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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                  | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>       |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                            | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                                | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                          |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                |
| <b>D</b> Check box if filing under:                                                                            | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |  |
| <b>1a</b> Name of plan<br><u>THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TRUSTEES-THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT</u><br><br><u>24600 CENTER RIDGE ROAD, SUITE 481</u><br><u>WESTLAKE, OH 44145</u> | <b>1c</b> Effective date of plan<br><u>01/01/1974</u>               |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1403927</u> |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> Plan Sponsor's telephone number<br><u>440-641-1452</u>    |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> Business code (see instructions)<br><u>711100</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. | 10/15/2019 | EILEEN LEHANE                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 300                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 205<br><b>6a(2)</b> 198<br><b>6b</b> 33<br><b>6c</b> 55<br><b>6d</b> 286<br><b>6e</b> 10<br><b>6f</b> 296<br><b>6g</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b> 30                                                                                                                                                                                                                     |

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

1B

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

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

|                                                                                                                                                    |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT PENSION PLAN                                                | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TRUSTEES-THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT | <b>D</b> Employer Identification Number (EIN)<br>34-1403927 |

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2018

**b** Assets

|                                                                                                               |                 |          |
|---------------------------------------------------------------------------------------------------------------|-----------------|----------|
| (1) Current value of assets .....                                                                             | <b>1b(1)</b>    | 10171053 |
| (2) Actuarial value of assets for funding standard account.....                                               | <b>1b(2)</b>    | 9814773  |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 9022662  |
| (2) Information for plans using spread gain methods:                                                          |                 |          |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |          |
| (b) Accrued liability under entry age normal method.....                                                      | <b>1c(2)(b)</b> |          |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |          |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 7360296  |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |          |
| (2) "RPA '94" information:                                                                                    |                 |          |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 12220076 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> | 793421   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | 305723   |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b>    | 480723   |

**Statement by Enrolled Actuary**

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

|                                           |  |                                        |
|-------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                          |  | 10/14/2019                             |
| Signature of actuary                      |  | Date                                   |
| JAMES A. NOLAN, FSA, MAAA                 |  | 17-07228                               |
| Type or print name of actuary             |  | Most recent enrollment number          |
| SEGAL CONSULTING                          |  | 312-984-8500                           |
| Firm name                                 |  | Telephone number (including area code) |
| 101 NORTH WACKER DRIVE, CHICAGO, IL 60606 |  |                                        |
| Address of the firm                       |  |                                        |

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

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

**Schedule MB (Form 5500) 2018**  
**v. 171027**

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 10171053                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 34                                | 2729311                      |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 61                                | 2559447                      |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 659338                       |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 6271980                      |
| <b>(c)</b> Total active .....                                                                                                       | 205                               | 6931318                      |
| <b>(4)</b> Total .....                                                                                                              | 300                               | 12220076                     |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2018               | 503895                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 503895                            | <b>3(c)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                           | <b>4a</b> | 133.3%                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 .....                                                                                                                                                                | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                           |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                         | <b>4e</b> |                                                          |
| <b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> | <input type="checkbox"/>                                 |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                    |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        |                                    | 2.98%                                                                                            |
|                                                                                                               | Pre-retirement                                                                                   |                                    | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                    |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | A                                  | A                                                                                                |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | A                                  | A                                                                                                |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 6.00%                              | 6.00%                                                                                            |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 51.2% <input type="checkbox"/> N/A | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | 3.00% <input type="checkbox"/> N/A |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 7.7%                               |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 13.4%                              |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -192239             | -18673                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                                                                         |                     |         |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                                                                    | <b>9a</b>           | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                                 | <b>9b</b>           | 500501  |
| <b>c</b> Amortization charges as of valuation date:                                                                     | Outstanding balance |         |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 2200383 |
| <b>(2)</b> Funding waivers .....                                                                                        | <b>9c(2)</b>        |         |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        |         |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                            | <b>9d</b>           | 47580   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                    | <b>9e</b>           | 840587  |

**Credits to funding standard account:**

|                                                                                   |                     |         |
|-----------------------------------------------------------------------------------|---------------------|---------|
| <b>f</b> Prior year credit balance, if any.....                                   | <b>9f</b>           | 2300059 |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....             | <b>9g</b>           | 503895  |
|                                                                                   | Outstanding balance |         |
| <b>h</b> Amortization credits as of valuation date.....                           | <b>9h</b>           | 692435  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h ..... | <b>9i</b>           | 157824  |

**j** Full funding limitation (FFL) and credits:

|                                                                                             |              |         |
|---------------------------------------------------------------------------------------------|--------------|---------|
| <b>(1)</b> ERISA FFL (accrued liability FFL) .....                                          | <b>9j(1)</b> | 2128956 |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....                             | <b>9j(2)</b> | 1872916 |
| <b>(3)</b> FFL credit.....                                                                  | <b>9j(3)</b> | 0       |
| <b>k (1)</b> Waived funding deficiency.....                                                 | <b>9k(1)</b> | 0       |
| <b>(2)</b> Other credits .....                                                              | <b>9k(2)</b> | 0       |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....               | <b>9l</b>    | 3040162 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference.....      | <b>9m</b>    | 2199575 |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |         |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                        |                 |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the 2018 plan year .....                              | <b>9o(1)</b>    | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> | 0 |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> | 0 |
| <b>(3)</b> Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                 | <b>10</b>       |   |

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☒ Yes ☐ No

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2018</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                                         |                                                             |     |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                              |                                                             |     |
| <b>A</b> Name of plan<br>THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT PENSION PLAN                                     | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                                         |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES-THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT | <b>D</b> Employer Identification Number (EIN)<br>34-1403927 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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)

SEGAL CONSULTING

13-1835864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | N/A                                                                                               | 37307                                                                  | 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)

REA & ASSOCIATES, INC.

34-1310124

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | N/A                                                                                               | 14900                                                                  | 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)

OGLE PROPERTY MANAGEMENT

26-0766142

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 32                     | N/A                                                                                               | 5594                                                                   | 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)

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                       |                                                                    |            |
| <b>A</b> Name of plan<br><b>THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT PENSION PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                                                |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRUSTEES-THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-1403927</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 97535                 | 201250          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 55225                 | 29425           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 13078                 | 15765           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 216477                | 626126          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 122823                | 184116          |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 9668395               | 8505931         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 10173533              | 9562613         |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0    | 0    |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 2480 | 2252 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0    | 0    |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0    | 0    |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 2480 | 2252 |

**Net Assets**

|                                                           |           |          |         |
|-----------------------------------------------------------|-----------|----------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 10171053 | 9560361 |
|-----------------------------------------------------------|-----------|----------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 503895     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (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>    |            | 503895    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 3617       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3617      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 17045      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 364508     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 381553    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 655680     |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 704460     |           |
| <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> |            | -48780    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -199648    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -199648   |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -791995   |
| c Other income.....                                                                            | 2c     |            | 14300     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | -137058   |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 272615 |        |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0      |        |
| (3) Other .....                                                                      | 2e(3) | 0      |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |        | 272615 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        | 0      |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        | 0      |
| h Interest expense .....                                                             | 2h    |        | 0      |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 66357  |        |
| (2) Contract administrator fees.....                                                 | 2i(2) | 0      |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 36268  |        |
| (4) Other .....                                                                      | 2i(4) | 98394  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 201019 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 473634 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -610692 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  | 0       |
| (2) From this plan.....                                  | 2l(2) |  | 0       |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**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.) .....

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <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.) .....                                          | <b>4c</b> |     | 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.).....                                | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | 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? .....                                                                                       | <b>4f</b> |     | 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?.....                                                     | <b>4g</b> |     | 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?.....                                           | <b>4h</b> |     | 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.) .....                                                                | <b>4i</b> | 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.) ..... | <b>4j</b> |     | 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? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |        |
| <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. ....                                      | <b>4n</b> |     |    |        |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4183903. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                                                                |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT PENSION PLAN</u>                                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRUSTEES-THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 27 DEFINED BENEFIT</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1403927</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>34-1403927</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                                         |                             |                                         |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                               |                             |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer PLAYHOUSE SQUARE

**b** EIN 23-7304942

**c** Dollar amount contributed by employer 146643

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2023

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

(1) Contribution rate (in dollars and cents) 0.07

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 7% OF GROSS WAGES

**a** Name of contributing employer QUICKEN LOANS ARENA

**b** EIN 20-2194334

**c** Dollar amount contributed by employer 138977

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2021

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

(1) Contribution rate (in dollars and cents) 0.07

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): 7% OF GROSS WAGES

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

|                                                                          |            |   |
|--------------------------------------------------------------------------|------------|---|
| <b>a</b> The current year .....                                          | <b>14a</b> | 0 |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> | 0 |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> | 0 |

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

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_ % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan**

**Comparative Financial Statements**

**December 31, 2018 and 2017**

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan**

**December 31, 2018 and 2017**

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## Independent Auditors' Report

October 2, 2019

Board of Trustees and Plan Administrator and Participants  
**Theatrical Stage Employees**  
**Local No. 27 Defined Benefit Pension Plan**  
Westlake, Ohio

### Report on the Financial Statements

We have audited the accompanying financial statements of the Theatrical Stage Employees Local No. 27 Defined Benefit Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the 2018 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2018 and 2017 and changes in net assets available for benefits for years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matter - Report on Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Rea & Associates, Inc.*

Certified Public Accountants

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Statements of Net Assets Available for Benefits  
December 31, 2018 and 2017**

**ASSETS**

|                                     | <u><b>2018</b></u> | <u><b>2017</b></u> |
|-------------------------------------|--------------------|--------------------|
| <b>Investments at Fair Value</b>    |                    |                    |
| Mutual funds                        | \$ 8,505,931       | \$ 9,668,395       |
| Common stocks                       | 184,116            | 122,823            |
| Interest bearing cash               | <u>626,126</u>     | <u>216,477</u>     |
|                                     | 9,316,173          | 10,007,695         |
| <br><b>Receivables</b>              |                    |                    |
| Receivables - employer contribution | 29,425             | 55,225             |
| Prepaid expenses                    | <u>15,765</u>      | <u>13,078</u>      |
|                                     | 45,190             | 68,303             |
| <br><b>Cash</b>                     |                    |                    |
| Checking - Huntington Bank          | <u>201,250</u>     | <u>97,535</u>      |
|                                     | 201,250            | 97,535             |
| <br><b>TOTAL ASSETS</b>             | 9,562,613          | 10,173,533         |

**LIABILITIES**

|                                              |                            |                             |
|----------------------------------------------|----------------------------|-----------------------------|
| Accounts payable                             | <u>2,252</u>               | <u>2,480</u>                |
| <b>Total Liabilities</b>                     | <u>2,252</u>               | <u>2,480</u>                |
| <br><b>Net Assets Available for Benefits</b> | <u><u>\$ 9,560,361</u></u> | <u><u>\$ 10,171,053</u></u> |

The accompanying notes are an integral part of these financial statements.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2018 and 2017**

|                                           | <u>2018</u>    | <u>2017</u>   |
|-------------------------------------------|----------------|---------------|
| Additions to Net Assets Attributed to:    |                |               |
| Investment Income                         |                |               |
| Net (Depreciation) Appreciation in        |                |               |
| Fair Value of Investments                 | \$ (1,040,423) | \$ 914,964    |
| Interest income                           | 26             | 24            |
| Dividend income                           | 385,144        | 300,691       |
|                                           | (655,253)      | 1,215,679     |
| Investment expenses                       | (36,268)       | (25,600)      |
|                                           | (691,521)      | 1,190,079     |
| Contributions                             |                |               |
| Employer contributions                    | 503,895        | 532,670       |
| Other income                              | 14,300         | 0             |
| Total (Subtractions) Additions            | (173,326)      | 1,722,749     |
| Deductions from Net Assets Attributed to: |                |               |
| Benefits paid to participants             | 272,615        | 198,761       |
|                                           | 272,615        | 198,761       |
| Administrative Expenses                   |                |               |
| Actuarial fee                             | 37,307         | 38,885        |
| Audit fee                                 | 14,900         | 13,240        |
| Legal fees                                | 14,150         | 40,753        |
| Office and administration                 | 1,438          | 0             |
| Office expense                            | 9,062          | 13,366        |
| Rent                                      | 5,618          | 5,567         |
| Salary - administrator                    | 52,000         | 52,000        |
| Taxes - payroll                           | 4,600          | 4,589         |
| Pension contribution                      | 2,590          | 0             |
| Employee benefits                         | 9,288          | 2,067         |
| Insurance                                 | 13,798         | 14,352        |
| Total Administrative Expenses             | 164,751        | 184,819       |
| Total Deductions                          | 437,366        | 383,580       |
| Net (Decrease) Increase                   | (610,692)      | 1,339,169     |
| Net Assets Available for Benefits         |                |               |
| Beginning of Year                         | 10,171,053     | 8,831,884     |
| End of Year                               | \$ 9,560,361   | \$ 10,171,053 |

The accompanying notes are an integral part of these financial statements.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 1**

DESCRIPTION OF PLAN

The following brief description of the Theatrical Stage Employees Union Local No. 27 Defined Benefit Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

a. General

The Plan is a multi-employer defined benefit pension plan covering members of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts (IATSE) Local 27 and Local 209 who have completed one year of service with participating employers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

The Plan is funded by contributions from participating employers based on collective bargaining agreements or other written agreements with the union.

c. Pension Benefits

Participants shall be eligible to receive the normal retirement benefit as specified in Section 5.01 of the Plan agreement if they have (a) attained normal retirement date (b) been credited with at least 5 Years of Credited Service (c) termination of employment and (d) filed an application for a retirement benefit, in the amount determined by Plan provisions. The Plan does allow for an early retirement at the later of age 55 or the completion of ten years of credited service. Death, disability, and termination benefits are provided under the plan. Employees will receive their pension benefits in the form of an Automatic Qualified Joint and Survivor Annuity. Employees may elect to receive their benefits as a life annuity, life annuity with period certain, or if amount is less than \$ 1,000 as lump sum.

d. Vesting

Prior to his normal retirement age, a participant shall have a vested accrued benefit after 5 years of vesting service. Upon attaining Normal Retirement Age, a Participant shall automatically be 100% vested.

**NOTE 2**

SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

a. Date of Management's Review

Subsequent events were evaluated through October 2, 2019, which is the date the financial statements were available to be issued.

b. Basis of Accounting

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

c. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value 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 a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 2 (CONTINUED)**

d. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

e. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

f. Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan and are recorded in the accompanying statements of changes in net assets available for benefits.

**NOTE 3**

FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurements at the reporting date.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 3 (CONTINUED)**

**FAIR VALUE MEASUREMENT AT REPORTING DATE USING:**

|                                 | <u>Fair Value</u>             | <u>Quoted Prices<br/>in active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
|---------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| <b><u>December 31, 2018</u></b> |                               |                                                                                           |                                                                      |                                                              |
| Mutual Funds                    | \$ 8,505,931                  | \$ 8,505,931                                                                              | \$ ---                                                               | \$ ---                                                       |
| Common Stocks                   | 184,116                       | 184,116                                                                                   | ---                                                                  | ---                                                          |
| Cash Savings (interest-bearing) | <u>626,126</u>                | <u>626,126</u>                                                                            | <u>---</u>                                                           | <u>---</u>                                                   |
| Total                           | <u>\$ 9,316,173</u><br>=====  | <u>\$ 9,316,173</u><br>=====                                                              | <u>\$ ---</u><br>=====                                               | <u>\$ ---</u><br>=====                                       |
| <b><u>December 31, 2017</u></b> |                               |                                                                                           |                                                                      |                                                              |
| Mutual Funds                    | \$ 9,668,395                  | \$ 9,668,395                                                                              |                                                                      |                                                              |
| Common Stocks                   | 122,823                       | 122,823                                                                                   | ---                                                                  | ---                                                          |
| Cash Savings (interest-bearing) | <u>216,477</u>                | <u>216,477</u>                                                                            | <u>---</u>                                                           | <u>---</u>                                                   |
| Total                           | <u>\$ 10,007,695</u><br>===== | <u>\$ 10,007,695</u><br>=====                                                             | <u>\$ ---</u><br>=====                                               | <u>\$ ---</u><br>=====                                       |

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of the investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

*Level 1 Fair Value Measurements*

The fair value of mutual funds and common stocks are based on quoted market prices.

The fair value of interest-bearing cash is based on the account balance plus accrued interest.

**NOTE 4**

Investments

During 2018 and 2017 the Plan's investment (including investments bought, sold, and held during the year) (depreciated) appreciated in value by \$ (1,040,423) and \$ 914,964 respectively.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 5**

FUNDING POLICY

Benefits provided by this Plan are funded by contributions from employers in accordance with their Collective Bargaining Agreements. The actuary determined in its latest report that contributions for December 31, 2018 and 2017 did meet the minimum funding requirements of ERISA.

**NOTE 6**

PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees are eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is listed to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government Agency) up to applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

**NOTE 7**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PENSION BENEFITS

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

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

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

EIN: 34-1403927  
Plan No: 001

**NOTE 7 (CONTINUED)**

The accumulated plan benefit information as of the dates of the latest actuarial valuations was as follows:

|                                                                           | <b>Benefit Information Date</b> |                   |
|---------------------------------------------------------------------------|---------------------------------|-------------------|
|                                                                           | <b>01-01-2018</b>               | <b>01-01-2017</b> |
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>               |                                 |                   |
| Vested Benefits:                                                          |                                 |                   |
| Participants Currently Receiving Benefits                                 | \$ 2,006,897                    | \$ 1,410,096      |
| Other vested benefits                                                     | <u>5,084,533</u>                | <u>5,364,771</u>  |
|                                                                           | 7,091,430                       | 6,774,867         |
| Non-Vested Benefits                                                       | <u>268,866</u>                  | <u>183,473</u>    |
| Total Actuarial Present Value of Accumulated Plan Benefits                | \$ 7,360,296                    | \$ 6,958,340      |
|                                                                           | =====                           | =====             |
| <b>Changes in Actuarial Present Value of Accumulated Plan Benefits:</b>   |                                 |                   |
|                                                                           | <b>01-01-2018</b>               | <b>01-01-2017</b> |
| Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year | \$ 6,958,340                    | \$ 6,429,085      |
| Increase (Decrease) during the Year Attributed to:                        |                                 |                   |
| Benefits Accumulated                                                      | 189,179                         | 299,378           |
| Interest                                                                  | 411,538                         | 381,205           |
| Benefits Paid                                                             | (198,761)                       | (151,328)         |
| Changes in Actuarial Assumptions and Plan Provisions                      | <u>-0-</u>                      | <u>-0-</u>        |
| Net Increase                                                              | <u>401,956</u>                  | <u>529,255</u>    |
| Actuarial Present Value of Accumulated Plan Benefits at End of Year       | \$ 7,360,296                    | \$ 6,958,340      |
|                                                                           | =====                           | =====             |

Significant assumptions used in the actuarial valuation are:

**Mortality Rates:**

108% of the RP-2014 Blue Collar Mortality Tables, projected from 2000 using scale SSA - 2014 on a generational basis.

**Termination Rates before Retirement:**

| <b>Age</b> | <b>Mortality</b> |               | <b>Withdrawal</b> |
|------------|------------------|---------------|-------------------|
|            | <b>Male</b>      | <b>Female</b> |                   |
| 20         | 0.06             | 0.02          | 9.94              |
| 25         | 0.07             | 0.02          | 9.67              |
| 30         | 0.06             | 0.03          | 9.30              |
| 35         | 0.07             | 0.03          | 8.71              |
| 40         | 0.09             | 0.05          | 7.75              |
| 45         | 0.14             | 0.08          | 6.35              |
| 50         | 0.24             | 0.13          | 4.22              |
| 55         | 0.39             | 0.20          | 1.55              |
| 60         | 0.66             | 0.30          | 0.15              |

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

EIN: 34-1403927  
Plan No: 001

**NOTE 7 (CONTINUED)**

Description of Weighted Average Retirement Age:

Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2018 actuarial valuation.

Future Benefit Accrual:

Active participants as of January 1, 2018 are assumed to work the same number of hours in future years as worked in the prior year.

Definition of Active Participants:

Active participants are defined as those reported by the fund office as active as of the valuation date with at least one year of Credited Service.

Net Investment Return:

6.0% - The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgement. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.

Administrative Expenses:

\$ 175,000 for the year beginning January 1, 2018, payable monthly.

Actuarial Value of Assets:

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial Cost Method:

Entry Age Normal Actuarial Cost Method. Entry Age is the age at the date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by wages with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Estimated Rate of Investment Return:

On Actuarial Value of Assets 7.7%, for the Plan Year Ending December 31, 2017  
On Current (Market) Value of Assets 13.4%, for the Plan Year Ending December 31, 2017

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 8**

TAX STATUS

The Internal Revenue Service has determined, and informed the Plan by Letter dated October 20, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2018, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to 2015.

**NOTE 9**

RELATED PARTY TRANSACTIONS

During the year ended December 31, 2018 and 2017, the plan was reimbursed by the IATSE Local 27 Profit Sharing Plan \$ 14,300 and \$ 9,600 for expenses related to the administration of the plan.

**NOTE 10**

VARIOUS RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 financial statements.

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

As of December 31, 2018, the Plan held \$4,883,660 in Vanguard mutual funds, which approximates 53% of total investments. Net assets available for benefits is particularly sensitive to changes related to these investments.

**Theatrical Stage Employees Union  
Local No. 27 Defined Benefit Pension Plan  
Notes to the Financial Statements  
December 31, 2018 and 2017**

**NOTE 11**

LEASES

The Plan leases office space under a 36 month lease from January 1, 2017 to December 31, 2019 with rent in the first year of \$463 per month. Future minimum lease payments are as follows:

|      |          |
|------|----------|
| 2019 | \$ 5,848 |
|      | =====    |

## SUPPLEMENTAL SCHEDULES

**Theatrical Stage Employees Union**  
**Local No. 27 Defined Benefit Pension Plan**  
**December 31, 2018**  
**34-1403927**  
**Plan Number : 001**

| Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) |                                      |             |                      |     |
|----------------------------------------------------------------------------|--------------------------------------|-------------|----------------------|-----|
| (a)                                                                        | (b)                                  | (c)         | (d)                  | (e) |
| <u>Identity of issue, borrower, lessor, or similar party</u>               | <u>Description</u>                   | <u>Cost</u> | <u>Current Value</u> |     |
| <u>Mutual Funds</u>                                                        |                                      |             |                      |     |
| Vanguard                                                                   | Total Bond Market Index Fund         | \$ 208,804  | \$ 211,423           |     |
| Vanguard                                                                   | International Growth Fund            | 291,321     | 307,748              |     |
| Vanguard                                                                   | Developed Market Index Fund          | 153,759     | 126,861              |     |
| Vanguard                                                                   | 500 Index Fund                       | 90,723      | 173,007              |     |
| Vanguard                                                                   | Windsor II Fund                      | 241,259     | 242,258              |     |
| Vanguard                                                                   | Capital Opportunity Fund             | 381,997     | 585,532              |     |
| Vanguard                                                                   | Small-Cap Index Fund                 | 66,771      | 142,955              |     |
| Vanguard                                                                   | High-Yield Corporate Fund            | 129,726     | 116,714              |     |
| Vanguard                                                                   | S-T Inflation Fund                   | 151,106     | 150,155              |     |
| Vanguard                                                                   | Health Care Fund                     | 239,948     | 232,403              |     |
| Vanguard                                                                   | Total International Stock Index      | 275,705     | 245,846              |     |
| Vanguard                                                                   | Small-Cap Growth Index Fund          | 60,423      | 212,318              |     |
| Vanguard                                                                   | Inflation Protected Securities Fund  | 200,369     | 202,273              |     |
| Vanguard                                                                   | Energy Fund Admiral Fund             | 194,598     | 128,462              |     |
| Vanguard                                                                   | Inter-Term Invest-Grade Fund         | 108,184     | 104,722              |     |
| Vanguard                                                                   | Growth and Income Fund               | 157,725     | 183,842              |     |
| Vanguard                                                                   | S-T Investment Grade Fund            | 107,100     | 104,835              |     |
| Vanguard                                                                   | High Dividend Yield Index Fund       | 125,773     | 172,146              |     |
| Vanguard                                                                   | Global Equity Fund                   | 173,885     | 182,704              |     |
| Vanguard                                                                   | Short-Term Corporate Bond Index Fund | 312,228     | 304,828              |     |
| Vanguard                                                                   | Mid Cap Growth Index Fund            | 206,925     | 233,892              |     |
| Vanguard                                                                   | REIT Index Fund                      | 118,756     | 112,403              |     |
| Vanguard                                                                   | Emerging Market Select Fund          | 118,162     | 140,285              |     |
| Vanguard                                                                   | Energy Fund                          | 107,762     | 91,662               |     |
| Vanguard                                                                   | Wellesley Income Fund                | 175,775     | 174,386              |     |
| Guggenheim                                                                 | Total Return Bond                    | 270,469     | 264,948              |     |
| FPA                                                                        | Crescent Portfolio                   | 348,222     | 309,746              |     |
| Blackstone                                                                 | Alternative Multi-Strategy Fund      | 364,301     | 360,604              |     |
| Blackstone                                                                 | Floating Rate Fund                   | 151,179     | 143,887              |     |
| Pimco                                                                      | All Asset Fund                       | 215,413     | 206,808              |     |
| Pimco                                                                      | Stockplus International              | 241,381     | 185,150              |     |
| Pimco                                                                      | International Bond Fund              | 208,020     | 209,859              |     |
| Wells Fargo                                                                | Absolute Return Fund                 | 157,851     | 149,026              |     |
| Exchange Traded Funds                                                      | MSCI Emerging Markets                | 304,808     | 301,056              |     |
| Exchange Traded Funds                                                      | Select SPDR Energy                   | 119,027     | 93,512               |     |
| Exchange Traded Funds                                                      | IBOXX \$ Investment Bond             | 99,550      | 93,077               |     |
| Exchange Traded Funds                                                      | SPDR S & P 500                       | 729,092     | 674,784              |     |
| Exchange Traded Funds                                                      | Global Consumer Staples              | 39,268      | 38,700               |     |
| Exchange Traded Funds                                                      | Select SPDR Financial                | 149,799     | 171,608              |     |
| Exchange Traded Funds                                                      | Select SPDR Gold                     | 166,640     | 181,875              |     |
| Exchange Traded Funds                                                      | Vanguard Total Bond Market           | 236,784     | 237,631              |     |
| Subtotal                                                                   |                                      | 8,200,588   | 8,505,931            |     |

**Theatrical Stage Employees Union**  
**Local No. 27 Defined Benefit Pension Plan**  
**December 31, 2018**  
**34-1403927**  
**Plan Number : 001**

| Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued |                                                              |                         |                     |                      |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------|---------------------|----------------------|
| (a)                                                                                    | (b)                                                          | (c)                     | (d)                 | (e)                  |
|                                                                                        | <u>Identity of issue, borrower, lessor, or similar party</u> | <u>Description</u>      | <u>Cost</u>         | <u>Current Value</u> |
|                                                                                        | <u>Common Stocks</u>                                         |                         |                     |                      |
|                                                                                        | A T & T                                                      | 6,451 shares - common   | <u>239,321</u>      | <u>184,116</u>       |
|                                                                                        | <u>Interest Bearing Cash</u>                                 |                         |                     |                      |
|                                                                                        | FirstMerit                                                   | Money Market Account    | 15,800              | 15,800               |
|                                                                                        | Ameritrade                                                   | Investment Cash Account | <u>610,326</u>      | <u>610,326</u>       |
|                                                                                        | Subtotal                                                     |                         | <u>626,126</u>      | <u>626,126</u>       |
|                                                                                        | Total Assets Held for Investment                             |                         | <u>\$ 9,066,035</u> | <u>\$ 9,316,173</u>  |
|                                                                                        |                                                              |                         | =====               | =====                |

**Theatrical Stage Employees Union Local No. 27 Defined Benefit Pension Plan**

**Plan#: 001 EIN: 34-1403927**

**Form 5500 Schedule H Part IV Line 4(j)**

**Schedule of Assets (Acquired and Disposed of Within Year)**

**For the Year Ended December 31, 2018**

| <u>(a) Identity of<br/>Party Involved</u> | <u>(b) Description of Asset</u> | <u>(c) Cost<br/>of Acquisitions</u> | <u>(d) Proceeds<br/>of Dispositions</u> |
|-------------------------------------------|---------------------------------|-------------------------------------|-----------------------------------------|
| TD Ameritrade                             | SPDR Technology ETF             | \$ 180,080                          | \$ 176,086                              |
| TD Ameritrade                             | SPDR S&P 500                    | \$ 173,142                          | \$ 165,324                              |
| TD Ameritrade                             | iShares 20+yr Treasury          | \$ 101,607                          | \$ 93,993                               |
| TD Ameritrade                             | iShares MSCI Emerging Mkt       | \$ 114,904                          | \$ 143,990                              |

## STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

### (SCHEDULE MB, LINE 6)

#### Mortality Rates

*Healthy Employees:* 108% of the RP-2014 Blue Collar Employee Mortality Tables, projected from 2014 using scale SSA-2014 on a generational basis.

*Healthy Annuitants:* 108% of the RP-2014 Blue Collar Annuitant Mortality Tables, projected from 2014 using scale SSA-2014 on a generational basis.

*Disabled:* 108% of the RP-2014 Disabled Retiree Mortality Tables, projected from 2014 using scale SSA-2014 on a generational basis.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the most recent five years.

#### Termination Rates before Retirement

| Age | Rate (%)   |        |            |
|-----|------------|--------|------------|
|     | Mortality* |        | Withdrawal |
|     | Male       | Female |            |
| 20  | 0.06       | 0.02   | 9.94       |
| 25  | 0.07       | 0.02   | 9.67       |
| 30  | 0.06       | 0.03   | 9.30       |
| 35  | 0.07       | 0.03   | 8.71       |
| 40  | 0.09       | 0.05   | 7.75       |
| 45  | 0.14       | 0.08   | 6.35       |
| 50  | 0.24       | 0.13   | 4.22       |
| 55  | 0.39       | 0.20   | 1.55       |
| 60  | 0.66       | 0.30   | 0.15       |

\* Mortality rates shown are sample rates from the employee table in the base year (2014)

The termination rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and the projected number based on the prior years' assumption over the most recent five years.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirement Age for Active Participants</b>          | 65<br><br>The retirement age for active participants is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirement by age and the projected number based on the prior years' assumption over the most recent five years.                                                                                                              |
| <b>Description of Weighted Average Retirement Age</b>  | Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2018 actuarial valuation. |
| <b>Retirement Age for Inactive Vested Participants</b> | 62 if eligible for early retirement, otherwise 65<br><br>The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.                                                    |
| <b>Future Benefit Accruals</b>                         | Active participants as of January 1, 2018 are assumed to work the same number of hours in future years as worked in the prior year.<br><br>The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.                                                   |
| <b>Employer Contributions</b>                          | 6.5% of earned wages                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Unknown Data for Participants</b>                   | Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male                                                                                                                                                                                                                                                                                                                                                              |
| <b>Definition of Active Participants</b>               | Active participants are defined as those reported by the fund office as active as of the valuation date with at least one year of Credited Service.                                                                                                                                                                                                                                                                                                                                            |
| <b>Percent Married</b>                                 | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Gender and Age of Spouse</b>                        | Spouses assumed to be opposite sex of participant. Females are 3 years younger than male spouses.                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Annual Wage Increase</b>                            | 3% per year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Benefit Election</b>                                | All participants are assumed to elect the 50% Joint and Survivor Annuity form of payment.<br><br>The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.                                                                                                                                                                                                                      |

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Net Investment Return</b>                          | 6.00%<br><br>The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. |
| <b>Annual Administrative Expenses</b>                 | \$175,000 for the year beginning January 1, 2018 (equivalent to \$169,587 payable at the beginning of the year)<br><br>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.                                                                                                                                                         |
| <b>Actuarial Value of Assets</b>                      | The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.                                                                              |
| <b>Actuarial Cost Method</b>                          | Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by wages, with Normal Cost determined as if the current benefit accrual rate had always been in effect.                                                                               |
| <b>Benefits Valued</b>                                | Unless otherwise indicated, includes all benefits summarized in <i>Exhibit 9</i> .                                                                                                                                                                                                                                                                                                                                                      |
| <b>Current Liability Assumptions</b>                  | <i>Interest:</i> 2.98%, within the permissible range prescribed under IRC Section 431(c)(6)(E)<br><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2016                                                              |
| <b>Estimated Rate of Investment Return</b>            | <i>On actuarial value of assets (Schedule MB, line 6g):</i> 7.7%, for the Plan Year ending December 31, 2017<br><i>On current (market) value of assets (Schedule MB, line 6h):</i> 13.4%, for the Plan Year ending December 31, 2017                                                                                                                                                                                                    |
| <b>FSA Contribution Timing (Schedule MB, line 3a)</b> | Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.                                                                                                                                                                                                     |

## SUMMARY OF PLAN PROVISIONS

### (SCHEDULE MB, LINE 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>           | January 1 through December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Pension Credit Year</b> | January 1 through December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Plan Status</b>         | Ongoing plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Regular Pension</b>     | <p><i>Age Requirement:</i> 65</p> <p><i>Service Requirement:</i> Ten years of credited service</p> <ul style="list-style-type: none"><li>• <i>Amount:</i> \$22 for each year of Credited Service before January 1, 2003 and 1.6% of contributions received on the participant's behalf after December 31, 2002. For the years ending December 31, 2003, 2004, and 2005, the participant's benefit accrual was the greater of \$18 and 1.6% of contributions received.</li></ul> |
| <b>Early Retirement</b>    | <p><i>Age Requirement:</i> 55</p> <p><i>Service Requirement:</i> Ten years of Credited Service</p> <ul style="list-style-type: none"><li>• <i>Amount:</i> Normal pension accrued, reduced by 6% for each year of age less than 65</li></ul>                                                                                                                                                                                                                                     |
| <b>Disability</b>          | <p><i>Age Requirement:</i> None</p> <p><i>Service Requirement:</i> Five years of vesting service</p> <ul style="list-style-type: none"><li>• <i>Amount:</i> Normal pension accrued</li></ul>                                                                                                                                                                                                                                                                                    |
| <b>Vesting</b>             | <p><i>Age Requirement:</i> None</p> <p><i>Service Requirement:</i> Five years of Vesting Service</p> <p><i>Amount:</i> Normal pension accrued</p> <ul style="list-style-type: none"><li>• <i>Normal Retirement Age:</i> 65</li></ul>                                                                                                                                                                                                                                            |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Post-Retirement Death Benefit</b> | <ul style="list-style-type: none"> <li>If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee, or in any other available optional form elected by the employee in an actuarially equivalent amount.</li> </ul> |
| <b>Optional Forms of Benefits</b>    | <p>The normal forms of payment are as follows:</p> <ul style="list-style-type: none"> <li>➤ Single Life Annuity</li> <li>➤ 50% Joint and Survivor Annuity</li> </ul> <p>The optional forms of payment are as follows:</p> <ul style="list-style-type: none"> <li>➤ Single Life Annuity with 60 and 120 payments guaranteed</li> <li>➤ 75% Joint and Survivor Annuity</li> <li>➤ 100% Joint and Survivor Annuity</li> </ul>                                                                           |
| <b>Participation</b>                 | After completion of 1,000 hours during a calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Vesting Credit</b>                | One year of vesting service for each credit year during the contribution period in which the employee works 1,000 hours                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Years of Credited Service</b>     | One year of Credited Service for each credit year during the contribution period in which the employee works 1,000 hours                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Contributions</b>                 | Varies from 0.72% to 7.59%, with an average rate of 4.57% of earned wages as of January 1, 2018                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Changes in Plan Provisions</b>    | There were no changes in plan provisions reflected in this actuarial valuation                                                                                                                                                                                                                                                                                                                                                                                                                       |

## SCHEDULE OF ACTIVE PARTICIPANT DATA

(SCHEDULE MB, LINE 8b(2))

The participant data is for the year ended December 31, 2017.

| Age          | Years of Credited Service |            |           |           |           |          |          |          |          |           |
|--------------|---------------------------|------------|-----------|-----------|-----------|----------|----------|----------|----------|-----------|
|              | Total                     | 1-4        | 5-9       | 10-14     | 15 - 19   | 20 - 24  | 25 - 29  | 30 - 34  | 35 - 39  | 40 & over |
| Under 25     | 5                         | 5          | —         | —         | —         | —        | —        | —        | —        | —         |
| 25 - 29      | 30                        | 27         | 3         | —         | —         | —        | —        | —        | —        | —         |
| 30 - 34      | 34                        | 27         | 2         | 5         | —         | —        | —        | —        | —        | —         |
| 35 - 39      | 39                        | 34         | 2         | 1         | 2         | —        | —        | —        | —        | —         |
| 40 - 44      | 15                        | 10         | 2         | 1         | —         | 2        | —        | —        | —        | —         |
| 45 - 49      | 19                        | 15         | —         | 3         | —         | —        | 1        | —        | —        | —         |
| 50 - 54      | 16                        | 7          | —         | —         | 5         | 1        | 1        | 2        | —        | —         |
| 55 - 59      | 17                        | 8          | —         | 2         | 2         | 1        | 3        | —        | 1        | —         |
| 60 - 64      | 21                        | 6          | 1         | 4         | 2         | 2        | —        | 2        | 2        | 2         |
| 65 - 69      | 5                         | 2          | —         | —         | —         | —        | —        | —        | 1        | 2         |
| 70 & over    | —                         | —          | —         | —         | —         | —        | —        | —        | —        | —         |
| Unknown      | 4                         | 4          | —         | —         | —         | —        | —        | —        | —        | —         |
| <b>Total</b> | <b>205</b>                | <b>145</b> | <b>10</b> | <b>16</b> | <b>11</b> | <b>6</b> | <b>5</b> | <b>4</b> | <b>4</b> | <b>4</b>  |

## FUNDING STANDARD ACCOUNT

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

| Type of Base          | Date Established | Amortization Amount | Years Remaining | Outstanding Balance |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Change in Assumptions | 01/01/1998       | \$10,632            | 10              | \$82,951            |
| Plan Amendment        | 01/01/1999       | 26,738              | 11              | 223,528             |
| Change in Assumptions | 01/01/2000       | 63,550              | 12              | 564,765             |
| Actuarial Loss        | 01/01/2004       | 8,126               | 1               | 8,126               |
| Actuarial Loss        | 01/01/2005       | 13,170              | 2               | 25,595              |
| Plan Amendment        | 01/01/2006       | 10,870              | 18              | 124,763             |
| Actuarial Loss        | 01/01/2007       | 4,002               | 4               | 14,698              |
| Plan Amendment        | 01/01/2011       | 87,119              | 8               | 573,453             |
| Change in Assumptions | 01/01/2012       | 438                 | 9               | 3,156               |
| Actuarial Loss        | 01/01/2012       | 14,114              | 9               | 101,757             |
| Actuarial Loss        | 01/01/2013       | 16,913              | 10              | 131,947             |
| Actuarial Loss        | 01/01/2016       | 36,834              | 13              | 345,644             |
| <b>Total</b>          |                  | <b>\$292,506</b>    |                 | <b>\$2,200,383</b>  |

## FUNDING STANDARD ACCOUNT

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

| Type of Base          | Date Established | Amortization Amount | Years Remaining | Outstanding Balance |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Change in Assumptions | 01/01/1999       | \$19,112            | 11              | \$159,780           |
| Actuarial Gain        | 01/01/2014       | 39,179              | 11              | 327,544             |
| Actuarial Gain        | 01/01/2015       | 116                 | 12              | 1,027               |
| Change in Assumptions | 01/01/2015       | 1,037               | 12              | 9,215               |
| Actuarial Gain        | 01/01/2017       | 267                 | 14              | 2,630               |
| Actuarial Gain        | 01/01/2018       | 18,673              | 15              | 192,239             |
| <b>Total</b>          |                  | <b>\$78,384</b>     |                 | <b>\$692,435</b>    |

**Justification for  
Change in Actuarial  
Assumptions  
(Schedule MB, line 11)**

For purposes of determining current liability, the current liability interest rate was changed from 3.05% to 2.98% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2018:

Administrative expenses, previously \$95,000

**Theatrical Stage Employees Union**  
**Local No. 27 Defined Benefit Pension Plan**  
**December 31, 2018**  
**34-1403927**  
**Plan Number : 001**

Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

| (a)                                                          | (b)                                  | (c)            | (d)                  | (e) |
|--------------------------------------------------------------|--------------------------------------|----------------|----------------------|-----|
| <u>Identity of issue, borrower, lessor, or similar party</u> | <u>Description</u>                   | <u>Cost</u>    | <u>Current Value</u> |     |
| <u>Mutual Funds</u>                                          |                                      |                |                      |     |
| Vanguard                                                     | Total Bond Market Index Fund         | \$ 208,804     | \$ 211,423           |     |
| Vanguard                                                     | International Growth Fund            | 291,321        | 307,748              |     |
| Vanguard                                                     | Developed Market Index Fund          | 153,759        | 126,861              |     |
| Vanguard                                                     | 500 Index Fund                       | 90,723         | 173,007              |     |
| Vanguard                                                     | Windsor II Fund                      | 241,259        | 242,258              |     |
| Vanguard                                                     | Capital Opportunity Fund             | 381,997        | 585,532              |     |
| Vanguard                                                     | Small-Cap Index Fund                 | 66,771         | 142,955              |     |
| Vanguard                                                     | High-Yield Corporate Fund            | 129,726        | 116,714              |     |
| Vanguard                                                     | S-T Inflation Fund                   | 151,106        | 150,155              |     |
| Vanguard                                                     | Health Care Fund                     | 239,948        | 232,403              |     |
| Vanguard                                                     | Total International Stock Index      | 275,705        | 245,846              |     |
| Vanguard                                                     | Small-Cap Growth Index Fund          | 60,423         | 212,318              |     |
| Vanguard                                                     | Inflation Protected Securities Fund  | 200,369        | 202,273              |     |
| Vanguard                                                     | Energy Fund Admiral Fund             | 194,598        | 128,462              |     |
| Vanguard                                                     | Inter-Term Invest-Grade Fund         | 108,184        | 104,722              |     |
| Vanguard                                                     | Growth and Income Fund               | 157,725        | 183,842              |     |
| Vanguard                                                     | S-T Investment Grade Fund            | 107,100        | 104,835              |     |
| Vanguard                                                     | High Dividend Yield Index Fund       | 125,773        | 172,146              |     |
| Vanguard                                                     | Global Equity Fund                   | 173,885        | 182,704              |     |
| Vanguard                                                     | Short-Term Corporate Bond Index Fund | 312,228        | 304,828              |     |
| Vanguard                                                     | Mid Cap Growth Index Fund            | 206,925        | 233,892              |     |
| Vanguard                                                     | REIT Index Fund                      | 118,756        | 112,403              |     |
| Vanguard                                                     | Emerging Market Select Fund          | 118,162        | 140,285              |     |
| Vanguard                                                     | Energy Fund                          | 107,762        | 91,662               |     |
| Vanguard                                                     | Wellesley Income Fund                | 175,775        | 174,386              |     |
| Guggenheim                                                   | Total Return Bond                    | 270,469        | 264,948              |     |
| FPA                                                          | Crescent Portfolio                   | 348,222        | 309,746              |     |
| Blackstone                                                   | Alternative Multi-Strategy Fund      | 364,301        | 360,604              |     |
| Blackstone                                                   | Floating Rate Fund                   | 151,179        | 143,887              |     |
| Pimco                                                        | All Asset Fund                       | 215,413        | 206,808              |     |
| Pimco                                                        | Stockplus International              | 241,381        | 185,150              |     |
| Pimco                                                        | International Bond Fund              | 208,020        | 209,859              |     |
| Wells Fargo                                                  | Absolute Return Fund                 | 157,851        | 149,026              |     |
| Exchange Traded Funds                                        | MSCI Emerging Markets                | 304,808        | 301,056              |     |
| Exchange Traded Funds                                        | Select SPDR Energy                   | 119,027        | 93,512               |     |
| Exchange Traded Funds                                        | IBOXX \$ Investment Bond             | 99,550         | 93,077               |     |
| Exchange Traded Funds                                        | SPDR S & P 500                       | 729,092        | 674,784              |     |
| Exchange Traded Funds                                        | Global Consumer Staples              | 39,268         | 38,700               |     |
| Exchange Traded Funds                                        | Select SPDR Financial                | 149,799        | 171,608              |     |
| Exchange Traded Funds                                        | Select SPDR Gold                     | 166,640        | 181,875              |     |
| Exchange Traded Funds                                        | Vanguard Total Bond Market           | <u>236,784</u> | <u>237,631</u>       |     |
| Subtotal                                                     |                                      | 8,200,588      | 8,505,931            |     |

**Theatrical Stage Employees Union**  
**Local No. 27 Defined Benefit Pension Plan**  
**December 31, 2018**  
**34-1403927**  
**Plan Number : 001**

| Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued |     |                         |                     |                      |
|----------------------------------------------------------------------------------------|-----|-------------------------|---------------------|----------------------|
| (a)                                                                                    | (b) | (c)                     | (d)                 | (e)                  |
| <u>Identity of issue, borrower, lessor, or similar party</u>                           |     | <u>Description</u>      | <u>Cost</u>         | <u>Current Value</u> |
| <u>Common Stocks</u>                                                                   |     |                         |                     |                      |
| A T & T                                                                                |     | 6,451 shares - common   | <u>239,321</u>      | <u>184,116</u>       |
| <u>Interest Bearing Cash</u>                                                           |     |                         |                     |                      |
| FirstMerit                                                                             |     | Money Market Account    | 15,800              | 15,800               |
| Ameritrade                                                                             |     | Investment Cash Account | <u>610,326</u>      | <u>610,326</u>       |
| Subtotal                                                                               |     |                         | <u>626,126</u>      | <u>626,126</u>       |
| Total Assets Held for Investment                                                       |     |                         | <u>\$ 9,066,035</u> | <u>\$ 9,316,173</u>  |
|                                                                                        |     |                         | =====               | =====                |

**SCHEDULE MB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2018****This Form is Open to Public  
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

|                                                                                                                                                    |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>Theatrical Stage Employees Union Local No. 27 Defined Benefit                                                             | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Trustees-Theatrical Stage Employees Union Local No. 27 Defined Benefit | <b>D</b> Employer Identification Number (EIN)<br>34-1403927 |

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

|                                                                                                               |                            |
|---------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>1a</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                            |                            |
| <b>b</b> Assets                                                                                               |                            |
| (1) Current value of assets .....                                                                             | <b>1b(1)</b> 10,171,053    |
| (2) Actuarial value of assets for funding standard account.....                                               | <b>1b(2)</b> 9,814,773     |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b> 9,022,662     |
| (2) Information for plans using spread gain methods:                                                          |                            |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b>            |
| (b) Accrued liability under entry age normal method.....                                                      | <b>1c(2)(b)</b>            |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b>            |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b> 7,360,296     |
| <b>d</b> Information on current liabilities of the plan:                                                      |                            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>               |
| (2) "RPA '94" information:                                                                                    |                            |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> 12,220,076 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> 793,421    |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> 305,723    |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b> 480,723       |

**Statement by Enrolled Actuary**

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

|                        |                                                                                                    |                                        |
|------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN<br/>HERE</b>   | James A. Nolan  | 10/14/2019                             |
|                        | Signature of actuary                                                                               | Date                                   |
|                        | James A. Nolan, FSA, MAAA                                                                          | 1707228                                |
|                        | Type or print name of actuary                                                                      | Most recent enrollment number          |
| SEGAL CONSULTING       |                                                                                                    | 312-984-8500                           |
|                        | Firm name                                                                                          | Telephone number (including area code) |
| 101 NORTH WACKER DRIVE |                                                                                                    |                                        |
| CHICAGO IL 60606       |                                                                                                    |                                        |
|                        | Address of the firm                                                                                |                                        |

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

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

Schedule MB (Form 5500) 2018

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 10,171,053                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 34                                | 2,729,311                    |
| (2) For terminated vested participants .....                                                                                        | 61                                | 2,559,447                    |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 659,338                      |
| (b) Vested benefits .....                                                                                                           |                                   | 6,271,980                    |
| (c) Total active .....                                                                                                              | 205                               | 6,931,318                    |
| (4) Total .....                                                                                                                     | 300                               | 12,220,076                   |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2018               | 503,895                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>3(b)</b>              | 503,895                           | <b>3(c)</b>                     |
|                          |                                   |                                 |                          |                                   | 0                               |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                                     |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                                                    | <b>4a</b> | 133.3 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 .....                                                                                                                                                                                         | <b>4b</b> | N       |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |           |         |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                           |           |         |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                                                  | <b>4e</b> |         |
| <b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> | <b>4f</b> |         |

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

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

**i** ☐ Other (specify):

**j** If box h is checked, enter period of use of shortfall method ..... **5j** .....

**k** Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method ..... **5m** .....

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability ..... **6a** ..... 2.98 %

|                                                                                                               | Pre-retirement               |                                                                     | Post-retirement              |                                                                     |
|---------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                              |                                                                     |                              |                                                                     |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                 | A                                                                   |                              | A                                                                   |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                 | A                                                                   |                              | A                                                                   |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                    | 6.00 %                                                              |                              | 6.00 %                                                              |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                    | 51.2 % <input type="checkbox"/> N/A                                 | %                            | <input checked="" type="checkbox"/> N/A                             |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                    | 3.00 % <input type="checkbox"/> N/A                                 |                              |                                                                     |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                    |                                                                     |                              | 7.7 %                                                               |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                    |                                                                     |                              | 13.4 %                                                              |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -192,239            | -18,673                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval ..... **8a** .....

**b(1)** Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule ..... ☐ Yes ☒ No

**b(2)** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule ..... ☒ Yes ☐ No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

**d** If line c is "Yes," provide the following additional information:

|                                                                                                                                                                                        |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                              | <b>8d(2)</b> .....                                       |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....                                  | <b>8d(4)</b> .....                                       |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                          | <b>8d(5)</b> .....                                       |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... **8e** .....

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 500,501 |

|                                                                                                                          |                 |                     |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|---------------------------------------------------------------------|
| <b>c</b> Amortization charges as of valuation date:                                                                      |                 | Outstanding balance |                                                                     |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....         | <b>9c(1)</b>    | 2,200,383           | 292,506                                                             |
| (2) Funding waivers .....                                                                                                | <b>9c(2)</b>    |                     |                                                                     |
| (3) Certain bases for which the amortization period has been extended .....                                              | <b>9c(3)</b>    |                     |                                                                     |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                             |                 | <b>9d</b>           | 47,580                                                              |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                     |                 | <b>9e</b>           | 840,587                                                             |
| <b>Credits to funding standard account:</b>                                                                              |                 |                     |                                                                     |
| <b>f</b> Prior year credit balance, if any.....                                                                          |                 | <b>9f</b>           | 2,300,059                                                           |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                                                    |                 | <b>9g</b>           | 503,895                                                             |
|                                                                                                                          |                 | Outstanding balance |                                                                     |
| <b>h</b> Amortization credits as of valuation date.....                                                                  |                 | <b>9h</b>           | 692,435                                                             |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                        |                 | <b>9i</b>           | 157,824                                                             |
| <b>j</b> Full funding limitation (FFL) and credits:                                                                      |                 |                     |                                                                     |
| (1) ERISA FFL (accrued liability FFL) .....                                                                              | <b>9j(1)</b>    | 2,128,956           |                                                                     |
| (2) "RPA '94" override (90% current liability FFL) .....                                                                 | <b>9j(2)</b>    | 1,872,916           |                                                                     |
| (3) FFL credit.....                                                                                                      | <b>9j(3)</b>    |                     | 0                                                                   |
| <b>k</b> (1) Waived funding deficiency.....                                                                              |                 | <b>9k(1)</b>        |                                                                     |
| (2) Other credits .....                                                                                                  |                 | <b>9k(2)</b>        |                                                                     |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....                                            |                 | <b>9l</b>           | 3,040,162                                                           |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference.....                                   |                 | <b>9m</b>           | 2,199,575                                                           |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                              |                 | <b>9n</b>           |                                                                     |
| <b>9o</b> Current year's accumulated reconciliation account:                                                             |                 |                     |                                                                     |
| (1) Due to waived funding deficiency accumulated prior to the 2018 plan year .....                                       | <b>9o(1)</b>    |                     |                                                                     |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:          |                 |                     |                                                                     |
| (a) Reconciliation outstanding balance as of valuation date .....                                                        | <b>9o(2)(a)</b> |                     |                                                                     |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                 | <b>9o(2)(b)</b> |                     | 0                                                                   |
| (3) Total as of valuation date .....                                                                                     | <b>9o(3)</b>    |                     | 0                                                                   |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                   |                 | <b>10</b>           |                                                                     |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... |                 |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |