

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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:
  - 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. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>502</u>
<b>2a</b> 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) <u>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</u>  <u>2250 SOUTH RANCHO DRIVE, SUITE 295</u> <u>LAS VEGAS, NV 89102-4409</u>	<b>1c</b> Effective date of plan <u>11/26/1958</u>  <b>2b</b> Employer Identification Number (EIN) <u>47-1237848</u>  <b>2c</b> Plan Sponsor's telephone number <u>702-734-8601</u>  <b>2d</b> Business code (see instructions) <u>525100</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	BEVERLY WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	SERVANDO LARA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2611
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2595
	<b>6a(2)</b>	2695
	<b>6b</b>	17
	<b>6c</b>	
	<b>6d</b>	2712
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	37

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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</b>		<b>D</b> Employer Identification Number (EIN) <b>47-1237848</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HEALTH PLAN OF NEVADA/SIERRA HEALTH & LIFE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>88-0201035</b>	<b>96342</b>	<b>10000740</b>	<b>765</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(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.

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3763140
<b>b</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. ....	<b>10b</b>	

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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</b>		<b>D</b> Employer Identification Number (EIN) <b>47-1237848</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**VISION SERVICE PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>23-7089668</b>	<b>53031</b>	<b>30051362</b>	<b>2770</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---------------------------------------------------------	--------------------------------------------------

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

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

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

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

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

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	(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.

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	457561
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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  
**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS**

**B** Three-digit plan number (PN) ▶ **502**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL & CAS**

**D** Employer Identification Number (EIN)  
**47-1237848**

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
**LIBERTY DENTAL PLAN OF NEVADA, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
26-0424586	13566	N10045 & N10046	1669	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	433107
<b>b</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. ....	<b>10b</b>	

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>47-1237848</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3268 & C4533	3337	10/01/2023	09/30/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	257926
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</b>	<b>D</b> Employer Identification Number (EIN) <b>47-1237848</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ZENITH AMERICAN SOLUTIONS, 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	966485	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)

ANTHEM BLUE CROSS BLUE SHIELD

84-0747736

(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?
15 62 12	NONE	668747	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)

INNOVATIVE CARE MANAGEMENT, INC

93-1087669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	282835	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)

SEGAL COMPANY (WESTERN STATES), INC

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	267111	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)

CECILIA B. BACERO

2250 S. RANCHO DR, SUITE 295  
LAS VEGAS, NV 89102

(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?
30	EMPLOYEE	155162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUBINBROWN LLP

43-0765316

(b) 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	128727	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)

ALLSPRING GLOBAL INVESTMENTS

95-3692822

(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 28	NONE	109405	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)

MEDIMPACT HEALTHCARE SYSTEMS, INC.

33-0567651

(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?
12	NONE	96027	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)

PHC OF NEVADA INC DBA HARMONY HEALT

04-3290453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	81376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BROWNSTEIN HYATT FARBER SCHRECK

26-1367865

(b) 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	61081	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)

HEALTH SERVICES COALITION

88-0492643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	29002	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)

DIVERSIFIED DENTAL SERVICES, INC

88-0346054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	17182	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL &amp; CASINO WORKERS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES FOR TEAMSTERS SECURITY FUND FOR SO. NV - HOTEL &amp; CAS</b>	<b>D</b> Employer Identification Number (EIN) <b>47-1237848</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	1001396	1147577
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	1988540	2222299
<b>(2)</b> Participant contributions .....	1298314	1411452
<b>(3)</b> Other .....	424309	465858
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	7830885	4134913
<b>(2)</b> U.S. Government securities .....	14106467	25998864
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> All other .....	27971595	33384793
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		
<b>(5)</b> Partnership/joint venture interests .....		
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts .....		
<b>(10)</b> Value of interest in pooled separate accounts .....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	4692328	7317703
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....		
<b>(15)</b> Other .....	5978176	3724345

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	65292010	79807804
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	3125400	3244000
<b>h</b> Operating payables.....	<b>1h</b>	322421	716876
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3447821	3960876
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	61844189	75846928

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	23433496	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	16233309	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		39666805
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	133009	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	646190	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1660585	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	332158	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2771942
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	89223	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		89223
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	184413013	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	184130497	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		282516
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-3801	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1395404
<b>c</b> Other income .....	<b>2c</b>		1356435
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		45558524

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	24843771	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	4721070	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		29564841
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	106513	
(2) Contract administrator fees .....	<b>2i(2)</b>	1070659	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	128727	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	44230	
(7) Actuarial fees .....	<b>2i(7)</b>	261067	
(8) Legal fees .....	<b>2i(8)</b>	61081	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	15417	
(11) Other expenses .....	<b>2i(11)</b>	303250	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1990944
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		31555785

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		14002739
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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***TEAMSTERS SECURITY FUND FOR  
SOUTHERN NEVADA - HOTEL &  
CASINO WORKERS  
FINANCIAL STATEMENTS  
DECEMBER 31, 2024***

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## Independent Auditors' Report

Board of Trustees  
Teamsters Security Fund for Southern Nevada -  
Hotel & Casino Workers  
Las Vegas, Nevada

### *Opinion*

We have audited the financial statements of Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### *Basis For Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers 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 Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers' ability to continue as a going concern for one year after the date that the financial statements are 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.

### ***Auditor's 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 auditor's 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 GAAS 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 Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers' 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 Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers' 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 the ERISA. Such information is the responsibility of Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers' 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 GAAS.

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 14, 2025

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Investments - At Fair Value</b>		
Money market fund	\$ 758,866	\$ 2,678,693
Commercial paper	3,376,047	5,152,192
Government securities	12,155,974	5,110,993
Corporate bonds	18,922,384	15,189,894
Foreign bonds	3,724,345	5,978,176
Asset-backed securities	28,305,299	21,777,175
Mutual funds	7,317,703	4,692,328
<b>Total Investments - At Fair Value</b>	<b>74,560,618</b>	<b>60,579,451</b>
<b>Receivables</b>		
Employer contributions receivable	2,222,299	1,988,540
Employee deduction receivable	1,390,201	1,278,105
Self-pay receivable	21,251	20,209
Accrued interest receivable	432,550	374,407
<b>Total Receivables</b>	<b>4,066,301</b>	<b>3,661,261</b>
<b>Other Assets</b>		
Cash and cash equivalents	1,147,577	1,001,396
Due from Local 14 Health & Welfare Plan	20,829	39,447
Prepaid expenses	12,479	12,479
<b>Total Other Assets</b>	<b>1,180,885</b>	<b>1,053,322</b>
<b>Total Assets</b>	<b>79,807,804</b>	<b>65,294,034</b>
<b>Liabilities</b>		
Accounts payable	700,461	316,780
401(k) contribution and loan payable	16,415	7,665
<b>Total Liabilities</b>	<b>716,876</b>	<b>324,445</b>
<b>Net Assets Available For Benefits</b>	<b>\$ 79,090,928</b>	<b>\$ 64,969,589</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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

	For The Years Ended December 31,	
	2024	2023
<b>Additions To Net Assets Attributed To:</b>		
Employer contributions	\$ 23,433,496	\$ 20,534,585
Participant contributions	16,233,309	16,146,329
Rebate income	1,356,435	1,197,205
<b>Total Additions</b>	<b>41,023,240</b>	<b>37,878,119</b>
<b>Deductions From Net Assets Attributed To:</b>		
<b>Benefits</b>		
Medical and life insurance premiums	4,318,066	3,835,243
Marathon Health	403,004	—
<b>Claims Paid</b>		
Prescriptions	6,007,086	6,431,048
Dental	1,666,421	1,584,727
Vision	498,783	369,890
Medical	15,490,921	14,526,366
	<b>28,384,281</b>	<b>26,747,274</b>
<b>Expenses</b>		
Administrative fees	1,070,659	1,065,014
Professional fees		
Investment consultant fees	—	837
Legal fees	61,081	70,275
Consultant fees	261,067	203,393
Trust audit fees	30,250	29,200
PPO and counseling fees	1,061,960	968,385
Contract compliance and other fees	98,477	39,616
Trustee education	15,417	5,736
Custodial fees	25,128	20,034
Bank fees	19,102	18,756
Wages and benefits	106,513	93,010
Bond and insurance	67,825	59,671
Printing, storage and other	165,498	87,135
Postage and mailers	39,088	29,470
Miscellaneous expenses	30,839	3,724
<b>Total Expenses</b>	<b>3,052,904</b>	<b>2,694,256</b>
<b>Total Deductions</b>	<b>31,437,185</b>	<b>29,441,530</b>
<b>Investment Income</b>		
Interest and dividends	2,861,165	2,132,393
Net change in fair value of investments	1,674,119	1,442,550
<b>Total Investment Income</b>	<b>4,535,284</b>	<b>3,574,943</b>
<b>Net Increase</b>	<b>14,121,339</b>	<b>12,011,532</b>
<b>Net Assets Available For Benefits - Beginning Of Year</b>	<b>64,969,589</b>	<b>52,958,057</b>
<b>Net Assets Available For Benefits - End Of Year</b>	<b>\$ 79,090,928</b>	<b>\$ 64,969,589</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

**STATEMENT OF BENEFIT OBLIGATIONS**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Amounts Currently Payable</b>		
Claims payable and claims incurred but not reported	\$ 3,244,000	\$ 3,125,400
Other obligations		
Accumulated eligibility credits	4,275,100	3,454,500
<b>Total Amounts Currently Payable</b>	<b>7,519,100</b>	<b>6,579,900</b>
 <b>Postretirement Benefit Obligations</b>		
<b>Net Of Amounts Currently Payable</b>		
Current retirees, beneficiaries and dependents	361,797	490,377
Other participants fully eligible for benefits	1,312,187	940,151
Other participants not yet fully eligible for benefits	2,117,940	2,337,504
<b>Total Postretirement Benefit Obligations</b>	<b>3,791,924</b>	<b>3,768,032</b>
<b>Total Benefit Obligations</b>	<b>\$ 11,311,024</b>	<b>\$ 10,347,932</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

**STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS**

	For The Years Ended December 31,	
	2024	2023
<b>Amounts Currently Payable</b>		
<b>Balance - Beginning Of Year</b>	\$ 358,000	\$ 116,000
Claims reported and approved for payment, including benefits reclassified from benefit obligations	23,613,211	23,154,031
Claims paid	(23,663,211)	(22,912,031)
<b>Balance - End Of Year</b>	<b>308,000</b>	<b>358,000</b>
<b>Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts</b>		
<b>Balance - Beginning Of Year</b>	6,221,900	5,039,700
Increase in estimated liability for future payment of benefits based on participants' eligibility	989,200	1,182,200
<b>Balance - End Of Year</b>	<b>7,211,100</b>	<b>6,221,900</b>
<b>Post Retirement Benefit Obligations</b>		
<b>Balance - Beginning Of Year</b>	3,768,032	2,988,524
Increase (decrease) in postretirement benefits attributable to:		
Benefits earned and other changes	289,540	155,508
Actuarial experience loss	—	150,563
Changes in actuarial assumptions	(265,648)	473,437
<b>Balance - End Of Year</b>	<b>3,791,924</b>	<b>3,768,032</b>
<b>Total Benefit Obligations - End Of Year</b>	<b>\$ 11,311,024</b>	<b>\$ 10,347,932</b>

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

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## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

### 1. Description Of The Plan

The following description of the Teamsters Security Fund for Southern Nevada - Hotel & Casino Workers (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

#### **General**

The Plan was formed to provide health and other benefits to eligible participants of employers covered by collective bargaining agreements with Teamsters Local Union 986 in Southern Nevada (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### **Contributions**

Generally, participating employers contribute monthly contribution rates for hours worked by employees covered under the Plan as specified in agreements entered into with the Union. Certain employees covered under the Union agreements have elected to allocate an additional \$0.35 to \$5.50 per hour worked to maintain their level of benefits. Contributions are due the following month that hours are worked. Participants become eligible for benefits the following month after such contributions are remitted. A participant must have remitted contributions for three consecutive months for initial eligibility. Participants who lose eligibility for two consecutive months for any reason are required to satisfy the initial eligibility rule. The self-pay and retiree contribution rates are determined by the Board of Trustees and adjusted as necessary.

#### **Benefits**

Monthly premiums for eligible employees and their beneficiaries and covered dependents are paid to insurance carriers or a health maintenance organization (HMO) to provide medical, hospital, life, accidental death and dismemberment, and disability benefits for certain contracts. The Plan also provides medical, hospital, dental, vision, and disability benefits on a self-insured basis for those not covered by the HMO.

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To Financial Statements (*Continued*)

**2. Summary Of Accounting Policies**

**Basis Of Accounting**

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

**Estimates And Assumptions**

The preparation of the financial statements in accordance 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, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of benefit obligations at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Receivables And Credit Loss Policy**

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate that will not be collected. This assessment considers historical experience, current conditions, and when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary as of December 31, 2024 or 2023.

**Payment Of Benefits**

Premiums paid are recorded as premium payments, when incurred, in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when paid by the Plan.

**Refunds And Rebates**

Medical and prescription refunds due from the Plan's providers are recorded when earned. Refunds due at year-end are recorded as a receivable on the statement of net assets available for benefits, with the offset being recorded as rebate income on the statement of changes in net assets available for benefits.

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To 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 3 for further discussion on fair value measurements. Net change in fair value of investments represents the difference between the aggregate fair value of investments at year-end and the values at the beginning of the year and includes any realized gains and losses in shares that were bought and sold during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Postretirement Benefit Obligation**

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered prior to the valuation date. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired participants, including beneficiaries and covered dependents, (2) active or terminated participants who are fully eligible to receive benefits, and (3) active participants who are not yet fully eligible to receive benefits. Prior to an active employee's full eligibility date, the postretirement benefit obligation recorded for that employee is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered prior to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those of death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The methods and assumption changes used in the December 31, 2024 estimates differ from those used for the December 31, 2023 estimates. These differences include the retiree increasing of the discount rate from 4.75% to 5.50% and a change in the table used to calculate postretirement mortality rates (see below).

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To Financial Statements (*Continued*)

For measurement purposes, the following average health trend rates were assumed for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Health Plan of Nevada (HPN)	<b>8.25%</b>	8.50%
Indemnity Medical	<b>8.25%</b>	8.50%
Indemnity Drug	<b>8.25%</b>	N/A
Dental	<b>N/A</b>	4.00%
Vision	<b>N/A</b>	3.00%

The Health Plan of Nevada (HPN), Indemnity Medical, and Indemnity Drug rates were assumed to gradually decrease to 4.5 percent over 15 years.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the financial statements. If the assumed rates increased by one percentage point each year, it would increase the obligations as of December 31, 2024 and 2023 by \$362,087 and \$380,334, respectively.

The following are other significant assumptions used in the valuations as of December 31:

	<u>2024</u>	<u>2023</u>
Discount rate	5.50%	4.75%
Post retirement mortality rates		
Retirees	Pri-2012 Healthy Retiree Headcount-Weighted table, adjusted 90% for females, projected generationally from 2012 using MP-2021	Pri-2012 Healthy Retiree Headcount-Weighted table, adjusted 90% for females, projected generationally from 2012 using MP-2019
Beneficiaries	Pri-2012 Contingent Survivor Headcount-Weighted table, adjusted 85% for females, projected generationally from 2021 using MP-2021	Pri-2012 Contingent Survivor Headcount-Weighted table, adjusted 85% for females, projected generationally from 2012 using MP-2019
Average retirement age	62.8	62.8

The foregoing 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 actuarial present value of the postretirement benefit obligation.

**Claims Payable And Claims Incurred But Not Reported**

Benefit obligations include an amount for the estimated liability for benefit claims held by the Plan but not yet paid and for claims incurred prior to the year-end, but not reported to the Plan until after the year-end. The estimate, based on claims lag analysis, is prepared by the Plan's independent actuary.

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

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## Notes To Financial Statements *(Continued)*

### **Accumulated Eligibility Credits**

The eligibility rules of the Plan provide for payment of benefits for a period of time subsequent to the financial statement date for participants who have accumulated eligibility for work performed in November and December. At the date of the financial statements, such accumulated eligibility credits represents an obligation of the Plan that has been incurred because of prior employer contributions.

### **Reclassifications**

Certain 2023 amounts have been reclassified where appropriate, to conform to the presentation used in the 2024 financial statements.

### **Subsequent Events**

On April 28, 2025, the Plan adopted amendment 1, effective January 1, 2025, which removed the age and dollar limit for covered autism treatment.

On August 11, 2025, the Plan adopted amendment 2, effective June 1, 2025, which increased the amount covered by the Plan for elective contact lenses.

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

## **3. Fair Value Measurements**

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

- |         |                                                                                                                                                                                                                                 |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | The valuation technique used is based on the market approach. Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li></ul> |

## TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

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### Notes To Financial Statements (*Continued*)

- 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.

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.

The following is a description of the valuation methodologies used for assets measured at fair value:

#### **Mutual Funds And Money Market Fund**

Valued at the daily closing price as reported by the fund. The mutual funds and 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 money market fund held by the Plan are deemed to be actively traded.

#### **Corporate Bonds, Foreign Bonds, Government Securities, Asset-Backed Securities, And Commercial Paper**

Valued by a pricing service, which determines the valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities, which are generally recognized by institutional traders.

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

Notes To 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 to the methodologies used at December 31, 2024 or 2023.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 758,866	\$ —	\$ —	\$ 758,866
Commercial paper	—	3,376,047	—	3,376,047
Government securities	—	12,155,974	—	12,155,974
Corporate bonds	—	18,922,384	—	18,922,384
Foreign bonds	—	3,724,345	—	3,724,345
Asset-backed securities	—	28,305,299	—	28,305,299
Mutual funds	7,317,703	—	—	7,317,703
	<b>\$ 8,076,569</b>	<b>\$ 66,484,049</b>	<b>\$ —</b>	<b>\$ 74,560,618</b>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 2,678,693	\$ —	\$ —	\$ 2,678,693
Commercial paper	—	5,152,192	—	5,152,192
Government securities	—	5,110,993	—	5,110,993
Corporate bonds	—	15,189,894	—	15,189,894
Foreign bonds	—	5,978,176	—	5,978,176
Asset-backed securities	—	21,777,175	—	21,777,175
Mutual funds	4,692,328	—	—	4,692,328
	<b>\$ 7,371,021</b>	<b>\$ 53,208,430</b>	<b>\$ —</b>	<b>\$ 60,579,451</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To Financial Statements (*Continued*)

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

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 79,090,928	\$ 64,969,589
Benefit obligations currently payable (health claims and prescriptions payable)	<b>(3,244,000)</b>	(3,125,400)
<b>Net Assets Available For Benefit Per Form 5500</b>	<b>\$ 75,846,928</b>	<b>\$ 61,844,189</b>

The following is a reconciliation of the benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to participants per the financial statements	\$ 29,446,241
Add: Amounts currently payable at December 31, 2024	3,244,000
Less: Amounts currently payable at December 31, 2023	<u>(3,125,400)</u>
<b>Benefits Paid To Participants Per The Form 5500</b>	<b><u>\$ 29,564,841</u></b>

**5. Risks And Uncertainties**

The Plan invests in various investment securities. Investment securities 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 investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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 would be material to the financial statements.

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To Financial Statements (*Continued*)

**6. Income Tax Status**

The Plan has received an exemption letter from the Internal Revenue (IRS) dated October 1, 2014, stating that the voluntary employees' beneficiary association (VEBA) trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

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

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

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

The Plan has an agreement with Zenith American Solutions to provide administrative services. The Plan has a custodial agreement with Principal to act as a custodian of assets held for investments. The Plan also holds investments that are managed by Principal. The Plan has an agreement with Allspring Global Investments to act as the investment advisor. The Plan has an agreement with The Segal Group, Inc. to perform actuarial and other consulting services. The Plan pays fees and expenses to various professional firms and investment managers to perform services to the Plan. These transactions qualify as exempt party-in-interest transactions.

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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Notes To Financial Statements *(Continued)*

**8. Concentration Of Risk**

The Plan has concentrated its credit risk for cash by maintaining deposits in financial institutions, which at times may exceed amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (FDIC). The loss would represent the excess of the deposit liabilities reported by the banks over the amounts that would have been covered by various insurance. The Plan has not experienced any losses in such accounts.

**9. Concentration Of Contributing Employers**

Significant contributing employers are those that account for greater than 10% of the Plan's contributions.

The Plan received a substantial portion of its contributions from one employer (13% in 2023 and one employer in 2024 (12%). As of December 31, 2024 and 2023, the amount due from these employers included in contributions receivable was \$371,245 and \$373,540, respectively. The loss of significant contributing employers could have a material adverse effect on the financial position of the Plan. The Plan expects to maintain its relationship with this employer.

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## **Supplemental Schedules**

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# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 1 Of 4  
December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Money Market Fund</b>				
* Allspring Treasury Plus Money Market Inst - #793		758,866	\$ 758,866	\$ 758,866
<b>Commercial Paper</b>				
Anglesea FDG PLC/ Anglesea FDG LLC Disc Commercial Paper Dtd 12/09/2024 03/10/2025		1,700,000	1,682,749	1,685,958
Concord Minutemen Disc Commercial Paper Dtd 11/19/2024 02/19/2025		1,700,000	1,686,158	1,690,089
<b>Total Commercial Paper</b>			<u>3,368,907</u>	<u>3,376,047</u>
<b>Government Securities</b>				
US Treasury Note Dtd 03/15/2024 4.250% 03/15/2027		\$ 700,000	691,290	699,818
US Treasury Note Dtd 05/15/2024 4.500% 05/15/2027		1,700,000	1,697,354	1,708,466
US Treasury Note Dtd 10/15/2024 3.875% 10/15/2027		1,700,000	1,696,613	1,682,133
US Treasury Note Dtd 10/31/2024 4.125% 10/31/2026		600,000	598,406	598,632
US Treasury Note Dtd 11/15/2024 4.125% 11/15/2027		7,500,000	7,493,805	7,466,925
<b>Total Government Securities</b>			<u>12,177,468</u>	<u>12,155,974</u>
<b>Corporate Bonds</b>				
Accenture Capital Inc Dtd 10/04/2024 3.900 10/04/2027		\$ 800,000	798,968	788,208
Agilent Technologies Inc Dtd 09/09/2024 4.200 09/09/2027		600,000	599,196	592,614
Amphenol Corp Dtd 04/05/2024 5.050 04/05/2027		350,000	349,605	353,041
At&T Inc Dtd 03/23/21 1.700 03/25/2026		470,000	429,091	453,085
Autozone Inc Dtd 07/21/2023 5.050 07/15/2026		500,000	499,390	502,845
Bank Of America Corp Med Term Note Ser L Dtd 04/19/16 3.500 04/19/2026		950,000	912,010	935,816
Blackrock Funding Inc Dtd 07/26/2024 4.600 07/26/2027		900,000	899,973	902,052
Cadence Design Sys Inc Dtd 09/10/2024 4.200 09/10/2027		350,000	349,941	345,965
Citibank Dtd 11/19/2024 Var Cpn 11/19/2027		500,000	500,000	500,400
Cmaden Property Trust Dtd 11/03/2023 5.850 11/03/2026		1,000,000	999,970	1,020,030
Dte Energy Co Dtd 08/02/2024 4.950 07/01/2027		500,000	499,405	501,875
Elevance Health Inc Dtd 10/31/2024 4.500 10/30/2026		575,000	574,891	573,327
Goldman Sachs Bank Usa Dtd 05/21/2024 Var Cpn 05/21/2027		350,000	353,826	352,730
Hewlett Packard Enterprise Co Dtd 09/26/2024 4.400 09/25/2027		550,000	549,742	544,231
Ingersoll Rand Inc Dtd 05/10/2024 5.197 06/15/2027		600,000	599,952	606,930
Key Bank Medium Term Note Dtd 01/26/2023 4.700 01/26/2026		450,000	449,627	449,167
Manuf & Traders Trust Co Dtd 01/27/2023 4.650 01/27/2026		750,000	748,695	747,960
Marsh & McLennan Cos Inc Dtd 11/08/2024 4.550 11/08/2027		1,000,000	998,860	999,230
National Rural Util Coop Medium Term Note Dtd 02/05/2024 4.800 02/05/2027		800,000	799,760	802,416
Owens Corning Dtd 05/31/2024 5.500 06/15/2027		250,000	249,950	254,310
Paccar Financial Corp Dtd 08/06/2024 4.450 08/06/2027		1,100,000	1,098,537	1,098,977
Philip Morris Intl Inc Dtd 11/01/2024 4.375 11/01/2027		400,000	397,052	396,680
Quest Diagnostics Inc Dtd 08/19/2024 4.600 12/15/2027		450,000	449,901	449,352
Southern Calif Edison Co Dtd 09/06/2024 4.400 09/06/2026		900,000	899,316	896,319
T-Mobile Usa Inc Dtd 03/23/21 2.625 04/15/2026		470,000	437,570	458,024
Thermo Fisher Scientific Inc Dtd 12/05/2023 5.000 12/05/2026		800,000	799,448	807,632
Toyota Mtr Cr Corp Medium Term Note Dtd 08/09/2024 4.550 08/07/2026		600,000	599,628	600,408
Unilever Cap Corp Dtd 08/12/2024 4.250 08/12/2027		1,000,000	997,330	994,160
US Bank Na Cincinnati Dtd 10/22/2024 VAR CPN 10/22/2027		1,000,000	1,000,000	994,600
<b>Total Corporate Bonds</b>			<u>18,841,634</u>	<u>18,922,384</u>
<b>Foreign Bonds</b>				
Algonquin Power & Utilities Co Dtd 06/23/2021 5.365 06/15/2026		\$ 200,000	198,328	200,966
Australia & New Zeala Bkg Medium Term Note Dtd 01/18/2024 4.750 01/18/2027		900,000	900,000	903,285
Bank Montreal Dtd 06/05/2023 5.300 06/05/2026		900,000	899,361	908,253
Cooperat Rabobank Dtd 08/28/2024 4.333 08/28/2026		850,000	850,000	847,331
Sumitomo Mitsui Fin Grp Dtd 07/13/2023 5.880 07/13/2026		850,000	850,000	864,510
<b>Total Foreign Bonds</b>			<u>3,697,689</u>	<u>3,724,345</u>

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 2 Of 4  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Investment		Par Value/No. Of Units	Cost	Current Fair Value
<b>Asset-Backed Securities</b>				
Fed Home Ln Mtg Corp Pool #G14883		\$ 1	\$ 1	\$ 1
Dtd 09/01/13 5.000 06/01/2026				
Fed Home Mtge Mtg Corp Pool #SB0901	Dtd 07/01/2023 3.000 09/01/2036	430,787	409,819	415,239
Fed Home Mtge Mtg Corp Pool #SB1041	12/01/2023 3.000 04/01/2037	796,593	762,987	766,084
Fed Home Loan Mtg Corp Pool #SB126	Dtd 09/01/2024 3.000% 04/01/2037	1,317,984	1,286,012	1,261,864
Fed Natl Mtg Assn Pool #AB8680	Dtd 02/01/13 2.000 03/01/2028	90,485	93,949	87,384
Fed Natl Mtg Assn Pool #BM3537	Dtd 02/01/18 3.000 01/01/2031	104,553	107,726	102,318
Fed Natl Mtg Assn Pool #FM2409	Dtd 01/01/20 2.500 06/01/2029	83,695	85,317	81,639
Fed Home Loan Mtg Corp Gold Pool #G16277	Dtd 08/01/2017 3.000% 07/01/2032	1,759,552	1,695,768	1,679,950
Fedl Natl Mtge Assn Pool #BM7218	Dtd 05/01/2023 3.000% 04/01/2032	553,803	532,646	540,489
Fedl Natl Mtge Assn Pool #FS5951	Dtd 10/01/2023 3.500% 09/01/2035	494,276	472,188	481,494
Fedl Natl Mtge Assn Pool #FS6069	Dtd 10/01/2023 3.000% 02/01/2035	497,518	466,267	478,746
Fedl Natl Mtge Assn Pool #FS6070	Dtd 10/01/2023 3.500% 09/01/2035	407,264	389,463	398,256
Fedl Natl Mtge Assn Pool #FS6375	Dtd 11/01/2023 3.000% 04/01/2037	597,968	565,874	575,980
Fedl Natl Mtge Assn Pool #FS6510	Dtd 12/01/2023 3.000% 02/01/2035	544,838	516,915	522,341
Fedl Natl Mtge Assn Pool #FS6749	Dtd 01/01/2024 3.500% 01/01/2037	1,154,045	1,120,145	1,103,682
Fedl Natl Mtge Assn Pool #FS7190	Dtd 02/01/2024 3.000% 04/01/2037	1,214,158	1,154,778	1,163,844
Fedl Natl Mtge Assn Pool #FS9016	Dtd 09/01/2024 3.500% 01/01/2037	925,693	914,266	895,867
Fedl Natl Mtge Assn Pool #FS9807	Dtd 11/01/2024 3.500% 05/01/2037	1,369,105	1,328,246	1,325,937
Govt Natl Mtge Assn II Pool #786937	Dtd 09/01/2023 4.576% 08/20/2073	432,959	422,578	426,764
Ally Auto Receivables Trust Asset Bckd Sec Ser 2022-2 Cl A3				
Dtd 10/12/2022 4.760% 05/17/2027 Non Callable				
		552,023	552,016	552,492
American Express Credit Account Asset Bckd Sec Ser 2022-4 CL A				
Dtd 11/03/2022 4.950% 10/15/2027 Non Callable				
		300,000	299,985	301,107
Americredit Automobile Receiva Ser 2021-2 CL B				
Dtd 06/16/21 0.690 01/19/2027				
		62,936	62,930	62,816
BMW Vehicle Lease Tr Asset Bckd Sec Ser 2023-1 Cl A3				
Dtd 02/15/2023 5.160% 11/25/2025 Non Callable				
		89,906	89,904	89,969
Capital One Multi-Asset Execution Asset Bckd Sec Ser 2022-A3				
CL A Dtd 11/03/2022 4.950% 10/15/2027 Non Callable				
		750,000	749,882	752,768
Daimler Trucks Retail Trust Asset Bckd Sec Ser 2022-1 CL A3				
Dtd 10/19/2022 5.230% 02/17/2026 Callable				
		264,497	264,479	264,814
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2023-A CL A3				
Dtd 01/23/2023 4.940% 03/15/2026 Callable				
		34,496	34,495	34,505
Ford Credit Auto Owner Trust Asset Bckd Sec Ser 2022-C CL B				
Dtd 09/23/2022 5.030% 02/15/2028 Callable				
		300,000	299,991	301,521
Hyundai Auto Receivables Trust Asset Bckd Sec Ser 2022-C CL A3				
Dtd 11/09/2022 5.390% 06/15/2027 Callable				
		705,032	705,028	708,705
Mercedes-Benz Auto Receivables Asset Bckd Sec Ser 2023-1 CL A3				
Dtd 01/25/2023 4.510% 11/15/2027 Callable				
		285,215	285,181	285,252
Toyota Auto Receivables Owner Trust Asset Bckd Sec Ser 2022-D				
CL A3 Dtd 11/08/2022 5.300% 09/15/2027 Callable				
		561,121	561,066	564,443
Verizon Master Trust Asset Bckd Sec Ser 2023-2 CL A				
Dtd 04/25/2023 5.420% 04/20/2028 Callable				
		800,000	789,875	800,552
World Omni Auto Receivables Trust Asset Bckd Sec Ser 2023-A				
CL A3 Dtd 02/15/2023 4.830% 05/15/2028 Callable				
		148,346	148,321	148,586

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 3 Of 4  
December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Asset-Backed Securities (Continued)</b>				
BMW Vehicle Lease Trust Asset Bckd Sec Ser 2024-2 CL A3 Dtd 10/07/2024 4.180% 10/25/2027 Non Callable		\$ 400,000	\$ 399,963	\$ 396,836
Bmw Vehicle Owner Trust Asset Bckd Sec Ser 2023-A CL A3 Dtd 07/18/2023 5.470% 02/25/2028 Callable		500,000	499,911	504,595
Carmax Auto Owner Trust Asset Bckd Sec Ser 2023-3 CL A3 Dtd 03/30/2022 2.980% 10/15/2026 Callable		400,000	399,995	403,392
Carmax Auto Owner Trust Asset Bckd Sec Ser 2024-2 CL A3 Dtd 04/24/2024 5.640% 01/16/2029		200,000	199,993	203,200
Fed Natl Mtg Assn Ser 2011-81 CL PA Dtd 07/01/11 3.500 08/25/2026		1,644	1,751	1,630
Fifth Third Auto Trust Asset Bckd Sec Ser 2023-1 CL A3 Dtd 08/23/2023 5.530% 08/15/2028 Callable		800,000	799,950	808,784
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2024-B CL A3 Dtd 07/23/2024 4.990% 12/15/2027 Callable		550,000	549,983	553,630
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 01/22/2024 5.060% 05/15/2027 Callable		300,000	299,968	301,479
Gm Financial Automobile Leasin Asset Bckd Sec Ser 2024-2 CL A3 Dtd 05/16/2024 5.390% 07/20/2027		529,000	531,935	534,819
Gm Financial Securitized Term Asset Bckd Sec Ser 2024-2 CL A3 Dtd 04/10/2024 5.100% 03/16/2029 Callable		200,000	199,961	201,988
Government National Mortgage Assn CMO Ser 2022-H06 CL Ab Dtd 03/01/2022 3.736% 07/20/2067 Non Callable		155,939	160,155	153,228
Government National Mortgage Assn CMO Ser 2023-H25 CL Ba Dtd 10/01/2023 VAR CPN 07/20/2073 Non Callable		462,060	442,422	448,186
Government National Mortgage Assn Cmo Ser 2023-H25 CL Da Dtd 10/01/2023 VAR CPN 10/20/2073 Non Callable		467,388	451,621	458,598
Govt Natl Mtg Assn Ser 2016-H17 CL HA Dtd 08/01/16 2.250 03/20/2066		152,734	157,554	149,114
Govt Natl Mtg Assn Ser 2019-H04 CL BA Dtd 03/01/19 3.000 01/20/2069		79,566	79,647	78,463
Govt Natl Mtg Assn Ser 2020-H02 CL DA Dtd 01/01/20 2.250 12/20/2069		143,290	143,912	140,135
Govt Natl Mtg Assn Ser 2021-H12 CL GA Dtd 08/01/21 07/20/2071		106,999	116,098	105,656
Honda Auto Receivables Owner Asset Bckd Sec Ser 2024-2 CL A3 Dtd 05/21/2024 5.270% 11/20/2028 Callable		800,000	799,903	809,712
Honda Auto Receivables Owner T Asset Bckd Sec Ser 2024-3 CL A3 Dtd 08/21/2024 4.570% 03/21/2029 Callable		450,000	449,929	450,383
John Deere Owner Trust Asset Bckd Sec Ser 2024-C CL A3 Dtd 09/17/2024 4.060% 06/15/2029 Callable		900,000	899,791	889,910
Mercedes-Benz Auto Receivables Trust Asset Bckd Sec Ser 2023-2 CL A3 Dtd 10/25/2023 5.950% 11/15/2028 Callable		600,000	599,949	611,082
Nissan Auto Lease Trust Asset Bckd Sec Ser 2023-B CL A3 Dtd 06/28/2023 5.690% 07/15/2026 Callable		108,927	108,918	109,298
Nissan Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 01/24/2024 4.910% 04/15/2027 Callable		400,000	399,964	401,872
Nissan Auto Lease Trust Asset Bckd Sec Ser 2024-B CL A3 Dtd 07/24/2024 5.490% 11/15/2027 Callable		450,000	449,998	453,056
Toyota Auto Receivables Owner Asset Bckd Sec Ser 2024-D CL A3 Dtd 10/17/2024 4.400% 06/15/2029 Callable		500,000	499,972	498,530
Volkswagen Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 03/27/2024 5.210% 06/21/2027 Non Callable		500,000	499,958	504,700
Volkswagen Auto Loan Enhanced Asset Bckd Sec Ser 2024-1 CL A3 Dtd 11/26/2024 4.630% 07/20/2029 Callable		350,000	349,967	350,732
World Omni Automobile Lease Se Asset Bckd Sec Ser 2024-A CL A3 Dtd 04/17/2024 5.260% 10/15/2027 Callable		600,000	600,209	606,882
<b>Total Asset-Backed Securities</b>			<b>28,261,475</b>	<b>28,305,299</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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**EIN: 47-1237848    PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
Page 4 Of 4  
December 31, 2024**

(a) <b>Investment</b>	(b)	(c) <b>Par Value/No. Of Units</b>	(d) <b>Cost</b>	(e) <b>Current Fair Value</b>
<b>Mutual Funds</b>				
Vanguard Total Stock Market ETF		25,250	\$ 6,284,094	\$ 7,317,703
<b>Total Investments</b>			<u>\$ 69,692,444</u>	<u>\$ 74,560,618</u>

\* Represents a party in interest

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

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

**EIN: 47-1237848    PLAN NUMBER: 502  
SCHEDULE OF REPORTABLE TRANSACTIONS  
For The Year Ended December 31, 2024**

Identity Of Party Involved	Number Of Purchase Transactions	Purchase Price	Number Of Sale Transactions	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost Of Asset	Fair Value Of Asset On Transaction Date	Net Gain Or (Loss)
<b>Series Of Transactions In Excess of 5% Of Plan Assets</b>									
* Allspring Treasury Plus Money Market Fund- Inst #793	229	\$ 98,261,765	—	\$ —	\$ —	\$ —	\$ 98,261,765	\$ 98,261,765	\$ —
* Allspring Treasury Plus Money Market Fund- Inst #793	—	—	259	100,181,592	—	—	100,181,592	100,181,592	—
* Allspring Growth-INST	—	—	1	3,536,524	—	—	3,656,893	3,536,524	(120,369)
ANGLESEA FDG PLC DCP 9/19/24	1	1,699,248	—	—	—	—	1,699,248	1,699,248	—
ANGLESEA FDG PLC DCP 9/19/24	—	—	1	1,699,248	—	—	1,699,248	1,699,248	—
ARKANSAS ELEC COOP DCP 12/19/24	1	1,685,780	—	—	—	—	1,685,780	1,685,780	—
ARKANSAS ELEC COOP DCP 12/19/24	—	—	1	1,685,780	—	—	1,685,780	1,685,780	—
FALCON ASSET FDG LLC DCP 12/17/24	1	1,686,315	—	—	—	—	1,686,315	1,686,315	—
FALCON ASSET FDG LLC DCP 12/17/24	—	—	1	1,686,315	—	—	1,686,315	1,686,315	—
GREAT BEAR FDG DAC DCP 9/19/24	1	1,698,490	—	—	—	—	1,698,490	1,698,490	—
GREAT BEAR FDG DAC DCP 9/19/24	—	—	1	1,698,490	—	—	1,698,490	1,698,490	—
GTA FDG LLC DCP 10/18/24	1	1,693,358	—	—	—	—	1,693,358	1,693,358	—
GTA FDG LLC DCP 10/18/24	—	—	1	1,693,358	—	—	1,693,358	1,693,358	—
LEXINGTON PARKER CAP DCP 10/17/24	1	1,693,587	—	—	—	—	1,693,587	1,693,587	—
LEXINGTON PARKER CAP DCP 10/17/24	—	—	1	1,693,587	—	—	1,693,587	1,693,587	—
US Treasury Bond 4.25% 1/31/26	4	3,286,642	—	—	—	—	3,286,642	3,286,642	—
US Treasury Bond 4.25% 1/31/26	—	—	5	3,273,023	—	—	3,286,641	3,273,023	(13,618)
US Treasury Note 4.25% 3/15/27	5	4,246,497	—	—	—	—	4,246,497	4,246,497	—
US Treasury Note 4.25% 3/15/27	—	—	4	3,620,012	—	—	3,555,206	3,620,012	64,806
US Treasury Note 4.875% 4/30/26	3	5,008,801	—	—	—	—	5,008,801	5,008,801	—
US Treasury Note 4.875% 4/30/26	—	—	7	5,044,398	—	—	5,008,800	5,044,398	35,598
US Treasury Note 4.75% 5/15/27	6	4,492,996	—	—	—	—	4,492,996	4,492,996	—
US Treasury Note 4.75% 5/15/27	—	—	3	2,837,375	—	—	2,795,642	2,837,375	41,733
US Treasury Note 4.375% 7/31/26	2	2,114,398	—	—	—	—	2,114,398	2,114,398	—
US Treasury Note 4.375% 7/31/26	—	—	3	2,118,719	—	—	2,114,398	2,118,719	4,321
US Treasury Note 3.75% 8/31/26	2	2,505,926	—	—	—	—	2,505,926	2,505,926	—
US Treasury Note 3.75% 8/31/26	—	—	4	2,505,617	—	—	2,505,925	2,505,617	(308)
US Treasury Bond 3.50% 9/30/26	2	2,382,500	—	—	—	—	2,382,500	2,382,500	—
US Treasury Bond 3.50% 9/30/26	—	—	2	2,376,930	—	—	2,382,500	2,376,930	(5,570)
US Treasury Note 3.875% 10/15/27	1	2,594,820	—	—	—	—	2,594,820	2,594,820	—
US Treasury Note 3.875% 10/15/27	—	—	1	892,934	—	—	898,207	892,934	(5,273)
US Treasury Note 4.125% 11/15/27	6	7,493,805	—	—	—	—	7,493,805	7,493,805	—
VANGUARD TOTAL STOCK MKT EFT	2	6,284,094	—	—	—	—	6,284,094	6,284,094	—
							<u>\$ 285,371,604</u>	<u>\$ 285,372,924</u>	<u>\$ 1,320</u>

\* Represents a party in interest

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

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 1 Of 4**  
**December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Money Market Fund</b>				
* Allspring Treasury Plus Money Market Inst - #793		758,866	\$ 758,866	\$ 758,866
<b>Commercial Paper</b>				
Anglesea FDG PLC/ Anglesea FDG LLC Disc Commercial Paper Dtd 12/09/2024 03/10/2025		1,700,000	1,682,749	1,685,958
Concord Minutemen Disc Commercial Paper Dtd 11/19/2024 02/19/2025		1,700,000	1,686,158	1,690,089
<b>Total Commercial Paper</b>			<u>3,368,907</u>	<u>3,376,047</u>
<b>Government Securities</b>				
US Treasury Note Dtd 03/15/2024 4.250% 03/15/2027		\$ 700,000	691,290	699,818
US Treasury Note Dtd 05/15/2024 4.500% 05/15/2027		1,700,000	1,697,354	1,708,466
US Treasury Note Dtd 10/15/2024 3.875% 10/15/2027		1,700,000	1,696,613	1,682,133
US Treasury Note Dtd 10/31/2024 4.125% 10/31/2026		600,000	598,406	598,632
US Treasury Note Dtd 11/15/2024 4.125% 11/15/2027		7,500,000	7,493,805	7,466,925
<b>Total Government Securities</b>			<u>12,177,468</u>	<u>12,155,974</u>
<b>Corporate Bonds</b>				
Accenture Capital Inc Dtd 10/04/2024 3.900 10/04/2027		\$ 800,000	798,968	788,208
Agilent Technologies Inc Dtd 09/09/2024 4.200 09/09/2027		600,000	599,196	592,614
Amphenol Corp Dtd 04/05/2024 5.050 04/05/2027		350,000	349,605	353,041
At&T Inc Dtd 03/23/21 1.700 03/25/2026		470,000	429,091	453,085
Autozone Inc Dtd 07/21/2023 5.050 07/15/2026		500,000	499,390	502,845
Bank Of America Corp Med Term Note Ser L Dtd 04/19/16 3.500 04/19/2026		950,000	912,010	935,816
Blackrock Funding Inc Dtd 07/26/2024 4.600 07/26/2027		900,000	899,973	902,052
Cadence Design Sys Inc Dtd 09/10/2024 4.200 09/10/2027		350,000	349,941	345,965
Citibank Dtd 11/19/2024 Var Cpn 11/19/2027		500,000	500,000	500,400
Cmaden Property Trust Dtd 11/03/2023 5.850 11/03/2026		1,000,000	999,970	1,020,030
Dte Energy Co Dtd 08/02/2024 4.950 07/01/2027		500,000	499,405	501,875
Elevance Health Inc Dtd 10/31/2024 4.500 10/30/2026		575,000	574,891	573,327
Goldman Sachs Bank Usa Dtd 05/21/2024 Var Cpn 05/21/2027		350,000	353,826	352,730
Hewlett Packard Enterprise Co Dtd 09/26/2024 4.400 09/25/2027		550,000	549,742	544,231
Ingersoll Rand Inc Dtd 05/10/2024 5.197 06/15/2027		600,000	599,952	606,930
Key Bank Medium Term Note Dtd 01/26/2023 4.700 01/26/2026		450,000	449,627	449,167
Manuf & Traders Trust Co Dtd 01/27/2023 4.650 01/27/2026		750,000	748,695	747,960
Marsh & McLennan Cos Inc Dtd 11/08/2024 4.550 11/08/2027		1,000,000	998,860	999,230
National Rural Util Coop Medium Term Note Dtd 02/05/2024 4.800 02/05/2027		800,000	799,760	802,416
Owens Corning Dtd 05/31/2024 5.500 06/15/2027		250,000	249,950	254,310
Paccar Financial Corp Dtd 08/06/2024 4.450 08/06/2027		1,100,000	1,098,537	1,098,977
Philip Morris Intl Inc Dtd 11/01/2024 4.375 11/01/2027		400,000	397,052	396,680
Quest Diagnostics Inc Dtd 08/19/2024 4.600 12/15/2027		450,000	449,901	449,352
Southern Calif Edison Co Dtd 09/06/2024 4.400 09/06/2026		900,000	899,316	896,319
T-Mobile Usa Inc Dtd 03/23/21 2.625 04/15/2026		470,000	437,570	458,024
Thermo Fisher Scientific Inc Dtd 12/05/2023 5.000 12/05/2026		800,000	799,448	807,632
Toyota Mtr Cr Corp Medium Term Note Dtd 08/09/2024 4.550 08/07/2026		600,000	599,628	600,408
Unilever Cap Corp Dtd 08/12/2024 4.250 08/12/2027		1,000,000	997,330	994,160
US Bank Na Cincinnati Dtd 10/22/2024 VAR CPN 10/22/2027		1,000,000	1,000,000	994,600
<b>Total Corporate Bonds</b>			<u>18,841,634</u>	<u>18,922,384</u>
<b>Foreign Bonds</b>				
Algonquin Power & Utilities Co Dtd 06/23/2021 5.365 06/15/2026		\$ 200,000	198,328	200,966
Australia & New Zeala Bkg Medium Term Note Dtd 01/18/2024 4.750 01/18/2027		900,000	900,000	903,285
Bank Montreal Dtd 06/05/2023 5.300 06/05/2026		900,000	899,361	908,253
Cooperat Rabobank Dtd 08/28/2024 4.333 08/28/2026		850,000	850,000	847,331
Sumitomo Mitsui Fin Grp Dtd 07/13/2023 5.880 07/13/2026		850,000	850,000	864,510
<b>Total Foreign Bonds</b>			<u>3,697,689</u>	<u>3,724,345</u>

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 2 Of 4  
December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Asset-Backed Securities</b>				
Fed Home Ln Mtg Corp Pool #G14883 Dtd 09/01/13 5.000 06/01/2026		\$ 1	\$ 1	\$ 1
Fed Home Mtge Mtg Corp Pool #SB0901 Dtd 07/01/2023 3.000 09/01/2036		430,787	409,819	415,239
Fed Home Mtge Mtg Corp Pool #SB1041 12/01/2023 3.000 04/01/2037		796,593	762,987	766,084
Fed Home Loan Mtg Corp Pool #SB126 Dtd 09/01/2024 3.000% 04/01/2037		1,317,984	1,286,012	1,261,864
Fed Natl Mtg Assn Pool #AB8680 Dtd 02/01/13 2.000 03/01/2028		90,485	93,949	87,384
Fed Natl Mtg Assn Pool #BM3537 Dtd 02/01/18 3.000 01/01/2031		104,553	107,726	102,318
Fed Natl Mtg Assn Pool #FM2409 Dtd 01/01/20 2.500 06/01/2029		83,695	85,317	81,639
Fed Home Loan Mtg Corp Gold Pool #G16277 Dtd 08/01/2017 3.000% 07/01/2032		1,759,552	1,695,768	1,679,950
Fedl Natl Mtge Assn Pool #BM7218 Dtd 05/01/2023 3.000% 04/01/2032		553,803	532,646	540,489
Fedl Natl Mtge Assn Pool #FS5951 Dtd 10/01/2023 3.500% 09/01/2035		494,276	472,188	481,494
Fedl Natl Mtge Assn Pool #FS6069 Dtd 10/01/2023 3.000% 02/01/2035		497,518	466,267	478,746
Fedl Natl Mtge Assn Pool #FS6070 Dtd 10/01/2023 3.500% 09/01/2035		407,264	389,463	398,256
Fedl Natl Mtge Assn Pool #FS6375 Dtd 11/01/2023 3.000% 04/01/2037		597,968	565,874	575,980
Fedl Natl Mtge Assn Pool #FS6510 Dtd 12/01/2023 3.000% 02/01/2035		544,838	516,915	522,341
Fedl Natl Mtge Assn Pool #FS6749 Dtd 01/01/2024 3.500% 01/01/2037		1,154,045	1,120,145	1,103,682
Fedl Natl Mtge Assn Pool #FS7190 Dtd 02/01/2024 3.000% 04/01/2037		1,214,158	1,154,778	1,163,844
Fedl Natl Mtge Assn Pool #FS9016 Dtd 09/01/2024 3.500% 01/01/2037		925,693	914,266	895,867
Fedl Natl Mtge Assn Pool #FS9807 Dtd 11/01/2024 3.500% 05/01/2037		1,369,105	1,328,246	1,325,937
Govt Natl Mtge Assn II Pool #786937 Dtd 09/01/2023 4.576% 08/20/2073		432,959	422,578	426,764
Ally Auto Receivables Trust Asset Bckd Sec Ser 2022-2 Cl A3 Dtd 10/12/2022 4.760% 05/17/2027 Non Callable		552,023	552,016	552,492
American Express Credit Account Asset Bckd Sec Ser 2022-4 CL A Dtd 11/03/2022 4.950% 10/15/2027 Non Callable		300,000	299,985	301,107
Americredit Automobile Receiva Ser 2021-2 CL B Dtd 06/16/21 0.690 01/19/2027		62,936	62,930	62,816
BMW Vehicle Lease Tr Asset Bckd Sec Ser 2023-1 Cl A3 Dtd 02/15/2023 5.160% 11/25/2025 Non Callable		89,906	89,904	89,969
Capital One Multi-Asset Execution Asset Bckd Sec Ser 2022-A3 CL A Dtd 11/03/2022 4.950% 10/15/2027 Non Callable		750,000	749,882	752,768
Daimler Trucks Retail Trust Asset Bckd Sec Ser 2022-1 CL A3 Dtd 10/19/2022 5.230% 02/17/2026 Callable		264,497	264,479	264,814
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2023-A CL A3 Dtd 01/23/2023 4.940% 03/15/2026 Callable		34,496	34,495	34,505
Ford Credit Auto Owner Trust Asset Bckd Sec Ser 2022-C CL B Dtd 09/23/2022 5.030% 02/15/2028 Callable		300,000	299,991	301,521
Hyundai Auto Receivables Trust Asset Bckd Sec Ser 2022-C CL A3 Dtd 11/09/2022 5.390% 06/15/2027 Callable		705,032	705,028	708,705
Mercedes-Benz Auto Receivables Asset Bckd Sec Ser 2023-1 CL A3 Dtd 01/25/2023 4.510% 11/15/2027 Callable		285,215	285,181	285,252
Toyota Auto Receivables Owner Trust Asset Bckd Sec Ser 2022-D CL A3 Dtd 11/08/2022 5.300% 09/15/2027 Callable		561,121	561,066	564,443
Verizon Master Trust Asset Bckd Sec Ser 2023-2 CL A Dtd 04/25/2023 5.420% 04/20/2028 Callable		800,000	789,875	800,552
World Omni Auto Receivables Trust Asset Bckd Sec Ser 2023-A CL A3 Dtd 02/15/2023 4.830% 05/15/2028 Callable		148,346	148,321	148,586

# TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA - HOTEL & CASINO WORKERS

**EIN: 47-1237848 PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 3 Of 4  
December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Asset-Backed Securities (Continued)</b>				
BMW Vehicle Lease Trust Asset Bckd Sec Ser 2024-2 CL A3 Dtd 10/07/2024 4.180% 10/25/2027 Non Callable		\$ 400,000	\$ 399,963	\$ 396,836
Bmw Vehicle Owner Trust Asset Bckd Sec Ser 2023-A CL A3 Dtd 07/18/2023 5.470% 02/25/2028 Callable		500,000	499,911	504,595
Carmax Auto Owner Trust Asset Bckd Sec Ser 2023-3 CL A3 Dtd 03/30/2022 2.980% 10/15/2026 Callable		400,000	399,995	403,392
Carmax Auto Owner Trust Asset Bckd Sec Ser 2024-2 CL A3 Dtd 04/24/2024 5.640% 01/16/2029		200,000	199,993	203,200
Fed Natl Mtg Assn Ser 2011-81 CL PA Dtd 07/01/11 3.500 08/25/2026		1,644	1,751	1,630
Fifth Third Auto Trust Asset Bckd Sec Ser 2023-1 CL A3 Dtd 08/23/2023 5.530% 08/15/2028 Callable		800,000	799,950	808,784
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2024-B CL A3 Dtd 07/23/2024 4.990% 12/15/2027 Callable		550,000	549,983	553,630
Ford Credit Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 01/22/2024 5.060% 05/15/2027 Callable		300,000	299,968	301,479
Gm Financial Automobile Leasin Asset Bckd Sec Ser 2024-2 CL A3 Dtd 05/16/2024 5.390% 07/20/2027		529,000	531,935	534,819
Gm Financial Securitized Term Asset Bckd Sec Ser 2024-2 CL A3 Dtd 04/10/2024 5.100% 03/16/2029 Callable		200,000	199,961	201,988
Government National Mortgage Assn CMO Ser 2022-H06 CL Ab Dtd 03/01/2022 3.736% 07/20/2067 Non Callable		155,939	160,155	153,228
Government National Mortgage Assn CMO Ser 2023-H25 CL Ba Dtd 10/01/2023 VAR CPN 07/20/2073 Non Callable		462,060	442,422	448,186
Government National Mortgage Assn Cmo Ser 2023-H25 CL Da Dtd 10/01/2023 VAR CPN 10/20/2073 Non Callable		467,388	451,621	458,598
Govt Natl Mtg Assn Ser 2016-H17 CL HA Dtd 08/01/16 2.250 03/20/2066		152,734	157,554	149,114
Govt Natl Mtg Assn Ser 2019-H04 CL BA Dtd 03/01/19 3.000 01/20/2069		79,566	79,647	78,463
Govt Natl Mtg Assn Ser 2020-H02 CL DA Dtd 01/01/20 2.250 12/20/2069		143,290	143,912	140,135
Govt Natl Mtg Assn Ser 2021-H12 CL GA Dtd 08/01/21 07/20/2071		106,999	116,098	105,656
Honda Auto Receivables Owner Asset Bckd Sec Ser 2024-2 CL A3 Dtd 05/21/2024 5.270% 11/20/2028 Callable		800,000	799,903	809,712
Honda Auto Receivables Owner T Asset Bckd Sec Ser 2024-3 CL A3 Dtd 08/21/2024 4.570% 03/21/2029 Callable		450,000	449,929	450,383
John Deere Owner Trust Asset Bckd Sec Ser 2024-C CL A3 Dtd 09/17/2024 4.060% 06/15/2029 Callable		900,000	899,791	889,910
Mercedes-Benz Auto Receivables Trust Asset Bckd Sec Ser 2023-2 CL A3 Dtd 10/25/2023 5.950% 11/15/2028 Callable		600,000	599,949	611,082
Nissan Auto Lease Trust Asset Bckd Sec Ser 2023-B CL A3 Dtd 06/28/2023 5.690% 07/15/2026 Callable		108,927	108,918	109,298
Nissan Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 01/24/2024 4.910% 04/15/2027 Callable		400,000	399,964	401,872
Nissan Auto Lease Trust Asset Bckd Sec Ser 2024-B CL A3 Dtd 07/24/2024 5.490% 11/15/2027 Callable		450,000	449,998	453,056
Toyota Auto Receivables Owner Asset Bckd Sec Ser 2024-D CL A3 Dtd 10/17/2024 4.400% 06/15/2029 Callable		500,000	499,972	498,530
Volkswagen Auto Lease Trust Asset Bckd Sec Ser 2024-A CL A3 Dtd 03/27/2024 5.210% 06/21/2027 Non Callable		500,000	499,958	504,700
Volkswagen Auto Loan Enhanced Asset Bckd Sec Ser 2024-1 CL A3 Dtd 11/26/2024 4.630% 07/20/2029 Callable		350,000	349,967	350,732
World Omni Automobile Lease Se Asset Bckd Sec Ser 2024-A CL A3 Dtd 04/17/2024 5.260% 10/15/2027 Callable		600,000	600,209	606,882
<b>Total Asset-Backed Securities</b>			<b>28,261,475</b>	<b>28,305,299</b>

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

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**EIN: 47-1237848    PLAN NUMBER: 502  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
Page 4 Of 4  
December 31, 2024**

(a) Investment	(b)	(c) Par Value/No. Of Units	(d) Cost	(e) Current Fair Value
<b>Mutual Funds</b>				
Vanguard Total Stock Market ETF		25,250	\$ 6,284,094	\$ 7,317,703
<b>Total Investments</b>			<b>\$ 69,692,444</b>	<b>\$ 74,560,618</b>

\* Represents a party in interest

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

**TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA -  
HOTEL & CASINO WORKERS**

**EIN: 47-1237848    PLAN NUMBER: 502  
SCHEDULE OF REPORTABLE TRANSACTIONS  
For The Year Ended December 31, 2024**

Identity Of Party Involved	Number Of Purchase Transactions	Purchase Price	Number Of Sale Transactions	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost Of Asset	Fair Value Of Asset On Transaction Date	Net Gain Or (Loss)
<b>Series Of Transactions In Excess of 5% Of Plan Assets</b>									
* Allspring Treasury Plus Money Market Fund- Inst #793	229	\$ 98,261,765	—	\$ —	\$ —	\$ —	\$ 98,261,765	\$ 98,261,765	\$ —
* Allspring Treasury Plus Money Market Fund- Inst #793	—	—	259	100,181,592	—	—	100,181,592	100,181,592	—
* Allspring Growth-INST	—	—	1	3,536,524	—	—	3,656,893	3,536,524	(120,369)
ANGLESEA FDG PLC DCP 9/19/24	1	1,699,248	—	—	—	—	1,699,248	1,699,248	—
ANGLESEA FDG PLC DCP 9/19/24	—	—	1	1,699,248	—	—	1,699,248	1,699,248	—
ARKANSAS ELEC COOP DCP 12/19/24	1	1,685,780	—	—	—	—	1,685,780	1,685,780	—
ARKANSAS ELEC COOP DCP 12/19/24	—	—	1	1,685,780	—	—	1,685,780	1,685,780	—
FALCON ASSET FDG LLC DCP 12/17/24	1	1,686,315	—	—	—	—	1,686,315	1,686,315	—
FALCON ASSET FDG LLC DCP 12/17/24	—	—	1	1,686,315	—	—	1,686,315	1,686,315	—
GREAT BEAR FDG DAC DCP 9/19/24	1	1,698,490	—	—	—	—	1,698,490	1,698,490	—
GREAT BEAR FDG DAC DCP 9/19/24	—	—	1	1,698,490	—	—	1,698,490	1,698,490	—
GTA FDG LLC DCP 10/18/24	1	1,693,358	—	—	—	—	1,693,358	1,693,358	—
GTA FDG LLC DCP 10/18/24	—	—	1	1,693,358	—	—	1,693,358	1,693,358	—
LEXINGTON PARKER CAP DCP 10/17/24	1	1,693,587	—	—	—	—	1,693,587	1,693,587	—
LEXINGTON PARKER CAP DCP 10/17/24	—	—	1	1,693,587	—	—	1,693,587	1,693,587	—
US Treasury Bond 4.25% 1/31/26	4	3,286,642	—	—	—	—	3,286,642	3,286,642	—
US Treasury Bond 4.25% 1/31/26	—	—	5	3,273,023	—	—	3,286,641	3,273,023	(13,618)
US Treasury Note 4.25% 3/15/27	5	4,246,497	—	—	—	—	4,246,497	4,246,497	—
US Treasury Note 4.25% 3/15/27	—	—	4	3,620,012	—	—	3,555,206	3,620,012	64,806
US Treasury Note 4.875% 4/30/26	3	5,008,801	—	—	—	—	5,008,801	5,008,801	—
US Treasury Note 4.875% 4/30/26	—	—	7	5,044,398	—	—	5,008,800	5,044,398	35,598
US Treasury Note 4.75% 5/15/27	6	4,492,996	—	—	—	—	4,492,996	4,492,996	—
US Treasury Note 4.75% 5/15/27	—	—	3	2,837,375	—	—	2,795,642	2,837,375	41,733
US Treasury Note 4.375% 7/31/26	2	2,114,398	—	—	—	—	2,114,398	2,114,398	—
US Treasury Note 4.375% 7/31/26	—	—	3	2,118,719	—	—	2,114,398	2,118,719	4,321
US Treasury Note 3.75% 8/31/26	2	2,505,926	—	—	—	—	2,505,926	2,505,926	—
US Treasury Note 3.75% 8/31/26	—	—	4	2,505,617	—	—	2,505,925	2,505,617	(308)
US Treasury Bond 3.50% 9/30/26	2	2,382,500	—	—	—	—	2,382,500	2,382,500	—
US Treasury Bond 3.50% 9/30/26	—	—	2	2,376,930	—	—	2,382,500	2,376,930	(5,570)
US Treasury Note 3.875% 10/15/27	1	2,594,820	—	—	—	—	2,594,820	2,594,820	—
US Treasury Note 3.875% 10/15/27	—	—	1	892,934	—	—	898,207	892,934	(5,273)
US Treasury Note 4.125% 11/15/27	6	7,493,805	—	—	—	—	7,493,805	7,493,805	—
VANGUARD TOTAL STOCK MKT EFT	2	6,284,094	—	—	—	—	6,284,094	6,284,094	—
							<u>\$ 285,371,604</u>	<u>\$ 285,372,924</u>	<u>\$ 1,320</u>

\* Represents a party in interest

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