service	Reduction per Month
<u>Prior to 8/1/10</u>		
62 to 65	More than 30	1/100 of 1%
60 to 62	More than 30	1/6 of 1%
55 to 60	More than 30	1/4 of 1%
55 to 65	Less than 30	1/4 of 1%
<u>After 8/1/10</u>		
55 to 65	Any	1/2 of 1%

Benefit Form – Equal to normal retirement benefit form.

2024 Attachment #3
 Schedule MB, line 6 - Summary of Plan Provisions.

Disability Retirement

- Eligibility –
- (i) Attainment of age 45, and
 - (ii) Accrual of at least ten years of Credited Past and Future Service (with at least two Future Service years).
 - (iii) A total and permanent disability as defined under the Plan
 - (iv) Eligible for Social Security disability pension, and
 - (v) Not in receipt of benefits from any other group wage disability plan, or receiving any other benefit from this Plan.

Benefit Amount – Equal to accrued normal benefit reduced according to the following table varying by age and total years of credited service.

Age at Retirement	Total Years of Credited Service	Reduction per Month
62 to 65	More than 30	$\frac{1}{12}$ of 1%
55 to 62	More than 30	$\frac{1}{4}$ of 1%
45 to 55	More than 30	$\frac{2}{10}$ of 1%
55 to 65	Less than 30	$\frac{1}{4}$ of 1%
45 to 55	Less than 30	$\frac{2}{10}$ of 1%

Benefit Form – Equal to normal retirement benefit form.

Pre-Retirement Survivor's Death Benefit

If a vested participant who has been married for at least 12 months should die prior to retirement, the surviving spouse is entitled to a monthly benefit equal to a 50% Joint and Survivor Benefit payable as of the earliest date the participant would have become eligible for a retirement benefit. Designated beneficiaries of unmarried participants (or those married less than one year) receive the accrued monthly benefit for 12 months up to a total of \$20,000.

2024 Attachment #3

Schedule MB, line 6 - Summary of Plan Provisions.

Benefit Schedule prior to July 1, 2009

Annual Earnings	Monthly Benefit (8% contribution)	Monthly Benefit (11% contribution)
\$ - to 2,000	-	-
\$ 2,000 to 3,000	\$ 11.84	\$ 14.45
\$ 3,000 to 4,000	13.60	17.51
\$ 4,000 to 5,000	16.96	22.18
\$ 5,000 to 6,000	20.24	26.76
\$ 6,000 to 7,000	23.68	31.51
\$ 7,000 to 8,000	27.04	36.17
\$ 8,000 to 9,000	30.48	40.92
\$ 9,000 to 10,000	33.84	45.58
\$ 10,000 to 12,000	38.90	51.95
\$ 12,000 to 14,000	45.68	61.34
\$ 14,000 to 16,000	52.48	70.75
\$ 16,000 to 18,000	57.94	78.82
\$ 18,000 to 20,000	65.86	89.35
\$ 20,000 to 22,000	72.64	98.74
\$ 22,000 to 24,000	79.46	108.17
\$ 24,000 to 26,000	86.12	117.44
\$ 26,000 to 28,000	92.92	126.85
\$ 28,000 to 30,000	99.66	136.20
\$ 30,000 to 32,000	106.44	145.59
\$ 32,000 to 34,000	113.28	155.04
\$ 34,000 to 36,000	120.04	164.41
\$ 36,000 to 38,000	126.88	173.86
\$ 38,000 to 40,000	133.62	183.20
\$ 40,000 to 42,000	140.46	192.65
\$ 42,000 to 44,000	147.24	202.04
\$ 44,000 to 46,000	154.06	211.47
\$ 46,000 to 48,000	160.84	220.86
\$ 48,000 to 50,000	167.66	230.29
\$ 50,000 to 52,000	174.44	239.68
\$ 52,000 to 54,000	181.26	249.11
\$ 54,000 to 56,000	188.04	258.50
\$ 56,000 to 58,000	194.86	267.93
\$ 58,000 and over	201.68	277.36

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

**PLAN #: 001 EIN #: 51-0144767
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024**

Description Of Investment	Number Of Shares/Units	Cost	Fair Value
Money Market Fund			
GS Financial Square Government Fund #466	881,305	\$ 881,305	\$ 881,305
Corporate Bond			
Lehman Brth Hld Escrow Var Rate Dtd 03/23/2007	461,000	—	323
Mutual Funds			
TCW Metwest Total Return Bond Fund Class I	3,470,668	34,523,874	30,784,822
DFA US Targets Value Portfolio Instl #5096	161,537	4,029,786	5,552,022
William Blair Small-Mid Cap Growth Fund Glass I #1474	204,766	4,813,430	5,739,577
Vanguard Institutional Index Fd #94	128,990	52,446,687	61,773,097
Dodge & Cox International Stock Fund Class I	379,630	15,669,409	18,943,532
American Europacific Growth Fund Class R6 #2616	350,198	17,767,814	18,812,659
Total Mutual Funds		<u>129,251,000</u>	<u>141,605,709</u>
Partnerships			
Atalaya A4 LP	—	1,766,267	1,826,186
Hamilton Lane Strategic Opportunities 2016 Offshore Fund LP	—	—	323,188
Hamilton Lane Strategic Opportunities 2017 Offshore Fund LP	—	359,296	533,734
Hamilton Lane Strategic Opportunities 2018 Offshore Fund LP	—	1,536,150	1,456,509
Hamilton Lane Strategic Opportunities 2019 Offshore Fund LP	—	1,166,852	1,396,023
Hamilton Lane Strategic Opportunities 2020 Offshore Fund LP	—	2,872,005	2,902,037
Hamilton Lane Strategic Opportunities Offshore Fund VII LP	—	3,287,198	3,485,079
Harbourvest Dover Street VIII Cayman Fund LP	—	—	367,435
Pathway Private Equity Fund Investors 10 (Cayman) LP	—	12,730,397	16,097,983
Brookfield Super-Core Infrastructure Partners	6,308	6,483,530	7,291,174
Pathway Private Equity Fund Investors 11 (Cayman) LP	—	3,037,165	3,491,003
Total Partnerships		<u>33,238,860</u>	<u>39,170,351</u>
Common/Collective Trusts			
MacKay Shields Core Plus Bond CIT	926,084	9,586,167	11,075,966
JPMCB Strategic Property Fund	481,210	2,906,599	5,320,295
Prudential Emerging Markets Blend Debt Fund	102,332	11,401,890	12,588,825
Total Common/Collective Trusts		<u>23,894,656</u>	<u>28,985,086</u>
103-12 Investment Entites			
Acadian Emerging Markets Small-Cap Equity Fund, LLC	1,597	7,500,000	7,503,930
Panagora Risk Parity Multi-Asset Group Trust	664,737	10,339,085	13,743,362
Total 103-12 Investment Entities		<u>17,839,085</u>	<u>21,247,292</u>
Pooled Separate Account			
PGIM Real Estate US Debt Fund ICOSA	4,212	5,175,082	6,664,515
Total Investments		<u>\$ 210,279,988</u>	<u>\$ 238,554,581</u>

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

2024 Attachment #5

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

Sch MB, line 8(b)2 – Schedule of Active Participant Data																
YEARS OF CREDITED SERVICE																
Attained Age	No.	Under 1		No.	1 to 4		No.	5 to 9		No.	10 to 14		No.	15 to 19		
		Average			Average			Average			Average			Average		
		Accrued			Accrued			Accrued			Accrued			Accrued		
		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.	
Under 25	20		\$20	90		\$91	1			0						
25 - 29	16			88		115	28		\$312	0						
30 - 34	14			91		112	62		341	14						
35 - 39	34		20	142		110	54		351	26		\$739	12			
40 - 44	14			92		130	61		391	39		851	27			\$1,675
45 - 49	15			67		120	48		401	29		843	30			1,528
50 - 54	10			62		128	63		402	32		930	50			1,612
55 - 59	7			65		103	41		396	39		1,008	44			1,653
60 - 64	4			27		109	27		420	27		1,061	31			1,466
65 - 69	1			9			13			11			3			
70 & Up	1			3			1			0			0			

Attained Age	No.	20 to 24		No.	25 to 29		No.	30 to 34		No.	35 to 39		No.	40 & Up		
		Average			Average			Average			Average			Average		
		Accrued			Accrued			Accrued			Accrued			Accrued		
		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.		Comp.	Mon. Ben.	
Under 25	0			0			0			0						
25 - 29	0			0			0			0						
30 - 34	0			0			0			0						
35 - 39	2			0			0			0						
40 - 44	8			1			0			0						
45 - 49	20		\$2,577	10			0			0						
50 - 54	25		2,526	18			3			0						
55 - 59	27		2,570	20		\$3,339	6			1						
60 - 64	33		2,523	18			13			3						
65 - 69	4			2			0			0						
70 & Up	2			0			0			0						

2024 Attachment #9
Schedule MB, line 3(d) – Withdrawal Liability Amounts.

Date	Payment Amount	Lump Sum Amounts	Total Amount
March 4, 2024	\$72,500.00	0	\$72,500.00
June 3, 2024	72,500.00	0	72,500.00
September 9, 2024	72,500.00	0	72,500.00
December 19, 2024	72,500.00	0	72,500.00

Nevada Resort Association IATSE Local 720 Retirement Plan

EIN: 51-0144767

PIN: 001

2024 Attachment #1
 Schedule MB, lines 9c and 9h -
 Schedule of Funding Standard Account Bases

	Original Year	Original Amount	Original Period (Years)	Remaining Period at 1/1/2024	Outstanding balance at 1/1/2024	Amortization Payment
Charges:						
Plan Amendment	1995	\$ 2,210,000	30	1	\$ 166,004	\$ 166,004
Plan Amendment	1997	6,234,000	30	3	1,315,067	467,489
Plan Amendment	1998	8,937,000	30	4	2,433,463	669,650
Plan Amendment	1999	4,968,000	30	5	1,637,587	371,962
Plan Amendment	2004	2,837,712	30	10	1,602,790	211,700
ENIL08 R09	2009	27,318,646	29	14	19,422,846	2,054,627
ENIL08 R10	2010	3,853,246	28	14	2,771,283	293,157
ENIL08 R11	2011	4,892,641	27	14	3,562,984	376,907
Experience Loss - other	2011	3,466,989	15	2	686,455	354,514
ENIL08 R12	2012	3,268,689	26	14	2,412,760	255,231
Experience Loss - other	2012	1,748,308	15	3	502,480	178,625
ENIL08 R13	2013	4,185,274	25	14	3,134,979	331,631
Assumption Change	2013	1,867,373	15	4	692,758	190,636
Experience Loss	2015	3,689,604	15	6	1,926,400	376,085
Plan Amendment	2016	5,483,304	15	7	3,237,158	558,505
Experience Loss	2016	8,939,589	15	7	5,277,635	910,547
Assumption Change	2017	1,563,311	15	8	1,022,659	159,117
Experience Loss	2017	6,088,130	15	8	3,982,622	619,664
Experience Loss	2018	5,802,204	15	9	4,141,571	590,148
Experience Loss	2019	3,158,952	15	10	2,430,914	321,081
Experience Loss	2020	1,761,290	15	11	1,447,134	178,902
Assumption Change	2021	5,804,981	15	12	5,052,272	589,258
Plan Amendment	2022	2,249,657	15	13	2,061,649	228,361
Experience Loss	2023	10,544,091	15	14	10,117,986	1,070,321
Experience Loss	2024	10,667,793	15	15	10,667,793	1,082,878
Assumption Change	2024	903,409	15	15	<u>903,409</u>	<u>91,704</u>
Total Charges					\$ 92,610,658	\$ 12,698,704
Credits:						
Combined Base ¹	2018	\$28,698,939	7.8656	1.8656	\$8,225,271	4,534,225
Actuarial Gain	2021	7,249,205	15	12	6,309,230	735,860
Method Change	2021	13,442,052	10	7	10,290,763	1,775,460
Actuarial Gain	2022	2,081,025	15	13	<u>1,907,111</u>	<u>211,243</u>
Total Credits					\$ 26,732,375	\$ 7,256,788
Net Total Charges (Credits)					\$ 65,878,284	\$ 5,441,916

¹ As permitted under IRS regulations, we have combined the amortization credit bases into a single base as of January 1, 2018.

2024 Attachment #8
Schedule MB, line 11- Justification for Change in Actuarial Assumptions.

Fund Operating Expenses

We have increased our assumption for the annual fund operating expenses from \$975,000 to \$1,000,000 to reflect recent experience

The change to the Fund Operating Expense assumption did not affect the Unfunded Actuarial Accrued Liability.

RPA Interest Assumption

The RPA interest assumption was changed from 2.55% to 3.29% in order to remain within the permitted range.

The change to the RPA interest rate did not affect the Unfunded Actuarial Accrued Liability.

Non-Prescribed Mortality

We have updated the mortality assumption to the Pri-2012 Mortality Tables with Blue Collar adjustment, with generational projection using the IRS-Adjusted Mortality Improvement Scale MP-2021 from 2018 to reflect future mortality improvement. This change updates the mortality table to a more recent mortality table released by the Society of Actuaries.

This increased the Actuarial Accrued Liability by \$0.9 million

2024 Attachment #2
 Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

	January 1, 2024		January 1, 2023	
Interest Rate				
Funding	6.80%		6.80%	
RPA '94 Current Liability	3.29%		2.55%	
Mortality				
Healthy Lives	Pri-2012 Blue Collar Mortality Tables, Projected Generationally From 2018 using IRS-Adjusted Mortality Improvement Scale MP-2021.		RP 2000 with Blue Collar adjustment projected generationally from 2017 under scale BB	
Disabled Lives	Pri-2012 Disabled Mortality Tables, Projected Generationally From 2018 using IRS-Adjusted Mortality Improvement Scale MP-2021.		RP 2000 Disabled lives projected generationally under scale BB	
Current Liability	2024 Current Liability Annuitant/Non-Annuitant Table		2023 Current Liability Annuitant/Non-Annuitant Table	
Termination Rates (excludes pre ret mortality)				
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	25	10.2%	25	10.2%
	30	9.3%	30	9.3%
	35	8.6%	35	8.6%
	40	6.9%	40	6.9%
	45	6.0%	45	6.0%
	50	3.3%	50	3.3%
	55	1.6%	55	1.6%
Disability Rates (disability rates apply when the participant becomes eligible for disability retirement)				
	75% of 1975 Social Security rate of disability.		75% of 1975 Social Security rate of disability.	
Retirement Age				
	Actives – with 10 or more years of Svc		Actives – with 10 or more years of Svc	
	<u>Age</u>	<u>Annual Rate</u>	<u>Age</u>	<u>Annual Rate</u>
	55	3.26%	55	3.26%
	62	7.36%	62	7.36%
	65	100%	65	100%
	Vested Terminations Eligible for early retirement - 62 Not eligible for early retirement -65 Age 65 or older immediately		Vested Terminations Eligible for early retirement - 62 Not eligible for early retirement -65 Age 65 or older immediately	
Salary Scale				
	2.50%		2.50%	
Expected Contributions				
	Average contribution rate for active employees applied to wages in valuation data, increased by 8.0% in 2023, 4% in 2024, and 2.5% per year thereafter		Average contribution rate for active employees applied to wages in valuation data, increased by 8.0% in 2023, 4% in 2024, and 2.5% per year thereafter	

2024 Attachment #2
 Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

	January 1, 2024	January 1, 2023
Expected Contributions	Average contribution rate for active employees applied to wages in valuation data, increased by 4% in 2024, and 2.5% per year thereafter	Average contribution rate for active employees applied to wages in valuation data, increased by 8.0% in 2023, 4% in 2024, and 2.5% per year thereafter
Fund Operating Expenses	\$1,000,000	\$975,000
Marital Status	Husbands are assumed to be 3 years older than wives. 80% of participants are assumed to be married.	Husbands are assumed to be 3 years older than wives. 80% of participants are assumed to be married.
Asset Valuation Method	5 year smoothed market value with phase-in. The actuarial value of assets as of January 1, 2021, is equal to the market value. Asset gains and losses for 2021 and later plan years will be recognized over five years. The actuarial value of the assets is restricted to be within 80% and 120% of current market value.	5 year smoothed market value with phase-in. The actuarial value of assets as of January 1, 2021, is equal to the market value. Asset gains and losses for 2021 and later plan years will be recognized over five years. The actuarial value of the assets is restricted to be within 80% and 120% of current market value.
Actuarial Cost Method	Unit Credit - Under the Unit Credit Cost Method, the normal cost is the liability for all anticipated benefits due to service credited during the year. This amount is then adjusted by the ratio of the actual contributions during the year to the expected contributions. The accrued liability on any valuation date is the single sum needed to provide for the payment of all benefits based on service credited up to that date, and the Unfunded Actuarial Accrued Liability is the difference between the actuarial accrued liability and the assets of the Pension Fund.	Unit Credit - Under the Unit Credit Cost Method, the normal cost is the liability for all anticipated benefits due to service credited during the year. This amount is then adjusted by the ratio of the actual contributions during the year to the expected contributions. The accrued liability on any valuation date is the single sum needed to provide for the payment of all benefits based on service credited up to that date, and the Unfunded Actuarial Accrued Liability is the difference between the actuarial accrued liability and the assets of the Pension Fund.

**NEVADA RESORT ASSOCIATION –
I.A.T.S.E. LOCAL 720 RETIREMENT PLAN**

EIN: 51-0144767 PLAN NO: 001

**Schedule R, Line 14 – Information on Inactive Participants Whose
Contributing Employer is No Longer Making Contributions to the Plan
December 31, 2024**

The number of inactive participants reported on line 14b (379) differs from the number of participants reported on line 14a for the plan year immediately preceding the current plan year (388). The decrease in inactive participants is a result of participants returning to covered work and participant deaths between years.

The number of inactive participants reported on line 14c (366) differs from the number of participants reported on line 14b for the plan year immediately preceding the current plan year (372). The decrease in inactive participants is a result of participants returning to covered work and participant deaths between years.

	Form 5500 Filing		
	2024	2023	Difference
Line 14b	379		
Line 14a		388	
	379	388	(9)
Line 14c	366		
Line 14b		372	
	366	372	(6)

2024 Attachment #4
Schedule MB - Footnotes

Footnote to item 3b:

Employer contributions are made monthly throughout the year pursuant to the Collective Bargaining Agreement. No employee contributions.

**NEVADA RESORT ASSOCIATION -
I.A.T.S.E. LOCAL NO. 720 RETIREMENT PLAN**

**PLAN #: 001 EIN #: 51-0144767
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Individual Transactions In Excess Of 5%								
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	—	1	\$ —	\$ 13,381,781	\$ —	\$ 2,970,529	\$ 13,381,781	\$ 10,411,252
Touchstone Sand Capital Select Growth Fund Class I	—	1	—	12,796,321	—	8,906,073	12,796,321	3,890,248
Vanguard Institutional Index Fd #94	1	—	26,178,101	—	—	—	26,178,101	—
Series Of Transactions In Excess Of 5%								
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	1	—	\$ 770,000	\$ —	\$ —	\$ —	\$ 770,000	\$ —
Boston Partners Collective Inv Large Cap Value Equity Fund Class A	—	7	—	13,839,822	—	3,066,343	13,839,822	10,773,479
GS Financial Square Government Fund #466	232	—	78,165,430	—	—	—	78,165,430	—
GS Financial Square Government Fund #466	—	107	—	78,073,686	—	78,073,686	78,073,686	—
TCW Metwest Total Return Bond Fund Class I	24	—	13,840,923	—	—	—	13,840,923	—
TCW Metwest Total Return Bond Fund Class I	—	6	—	691,567	—	810,724	691,567	(119,157)
Touchstone Sand Capital Select Growth Fund Class I	—	9	—	14,425,420	—	10,067,441	14,425,420	4,357,979
Vanguard Total International Stock Index Fund #1869	4	—	471,866	—	—	—	471,866	—
Vanguard Total International Stock Index Fund #1869	—	7	—	20,035,673	—	16,793,187	20,035,673	3,242,486
Vanguard Inflation-Protected Securities Fd - In #1190	9	—	1,538,534	—	—	—	1,538,534	—
Vanguard Inflation-Protected Securities Fd - In #1190	—	7	—	11,441,813	—	12,597,184	11,441,813	(1,155,371)
Vanguard Institutional Index Fd #94	10	—	38,336,800	—	—	—	38,336,800	—
Vanguard Institutional Index Fd #94	—	12	—	3,145,536	—	1,425,247	3,145,536	1,720,289

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan NEVADA RESORT ASSOCIATION IATSE 720 RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEVADA RESORT ASSOCIATION IATSE LOCAL 720 RETIREMENT PLAN BOARD OF TR	D Employer Identification Number (EIN) 51-0144767

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

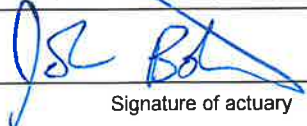
1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	226640117
(2) Actuarial value of assets for funding standard account	1b(2)	244146856
c (1) Accrued liability for plan using immediate gain methods	1c(1)	293985280
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	293985280
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	469183444
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9995101
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	19879399
(3) Expected plan disbursements for the plan year	1d(3)	19832771

Statement by Enrolled Actuary

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

SIGN HERE		09/29/2025
	Signature of actuary	Date
	JOHN R. BOTSFORD	23-06305
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN, INC	415-394-3740
	Firm name	Telephone number (including area code)
	500 YGNACIO VALLEY ROAD, SUITE 498, WALNUT CREEK, CA 94596	
	Address of the firm	

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

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

Schedule MB (Form 5500) 2024
v. 240311

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P 9P
(2) Females	6c(2)	9FP 9FP
d Valuation liability interest rate	6d	6.80 % 6.80%
e Salary scale	6e	2.50% <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.80%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.2%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	965165
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	10667793	1082878
4	903409	91704

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	5563374

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	92610658	12698704
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1241821
e Total charges. Add lines 9a through 9d.....	9e		19503899
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		16039859
g Employer contributions. Total from column (b) of line 3.....	9g		14549195
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	26732375	7256788
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2032236
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	94785931	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	187927614	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		39878078
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		20374179
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No