

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1965</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1965</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1965</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u> <u>1200 WILSHIRE BLVD 5TH FL</u> <u>LOS ANGELES, CA 90017</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-6377503</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>213-406-2330</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>713900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-6377503</u>	2c Plan Sponsor's telephone number <u>213-406-2330</u>	2d Business code (see instructions) <u>713900</u>	
2b Employer Identification Number (EIN) <u>95-6377503</u>					
2c Plan Sponsor's telephone number <u>213-406-2330</u>					
2d Business code (see instructions) <u>713900</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	2260
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1129
a(2) Total number of active participants at the end of the plan year		6a(2)	1100
b Retired or separated participants receiving benefits.....		6b	653
c Other retired or separated participants entitled to future benefits		6c	314
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2067
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	186
f Total. Add lines 6d and 6e		6f	2253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	30
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	61
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION	D Employer Identification Number (EIN) 95-6377503

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	242248542
(2) Actuarial value of assets for funding standard account	1b(2)	242248542
c (1) Accrued liability for plan using immediate gain methods	1c(1)	328164215
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	328164215
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	604464188
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	2192587
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	27096152
(3) Expected plan disbursements for the plan year.....	1d(3)	26990080

Statement by Enrolled Actuary

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

SIGN HERE	10/05/2022
Signature of actuary	Date
RICHARD A. WRIGHT, FSA	20-04391
Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.	415-403-1333
Firm name	Telephone number (including area code)
650 CALIFORNIA ST 21ST FL, SAN FRANCISCO, CA 94108-2702	
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 ☐

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Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	242248542
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	825	351856363
(2) For terminated vested participants	509	93617192
(3) For active participants:		
(a) Non-vested benefits.....		5778214
(b) Vested benefits.....		153212419
(c) Total active	682	158990633
(4) Total	2016	604464188
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.08 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	8455641	0			
			Totals ▶	3(b)	8455641
				3(c)	
				3(d)	0

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	73.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....		☒ 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	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	6P+3	6P+3	
(2) Females	6c(2)	6FP+3	6FP+3	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	114.1 % ☐ N/A	%	☒ N/A
f Salary scale	6f	2.00 % ☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1651873	-169502
4	7080625	726556
5	-13348178	-1776150

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?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ 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	0

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1632678
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	21339225
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1608033
e Total charges. Add lines 9a through 9d.....	9e	24579936

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	16255089
g Employer contributions. Total from column (b) of line 3.....	9g	8455641
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	54454894
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2254958
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	111069681
(2) "RPA '94" override (90% current liability FFL)	9j(2)	304015301
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	38767965
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14188029
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION	D Employer Identification Number (EIN) 95-6377503	

Part I	Service Provider Information (see instructions)
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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	
FIRST EAGLE INVESTMENT MGMT., LLC	
57-1156902	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LEXINGTON ASSOCIATES VII, LP	660 MADISON AVE FL 23 NEW YORK, NY 10065

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PAUL CAPITAL PARTNERS	
20-8203410	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SHENKMAN CAPITAL MANAGEMENT, INC.	461 FIFTH AVE NEW YORK, NY 10017

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

PAYDEN & RYGEL

333 S GRAND AVE STE 3200
LOS ANGELES, CA 90071

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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

DOVER VIII ASSOCIATES LP

30-0692313

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

SEI TRUST COMPANY

06-1271230

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

PORTFOLIO ADVISORS LLC

06-1487853

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

RELiance TRUST COMPANY

1100 ABERNATHY RD STE 400
ATLANTA, GA 30328

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

CONST CAP PARTNERS IRONSIDES FUND V

74-3246212

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

IFM INVESTORS PROPERTY LTD

75-3267504

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

ABERDEEN ENERGY & RESOURCES PARTNER

1900 MARKET ST STE 200
PHILADELPHIA, PA 19103

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

EQUUS INVESTMENT PARTNERSHIP X, LP

ELLIS PRESERVE
3843 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073

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

AEW CAPITAL MANAGEMENT, LP

2 SEAPORT LN
BOSTON, MA 02210

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

ARTISAN PARTNERS FUNDS

430 W 7TH ST STE 219322
KANSAS CITY, MO 64105-1407

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

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

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

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

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

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

THE NORTHERN TRUST CO.

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50	NONE	182580	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BUCHALTER

95-2640846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	113081	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GILBERT & SACKMAN

95-2906951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	83551	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	113417	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 17	NONE	78085	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41900	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

LOOMIS, SAYLES & COMPANY, LP

04-1554520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	35438	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HEITMAN REAL ESTATE SECURITIES LLC

36-4265577

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	39727	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

UNION BANK

94-0304228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	8608	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

BERRY & CO., CPAS

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19700	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	208540	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	99821	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

STATE STREET GLOBAL ADVISORS

1 IRON STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	7516	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u>	D Employer Identification Number (EIN) <u>95-6377503</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE TRUST</u>			
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>			
c EIN-PN <u>39-6797387-771</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15537693</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P GLOBAL LARGEMIDCAP NATURAL</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>			
c EIN-PN <u>90-0337987-287</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4391812</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15648308</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE TREASURY INFLATION-PR</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12681084</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ALL COUNTRY WORLD IND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-150</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67031124</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS GLOBAL EQUITY CIT FUND</u>			
b Name of sponsor of entity listed in (a): <u>RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST</u>			
c EIN-PN <u>82-6251411-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13875954</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PAYDEN & RYSEL COLLECTIVE INV TRUST</u>			
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>			
c EIN-PN <u>37-6667944-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4777783</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u>	D Employer Identification Number (EIN) <u>95-6377503</u>				

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	218841	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	958937	1390093
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	401696	205568
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3064264	2019823
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6493974	8359171
(5) Partnership/joint venture interests	1c(5)	42779844	51770613
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	119085274	133943758
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36640649	29663486
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	30382255	32169022

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	2331237	2370371
f Total assets (add all amounts in lines 1a through 1e)	1f	242356971	261891905

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	108429	362733
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	108429	362733

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	242248542	261529172
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8455641	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8455641
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3380	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	776669	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		780049
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	218054	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2255129	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2473183
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18014014	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15261691	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2752323
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	23064836	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		23064836

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7619895
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2053349
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		47199276
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26751298	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		26751298
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	340405	
(2) Contract administrator fees.....	2i(2)	208540	
(3) Investment advisory and management fees.....	2i(3)	478499	
(4) Other.....	2i(4)	139904	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1167348
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27918646
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		19280630
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 443866.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u>	D Employer Identification Number (EIN) <u>95-6377503</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>95-2504490</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☒ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 **TELEVISION CITY STUDIOS**

b EIN **83-2660473**

c Dollar amount contributed by employer **1783957**

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) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **12% OF WAGES**

a Name of contributing employer **ABC**

b EIN **13-3331710**

c Dollar amount contributed by employer **577683**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2022**

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): **12% OF WAGES**

a Name of contributing employer **LA PHILHARMONIC**

b EIN **95-1696734**

c Dollar amount contributed by employer **535986**

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **12% OF 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): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

6

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

3

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

0

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: 54.0 % Investment-Grade Debt: 18.0 % High-Yield Debt: 9.0 % Real Estate: 5.0 % Other: 14.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
I.A.T.S.E. Local No. 33 Pension
Trust Fund
1200 Wilshire Boulevard, 5th Floor
Los Angeles, California 90017

Members of the Board:

Opinion

We have audited the accompanying financial statements of I.A.T.S.E. Local No. 33 Pension Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2020, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2021</u>		<u>December 31, 2020</u>	
ASSETS				
INVESTMENTS, AT FAIR VALUE				
Temporary Cash Fund	\$	2,019,823	\$	3,064,264
Common Stocks		8,359,171		6,493,974
Mutual Funds		29,663,486		31,905,007
Common/Collective Trusts		166,112,780		154,203,171
Partnerships		51,770,613		42,779,844
		<u>\$ 257,925,873</u>		<u>\$ 238,446,260</u>
CASH (OVERDRAFT)		<u>(67,082)</u>		<u>218,841</u>
TOTAL CASH AND INVESTMENTS		257,858,791		238,665,101
OTHER ASSETS				
Employer Contributions Receivable		768,452		855,977
Accrued Investment Income		205,568		99,828
Receivables for Investments Sold, Net		-		233,468
Due from Health Plan		621,641		102,960
Due from Related Entities		-		68,400
Prepaid Pension Benefits		2,325,549		2,301,054
Prepaid Insurance		44,822		30,183
		<u>3,966,032</u>		<u>3,691,870</u>
TOTAL ASSETS		261,824,823		242,356,971
LIABILITIES				
Accounts Payable		115,698		108,429
Payables for Investments Purchased, Net		<u>179,953</u>		<u>-</u>
TOTAL LIABILITIES		<u>295,651</u>		<u>108,429</u>
NET ASSETS AVAILABLE FOR BENEFITS		<u><u>\$ 261,529,172</u></u>		<u><u>\$ 242,248,542</u></u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2021 to December 31, 2021	January 1, 2020 to December 31, 2020
REVENUE		
NET INVESTMENT INCOME		
Interest and Dividends	\$ 3,904,898	\$ 2,281,983
Net Appreciation of Investments	34,838,737	25,237,851
Less: Investment Expenses	<u>(478,499)</u>	<u>(459,654)</u>
	\$ 38,265,136	\$ 27,060,180
EMPLOYER CONTRIBUTIONS	<u>8,455,641</u>	<u>5,833,209</u>
TOTAL REVENUE	<u>46,720,777</u>	<u>32,893,389</u>
DEDUCTIONS		
PENSION BENEFITS	26,751,298	25,707,842
ADMINISTRATIVE EXPENSES		
Actuary Fees	78,085	47,743
Administration Fees	208,540	200,520
Audit Fees	41,900	41,900
Bank Charges	8,608	6,791
Insurance	48,475	32,976
Legal Fees	196,632	256,274
Meetings and Conferences	4,088	7,009
Payroll Compliance Fees	19,700	7,303
PBGC Insurance	62,496	62,550
Printing and Office Supplies	<u>20,325</u>	<u>21,255</u>
	688,849	684,321
TOTAL DEDUCTIONS	<u>27,440,147</u>	<u>26,392,163</u>
NET INCREASE FOR THE YEAR	19,280,630	6,501,226
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>242,248,542</u>	<u>235,747,316</u>
End of Year	<u><u>\$ 261,529,172</u></u>	<u><u>\$ 242,248,542</u></u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2020

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payments	\$ 217,211,900
Other Participants	<u>106,280,258</u>

TOTAL VESTED BENEFITS	323,492,158
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NONVESTED BENEFITS	<u>4,672,057</u>
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TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 328,164,215</u></u>
---	------------------------------

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2020 TO DECEMBER 31, 2020

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF THE YEAR		\$ 320,087,950
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Net Actuarial Loss	\$ 3,497,106	
Benefits Paid	(25,707,842)	
Changes in Actuarial Assumptions	7,080,625	
Increase for Interest Due to Decrease in Discount Period	<u>23,206,376</u>	
NET INCREASE		<u>8,076,265</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF THE YEAR		<u><u>\$ 328,164,215</u></u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The I.A.T.S.E. Local No. 33 Pension Trust Fund (the "Plan") is a defined benefit pension plan covering substantially all participating members under the collective bargaining agreement of I.A.T.S.E. Local Union 33. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974. Plan disbursements are under the joint control of union and management trustees. THE PLAN INCLUDES DETAILED PROVISIONS FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Employer Contributions

Contributions received in the subsequent year for December and prior months' employees gross wages earned have been accrued. No allowance is provided for estimated uncollectible accounts. Employer contributions are based on employees' gross wages, such gross wages being included in the computation of the participation's benefit.

D. Employer Payroll Compliance

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

E. Investments

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Quoted prices in an active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2021:

	2021			
	Level 1	Level 2	Level 3	Total
Temporary Cash Fund	\$ -	\$ 2,019,823	\$ -	\$ 2,019,823
Common Stocks	8,359,171	-	-	8,359,171
Mutual Funds	29,663,486	-	-	29,663,486
Total Assets in Fair Value Hierarchy	<u>\$ 38,022,657</u>	<u>\$ 2,019,823</u>	<u>\$ -</u>	40,042,480
Investments Measured at Net Asset Value ^A				217,883,393
				<u>\$ 257,925,873</u>

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2020:

	2020			
	Level 1	Level 2	Level 3	Total
Temporary Cash Fund	\$ -	\$ 3,064,264	\$ -	\$ 3,064,264
Common Stocks	6,493,974	-	-	6,493,974
Mutual Funds	31,905,007	-	-	31,905,007
Total Assets in Fair Value Hierarchy	<u>\$ 38,398,981</u>	<u>\$ 3,064,264</u>	<u>\$ -</u>	41,463,245
Investments Measured at Net Asset Value ^A				196,983,015
				<u>\$ 238,446,260</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments are common stocks and mutual funds valued at their quoted prices in an active market. Level 2 investment consists of a temporary cash fund recorded at amortized cost, which approximates fair value. Investment funds such as common/collective trusts and partnerships are valued at net asset value or its equivalent.

The investment strategies, unfunded commitments and significant terms of redemption for the investments valued at net asset value are as follows:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Aberdeen Energy & Resources Partners V, LP ¹	\$ 3,477,379	\$ 1,625,000	GP Discretion	GP Discretion
AEW Partners Real Estate Fund IX, LP ²	1,725,944	4,197,531	None	None
Artisan Global Opportunities Trust	<u>14,761,063</u>	None	Daily	Daily
Forward	\$ 19,964,386			

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Forwarded	\$ 19,964,386			
Beach Point Loan Fund (Cayman) Ltd.	7,685,465	None	Monthly	90 Days
Dover Street VIII Cayman Fund, LP ³	1,001,042	\$ 400,000	GP Discretion	GP Discretion
Equus Investment Partnership X, LP ⁴	1,911,726	184,531	None	None
GQG Partners Global Equity CIT Class B	13,875,954	None	Daily	Daily
IFM Global Infrastructure (US), LP ⁵	9,229,687	None	Quarterly	90 Days
Ironsides Direct Investment Fund V, LP ⁶	7,768,992	925,880	GP Discretion	30 Days
Ironsides Partners ⁷	2,551,237	3,357,765	GP Discretion	30 Days
Lexington Capital Partners VII Fund ⁸	899,916	784,309	None	None
Loomis Core Fixed Income Trust Fund	15,537,693	None	Daily	3-5 Days
Morgan Stanley Prime Property Fund	9,722,494	None	Quarterly	90 Days
NTGI-QM Collective Daily Aggregate Bond Index Fund Non-Lending	15,648,308	None	Daily	Daily
NTGI-QM Collective Daily All Country World Index Fund Non-Lending	67,031,124	None	Daily	Daily
NTGI-QM Collective Daily TIPS Index Fund Non-Lending	12,681,084	None	Daily	Daily
Paul Capital Partners IX, LP ⁹	1,733,101	2,485,554	GP Discretion	GP Discretion
Portfolio Advisors Private Equity Offshore Fund VIII Offshore, LP ¹⁰	11,710,223	2,702,269	None	None
Primus High Yield Bond Fund ¹¹	9,761,366	None	Monthly	10 Days
Payden & Rygel CIT Emerging Markets Bond Fund	4,777,783	None	Daily	30 Days
SSGA S&P Global Large Midcap Natural Resources Index Fund	4,391,812	None	Daily	3 Days
	<u>\$ 217,883,393</u>			

The investment strategies for investments valued at net asset value that are not direct filing entities are as follows:

- ¹ The fund's investment strategy is to invest in a diversified group of select energy and resources limited partnership investments.
- ² The fund's investment strategy is to acquire, improve, develop, reposition, lease, maintain, manage and otherwise deal with real estate investments.
- ³ The fund's investment strategy is to hold the investment in Dover Street VIII L.P. and Subsidiary (the "Partnership") which, in turn, makes investments with primary emphasis on equity-oriented investments in venture capital, management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, and recapitalization transactions.
- ⁴ The fund's investment strategy is to acquire, hold, operate, and dispose of operational real estate through equity interests.
- ⁵ The fund's investment strategy is to invest in core infrastructure assets in North America and Europe.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

- ⁶ The fund's investment strategy is to invest in private equity partnerships in companies with principal operations are in North America.
- ⁷ The fund's investment strategy is to invest in private equity funds and engage in leveraged buyouts of middle market companies located in or having a principal place of business in North America.
- ⁸ The fund's investment strategy is to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine and venture capital funds primarily through secondary market transactions.
- ⁹ The fund's investment strategy is to provide liquidity solutions to institutional investors through the acquisition of interests in private equity funds as well as interests in private companies.
- ¹⁰ The fund's investment strategy is to achieve long-term returns through investment in private equity partnerships in the buyout, venture capital, special situations, co-investment and secondaries private equity industry sectors.
- ¹¹ The fund's investment strategy is to maximize total returns by investing primarily in debt securities issued by highly leveraged companies of U.S. and non-U.S. corporate issuers that are U.S. dollar denominated.

Unrealized appreciation or depreciation in the fair value of investments is reported as net unrealized appreciation (depreciation) of investments. The Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the residual unrealized appreciation (depreciation) of investments results in differences in reporting on the financial statements and Form 5500.

F. Tax-Exempt Status

The Plan obtained its latest determination letter from the Internal Revenue Service on October 15, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death and disability - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Milliman and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used at December 31, 2020 (2019) are:

1. Mortality Rates

Healthy Lives: RP-2014 Healthy Mortality Table with Blue Collar Adjustment, Projected 3 Years using Scale AA

Post-Disability: RP-2014 Disabled Annuitant Mortality Table, Projected 3 Years using Scale AA

2. Probabilities of Separation from Active Service – Sample Rates

Male			Female		
Age	Death	Disability	Age	Death	Disability
20	0.04%	0.06%	20	0.02%	0.06%
25	0.05%	0.09%	25	0.03%	0.09%
30	0.06%	0.11%	30	0.03%	0.11%
35	0.09%	0.15%	35	0.05%	0.15%
40	0.12%	0.22%	40	0.07%	0.22%
45	0.22%	0.54%	45	0.10%	0.54%
50	0.39%	0.92%	50	0.16%	0.92%
55	0.61%	1.52%	55	0.25%	1.52%
60	0.92%	2.45%	60	0.42%	2.45%

Years of Service	Withdrawal	Years of Service	Withdrawal
0	10.0%	8	4.0%
1	10.0%	9	4.0%
2	9.0%	10	3.0%
3	8.0%	11	3.0%
4	7.0%	12	3.0%
5	6.0%	13	3.0%
6	5.0%	14	3.0%
7	4.0%	15 & Over	2.0%

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits (Continued)

3. Retirement Rates

Retirement probabilities as of January 1, 2021 and 2020 are as follows:

<u>Age</u>	<u>Probability of Retirement Less Than 30 Years of Service</u>	<u>Probability of Retirement 30 or More Years of Service</u>
55-60	5%	5%
61	5%	10%
62	5%	10%
63	5%	10%
64	5%	25%
65-68	40%	40%
69	50%	50%
70	100%	100%

4. Percent Married

75% of non-retirees are assumed to be married

5. Interest Rate

7.00% (7.25%) per annum

6. Administrative Expenses

\$900,000 per year

7. Actuarial Cost Method

Accrued Benefit (Unit Credit) Actuarial Cost Method. In the Unit Credit cost method, the normal cost is computed as the present value of the benefits expected to be accrued during the Plan year, and the actuarial accrued liability as the present value of accumulated plan benefits to date.

8. Other Assumptions

Other assumptions and methods for turnover, disability incidence and surviving spouse benefits.

The latest actuarial review of the Plan was prepared by Milliman as of December 31, 2020. As of that date, the Plan had an unfunded actuarial accrued liability of \$85,915,673.

The liability for unfunded vested benefits as of December 31, 2020 (the date of the last actuarial review) was \$81,243,518 for employer withdrawal.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Administrative Fees

Effective October 1, 2018, Benefits Programs Administration administers the Plan for the following administration fees:

Monthly Administrative Flat Fee	\$7,000
Per Monthly Reported Participant	\$ 5.00
Per Reported Retiree	\$ 5.00

I. Reclassifications

Certain information from the December 31, 2020 financial statements has been reclassified to conform to the current year presentation.

NOTE 3 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreements or participation agreements. Employer contributions are based on employees' gross wages, such gross wages being included in the computation of the participation's benefit. Employer contributions are normally collected on a monthly basis throughout the year. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

NOTE 4 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due and to reduce accrued benefits only to the extent that those benefits are not eligible for the guaranty of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

The Summary Plan Description contains detailed information regarding benefit priorities in the event of Plan termination.

NOTE 5 - RISKS AND UNCERTAINTIES

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with 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.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 5 - RISKS AND UNCERTAINTIES (Continued)

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

On March 11, 2020, the World Health Organization declared coronavirus (COVID-19) a pandemic. The COVID-19 outbreak in the United States has resulted in government mandated closure of all nonessential businesses and a directive for California residents to shelter in place. The Board of Trustees is unable quantify the potential effects of the pandemic on the financial status of the Plan.

NOTE 6 - COMMITMENTS AND CONTINGENCIES

The Plan made investment commitments as part of its investment agreements with the below investments. The capital commitments, funded and unfunded, as of December 31, 2021 are as follows:

	<u>Capital Commitments</u>	<u>Unfunded Commitments</u>
Aberdeen Energy & Resources Partners V, L.P.	\$ 5,000,000	\$ 1,625,000
AEW Partners Real Estate Fund IX, LP	6,000,000	4,197,531
Dover Street VIII Cayman Fund L.P.	5,000,000	400,000
Equus Investment Partnership X, L.P.	4,000,000	184,531
HarbourVest Partners XII, L.P.	10,000,000	10,000,000
Ironsides Direct Investment Fund V, L.P.	5,000,000	925,880
Ironsides Partners	5,000,000	3,357,765
Lexington Capital Partners VII Fund	5,000,000	784,309
Paul Capital Partners IX, L.P.	10,000,000	2,485,554
Portfolio Advisors Private Equity Fund VIII Offshore, LP	9,000,000	2,702,269

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2022, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, PART IV, LINE 4
E.I.N. 95-6377503; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
I.A.T.S.E. Local No. 33 Pension
Trust Fund
1200 Wilshire Boulevard, 5th Floor
Los Angeles, California 90017

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2021 and reportable transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 3, 2022

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

FORM 5500

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

E.I.N. 95-6377503; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks	Fair Value	Carry Value
2,280	1ST INDL REALT TR INC	\$ 150,936	\$ 97,901
1,878	ACADIA REALTY TR	40,997	34,399
2,238	AGREE RLTY CORP	159,704	153,576
2,189	AVALONBAY CMTYS REIT	552,920	377,585
911	CAMDEN PROPRTIES TR	162,777	138,502
3,468	CARETRUST REIT INC	79,174	76,827
900	CENTERSPACE	99,810	67,266
21,551	DIAMONDROCK HOSPITAL CO	207,105	211,577
2,874	DIGITAL RLTY TR INC	508,324	442,001
6,776	DUKE RLTY CORP COM NEW REIT	444,777	235,992
1,657	EPR PROPERTIES	78,691	71,725
409	EQUINIX INC	345,949	274,973
1,635	FEDERAL REALTY INVESTMENT STOCK MERGER	222,883	171,778
5,703	HEALTHPEAK PROPERTIES INC	205,821	157,154
2,782	INDEPENDENCE REALTY TR	71,859	67,630
5,078	INVITATION HOMES INC	230,236	142,115
2,954	KILROY REALTY CORP	196,323	214,562
15,169	KIMCO REALTY CORP	373,916	307,585
1,342	LIFE STORAGE INC	205,567	165,720
5,113	NETSTREIT CORP	117,088	104,744
6,290	PEBBLEBROOK HOTEL TR	140,707	128,336
5,109	PHYSICIANS RLTY TR	96,202	89,340
9,641	PIEDMONT OFFICE REALTY TRU-A	177,202	173,101
3,475	POSTAL REALTY TRUST INC	68,805	56,132
2,882	PROLOGIS INC	485,214	215,930
1,430	PUB STORAGE	535,621	349,766
3,600	REALTY INCOME CORP	257,724	243,907
4,638	REXFORD INDL RLTY INC	376,188	265,623
400	SBA COMMUNICATIONS CORP	155,608	144,845
1,010	SIMON PROPERTIES GROUP INC	161,368	149,994
2,131	SUN COMMUNITIES INC	447,446	335,752
7,198	TRICON RESIDENTIAL INC	109,985	96,215
4,723	UDR INC	283,333	260,013
4,930	VENTAS INC REIT	252,022	263,931
4,161	WELLTOWER INC REIT	356,889	258,602
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 8,359,171</u>	<u>\$ 6,545,099</u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

FORM 5500

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

E.I.N. 95-6377503; PLAN NO. 001

DECEMBER 31, 2021

Face Value		Fair Value	Carry Value
	<u>Temporary Cash Fund</u>		
\$ 2,019,823	COLLECTIVE SHORT TERM INVESTMENT FUND*	\$ 2,019,823	\$ 2,019,823
No. of Shares	<u>Mutual Funds</u>		
725,693	ARTISAN GLOBAL VALUE FUND	\$ 14,854,929	\$ 13,317,594
228,316	FIRST EAGLE GLOBAL FUND	14,808,557	13,459,400
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 29,663,486</u>	<u>\$ 26,776,994</u>
	<u>Common/Collective Trusts</u>		
351,873	ARTISAN GLOBAL OPPORTUNITIES TRUST	\$ 14,761,063	\$ 8,385,128
5,035	BEACH POINT LOAN FUND (CAYMAN) LTD	7,685,465	4,630,137
832,890	GQG PARTNERS GLOBAL EQUITY CIT CLASS B	13,875,954	8,637,073
775,721	LOOMIS CORE FIXED INCOME TRUST FUND	15,537,693	12,665,698
444	MORGAN STANLEY PRIME PROPERTY FUND	9,722,494	7,938,502
96,906	NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*	15,648,308	14,026,140
309,597	NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING*	67,031,124	42,771,852
71,098	NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*	12,681,084	7,944,629
310,087	PAYDEN & RYSEL CIT EMERGING MARKETS BOND FUND	4,777,783	4,666,308
290,387	SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND	4,391,812	3,171,183
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 166,112,780</u>	<u>\$ 114,836,650</u>
	<u>Partnerships</u>		
	ABERDEEN ENERGY & RESOURCES PARTNERS V, LP	\$ 3,477,379	\$ 3,330,321
	AEW PARTNERS REAL ESTATE FUND IX, LP	1,725,944	1,802,469
	DOVER STREET VIII CAYMAN FUND, LP	1,001,042	957,389
	EQUUS INVESTMENT PARTNERSHIP X, LP	1,911,726	928,536
	IFM GLOBAL INFRASTRUCTURE (US), LP	9,229,687	6,253,789
	IRONSIDES DIRECT INVESTMENT FUND V, LP	7,768,992	4,265,962
	IRONSIDES PARTNERS	2,551,237	1,642,235
	LEXINGTON CAPITAL PARTNERS VII FUND	899,916	1,725,582
	PAUL CAPITAL PARTNERS IX, LP	1,733,101	3,434,767
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP	11,710,223	4,926,100
	PRIMUS HIGH YIELD BOND FUND	9,761,366	5,600,000
	<u>TOTALS - PARTNERSHIPS</u>	<u>\$ 51,770,613</u>	<u>\$ 34,867,150</u>
	<u>TOTALS</u>	<u>\$ 257,925,873</u>	<u>\$ 185,045,716</u>

* Party in interest

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6377503; PLAN NO. 001
JANUARY 1, 2021 TO DECEMBER 31, 2021

Identity of Party Involved	Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Northern Institutional Funds*:	Collective Short Term Investment Fund	Var.	N/A	\$ 34,012,340 -	\$ - 35,056,780	\$ 34,012,340 35,056,780	\$ - -
	Collective All Country World Index Fund Non-Lending	-	-	3,864,331 -	- 10,250,749	3,864,331 7,101,646	- 3,149,103

* Party in Interest

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

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

<i>Service:</i>	UNDER 1 YEAR		1 – 4 YEARS		5 – 9 YEARS		10 – 14 YEARS	
Age	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*	No.	Average Comp*
Under 25	0		8		5		0	
25 - 29	0		18		16		1	
30 - 34	0		22		23		22	
35 - 39	0		14		29		14	
40 - 44	0		3		25		17	
45 - 49	0		8		17		15	
50 - 54	0		4		9		10	
55 - 59	0		0		5		9	
60 - 64	0		2		1		5	
65 - 69	0		0		0		1	
70 & Up	0		0		0		0	
Unknown	<u>0</u>		<u>53</u>		<u>0</u>		<u>0</u>	
Total	0		132		130		94	

	15 – 19 YEARS		20 – 24 YEARS		25 – 29 YEARS		30 – 34 YEARS	
Under 25	0		0		0		0	
25 - 29	0		0		0		0	
30 - 34	2		0		0		0	
35 - 39	19		9		0		0	
40 - 44	19		25		2		0	
45 - 49	15		19		7		2	
50 - 54	8		34		10		13	
55 - 59	13		17		6		17	
60 - 64	6		3		4		6	
65 - 69	1		4		1		2	
70 & Up	0		1		0		0	
Unknown	<u>0</u>		<u>0</u>		<u>0</u>		<u>0</u>	
Total	83		112		30		40	

	35 – 39 YEARS		40 YEARS & OVER		TOTAL
Under 25	0		0		13
25 - 29	0		0		35
30 - 34	0		0		69
35 - 39	0		0		85
40 - 44	0		0		91
45 - 49	0		0		83
50 - 54	1		0		89
55 - 59	16		3		86
60 - 64	10		23		60
65 - 69	2		6		17
70 & Up	0		0		1
Unknown	<u>0</u>		<u>0</u>		<u>53</u>
Total	29		32		682

* Shown only for Plans with 1,000 or more participants

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

	January 1, 2021	January 1, 2020
Actuarial Cost Method	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
Interest Rate	7.00%	7.25%
RPA '94 Current Liability	2.43%	2.95%
Salary Increases	2.0% per year to retirement	2.0% per year to retirement
Total Payroll Growth (for projections)	2.0% per year (70% of pre-pandemic level for 2021)	2.0% per year (40% of pre-pandemic level for 2020)
Mortality		
Healthy Lives	RP-2014 Healthy Mortality with Blue Collar Adjustment, Set Forward 3 Years, with Generational Projection Using Scale AA	RP-2014 Healthy Mortality with Blue Collar Adjustment, Set Forward 3 Years, with Generational Projection Using Scale AA
Post-disability mortality	RP-2014 Disabled Annuitant Mortality, Set Forward 3 Years, with Generational Projection Using Scale AA	RP-2014 Disabled Annuitant Mortality, Set Forward 3 Years, with Generational Projection Using Scale AA
Current Liability	RP-2014 with prescribed projection	RP-2014 with prescribed projection
Disability		
Incidence	See next page for rates	See next page for rates
Withdrawal Rates	See next page for rates	See next page for rates
Retirement Rates	See next page for rates	See next page for rates
Marital Status	➤ Retiree data included spouse information ➤ 75% of non-retirees are assumed to be married	➤ Retiree data included spouse information ➤ 75% of non-retirees are assumed to be married
Employer Contributions	\$11,603,000 per year (30% reduction for 2021)	\$11,375,000 per year (60% reduction for 2020)
Administrative Expenses	\$900,000 per year	\$900,000 per year
Asset Valuation Method	5-Year Amortization of Gains/losses	5-Year Amortization of Gains/losses

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Probabilities of Separation from Active Service – Sample Rates

MALE			FEMALE		
Age	Death	Disability	Age	Death	Disability
20	0.04%	0.06%	20	0.02%	0.06%
25	0.05	0.09	25	0.03	0.09
30	0.06	0.11	30	0.03	0.11
35	0.09	0.15	35	0.05	0.15
40	0.12	0.22	40	0.07	0.22
45	0.22	0.54	45	0.10	0.54
50	0.39	0.92	50	0.16	0.92
55	0.61	1.52	55	0.25	1.52
60	0.92	2.45	60	0.42	2.45

Years of Service	Withdrawal	Years of Service	Withdrawal
0	10.0%	9	4.0%
1	10.0%	10	3.0%
2	9.0%	11	3.0%
3	8.0%	12	3.0%
4	7.0%	13	3.0%
5	6.0%	14	3.0%
6	5.0%	15 &	2.0%
7	4.0%	Over	
8	4.0%		

Retirement Rates

Age	Ret. Rate, Less Than 30 Yrs of Service	Ret. Rate, 30 or More Yrs of Service
55-60	5%	5%
61	5%	10%
62	5%	10%
63	5%	10%
64	5%	25%
65-68	40%	40%
69	50%	50%
70	100%	100%

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is: ☐ a single-employer plan	☐ a DFE (specify) _____
☐ the first return/report	☐ the final return/report
☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558	☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information - enter all requested information											
1a Name of plan I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; padding: 2px;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 07/01/1965</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 95-6377503</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 213-406-2330</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 713900</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 07/01/1965		2b Employer Identification Number (EIN) 95-6377503		2c Plan Sponsor's telephone number 213-406-2330		2d Business code (see instructions) 713900	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 07/01/1965											
2b Employer Identification Number (EIN) 95-6377503											
2c Plan Sponsor's telephone number 213-406-2330											
2d Business code (see instructions) 713900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017											

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

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

SIGN HERE		10/07/2022	Judi Knore
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Oct 7, 2022	David Dawson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		_____	_____
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2021)
v. 201209

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is: ☐ a single-employer plan	☐ a DFE (specify) _____
☐ the first return/report	☐ the final return/report
☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558	☐ automatic extension
☐ special extension (enter description) _____	☐ the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information - enter all requested information											
1a Name of plan I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 5px;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 07/01/1965</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2b Employer Identification Number (EIN) 95-6377503</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2c Plan Sponsor's telephone number 213-406-2330</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) 713900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1965		2b Employer Identification Number (EIN) 95-6377503		2c Plan Sponsor's telephone number 213-406-2330		2d Business code (see instructions) 713900	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 07/01/1965											
2b Employer Identification Number (EIN) 95-6377503											
2c Plan Sponsor's telephone number 213-406-2330											
2d Business code (see instructions) 713900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017											

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

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

SIGN HERE		10/06/2022	Judi Knore
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Oct 6, 2022	Lara Unger
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6377503; PLAN NO. 001
JANUARY 1, 2021 TO DECEMBER 31, 2021

Identity of Party Involved	Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
Northern Institutional Funds*:	Collective Short Term Investment Fund	Var.	N/A	\$ 34,012,340 -	\$ - 35,056,780	\$ 34,012,340 35,056,780	\$ - -
	Collective All Country World Index Fund Non-Lending	-	-	3,864,331 -	- 10,250,749	3,864,331 7,101,646	- 3,149,103

* Party in Interest

**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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

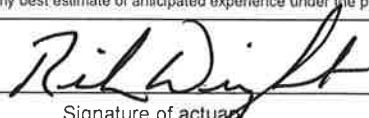
A Name of plan I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST	D Employer Identification Number (EIN) 95-6377503

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2021**b** Assets

(1) Current value of assets	1b(1)	242,248,542
(2) Actuarial value of assets for funding standard account	1b(2)	242,248,542
c (1) Accrued liability for plan using immediate gain methods	1c(1)	328,164,215
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	328,164,215
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	604,464,188
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,192,587
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	27,096,152
(3) Expected plan disbursements for the plan year	1d(3)	26,990,080

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/5/22</u>
RICHARD A. WRIGHT, FSA		Date 20-04391
Type or print name of actuary		Most recent enrollment number (415) 403-1333
MILLIMAN, INC.		Telephone number (including area code)
Firm name		
650 CALIFORNIA STREET, 21ST FLOOR		
SAN FRANCISCO		
CA 94108		
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) 2021
v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	242,248,542
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	825	351,856,363
(2) For terminated vested participants	509	93,617,192
(3) For active participants:		
(a) Non-vested benefits		5,778,214
(b) Vested benefits		153,212,419
(c) Total active	682	158,990,633
(4) Total	2,016	604,464,188
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.08 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	8,455,641				
Totals ▶			3(b)	8,455,641	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	73.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year? ☒ 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	2.43 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6P+3
(2) Females	6c(2)	6FP+3
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	114.1 % ☐ N/A ☒ % ☒ N/A
f Salary scale	6f	2.00 % ☐ N/A ☐ % ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	9.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,651,873	-169,502
4	7,080,625	726,556
5	-13,348,178	-1,776,150

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?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,632,678
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	156,625,656
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1,608,033
e Total charges. Add lines 9a through 9d.....	9e	24,579,936

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	16,255,089
g	Employer contributions. Total from column (b) of line 3.....	9g	8,455,641
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	54,454,894
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	2,254,958
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	111,069,681
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	304,015,301
(3)	FFL credit	9j(3)	0
k	(1) Waived funding deficiency	9k(1)	0
	(2) Other credits	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	38,767,965
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14,188,029
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☒ Yes ☐ No

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503
Plan Number: 001

Form 5500 for 2021 Plan Year

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Expected Annual Benefit Payments
2021	\$ 26,990,080
2022	27,745,532
2023	28,224,169
2024	28,618,539
2025	28,622,203
2026	28,472,565
2027	28,259,048
2028	27,947,714
2029	27,683,119
2030	27,258,797

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

Method Change

We changed the asset valuation method as of January 1, 2021 from the 5 year smoothed market value to the 5 year smoothed market value with phase-in by resetting the actuarial value of assets to the market value as of that date. The change in the asset valuation method decreased the Unfunded Accrued Liability by \$13,348,178.

The change was made pursuant to Revenue Procedure 2000-40 providing automatic approval for the change.

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

Schedule MB, line 6 – Summary of Plan Provisions

Plan Effective Date: January 1, 1965.

Contributions: Employers contribute 6% of gross covered earnings. Starting 11/1/2005, contribute rate increased to 10% of gross covered earnings. Upon adoption of Preferred Schedule of Rehabilitation Plan, contribution rate increases to 11.5% of gross covered earnings after 7/1/2011, and then to 12% on or before 1/1/2013.

Service Credits One pension credit for each year in which the participant works at least 870 hours of covered employment.

Vesting: 5 years of Pension Credits

Normal Retirement:

- a) Eligibility – Age 65 and 10 years of Pension Credits (5 Years if 1 hour of covered employment on or after January 1, 1999)
- b) Benefit Amount – The sum of (i), (ii), (iii), (iv), (v) and (vi), where:
 - (i) \$35.75 times full years of Past Service from 1/1/45 to 12/31/64
 - (ii) .2585% of total gross covered earnings between 1/1/65 and 12/31/07
 - (iii) .1810% of total gross covered earnings between 1/1/08 and 7/31/09
 - (iv) .0306% of total gross covered earnings between 8/1/09 and 12/31/11
 - (v) .1750% of total gross covered earnings between 1/1/12 and 12/31/12
 - (vi) .1183% of total gross covered earnings between 1/1/13 and 12/31/17
 - (vii) .0929% of total gross covered earnings between 1/1/18 and 12/31/19
 - (viii) .0481% of total gross covered earnings on or after 1/1/20
- c) Benefit Form – 3 years certain and life thereafter.

Early Retirement:

- a) Eligibility – Age 55 and has at least 20 years of Pension Credits.
- b) Benefit Amount – Actuarial equivalent of accrued normal benefit. However, for retirement on or after age 61 with at least 30 years of Pension Credits, reduction to accrued normal benefit for early retirement is 3% for each year less than age 65.
- c) Benefit Form – 3 years certain and life thereafter.

Disability Retirement:

- a) Eligibility – Age plus Years of Pension Credits equal to 80 or higher.
- b) Benefit Amount – Equal to accrued normal benefit to date of disablement.
- c) Benefit Form – 3 years certain and life thereafter.

Pre-Retirement Survivor's Death Benefit: A surviving spouse, married for a least one year, shall be entitled to a death benefit, upon the death of the participant, if he has at least 5 Years of Pension Credits. The monthly benefit is equal to 50% of the benefit the participant would have received had he or she terminated employment, if still employed, on the date of death and retired on the Qualified Joint and Survivor Annuity form on the date of earliest retirement age.

If not eligible for a spouse benefit, and if the participant has at least 10 Years of Pension Credits, the accrued normal pension will be paid to the designated beneficiary for 36 months starting at the time of death.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

FORM 5500

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

E.I.N. 95-6377503; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks	Fair Value	Carry Value
2,280	1ST INDL REALT TR INC	\$ 150,936	\$ 97,901
1,878	ACADIA REALTY TR	40,997	34,399
2,238	AGREE RLTY CORP	159,704	153,576
2,189	AVALONBAY CMTYS REIT	552,920	377,585
911	CAMDEN PROPRTIES TR	162,777	138,502
3,468	CARETRUST REIT INC	79,174	76,827
900	CENTERSPACE	99,810	67,266
21,551	DIAMONDROCK HOSPITAL CO	207,105	211,577
2,874	DIGITAL RLTY TR INC	508,324	442,001
6,776	DUKE RLTY CORP COM NEW REIT	444,777	235,992
1,657	EPR PROPERTIES	78,691	71,725
409	EQUINIX INC	345,949	274,973
1,635	FEDERAL REALTY INVESTMENT STOCK MERGER	222,883	171,778
5,703	HEALTHPEAK PROPERTIES INC	205,821	157,154
2,782	INDEPENDENCE REALTY TR	71,859	67,630
5,078	INVITATION HOMES INC	230,236	142,115
2,954	KILROY REALTY CORP	196,323	214,562
15,169	KIMCO REALTY CORP	373,916	307,585
1,342	LIFE STORAGE INC	205,567	165,720
5,113	NETSTREIT CORP	117,088	104,744
6,290	PEBBLEBROOK HOTEL TR	140,707	128,336
5,109	PHYSICIANS RLTY TR	96,202	89,340
9,641	PIEDMONT OFFICE REALTY TRU-A	177,202	173,101
3,475	POSTAL REALTY TRUST INC	68,805	56,132
2,882	PROLOGIS INC	485,214	215,930
1,430	PUB STORAGE	535,621	349,766
3,600	REALTY INCOME CORP	257,724	243,907
4,638	REXFORD INDL RLTY INC	376,188	265,623
400	SBA COMMUNICATIONS CORP	155,608	144,845
1,010	SIMON PROPERTIES GROUP INC	161,368	149,994
2,131	SUN COMMUNITIES INC	447,446	335,752
7,198	TRICON RESIDENTIAL INC	109,985	96,215
4,723	UDR INC	283,333	260,013
4,930	VENTAS INC REIT	252,022	263,931
4,161	WELLTOWER INC REIT	356,889	258,602
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 8,359,171</u>	<u>\$ 6,545,099</u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND

FORM 5500

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

E.I.N. 95-6377503; PLAN NO. 001

DECEMBER 31, 2021

Face Value	Temporary Cash Fund	Fair Value	Carry Value
\$ 2,019,823	COLLECTIVE SHORT TERM INVESTMENT FUND*	\$ 2,019,823	\$ 2,019,823
No. of Shares	Mutual Funds		
725,693	ARTISAN GLOBAL VALUE FUND	\$ 14,854,929	\$ 13,317,594
228,316	FIRST EAGLE GLOBAL FUND	14,808,557	13,459,400
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 29,663,486</u>	<u>\$ 26,776,994</u>
	<u>Common/Collective Trusts</u>		
351,873	ARTISAN GLOBAL OPPORTUNITIES TRUST	\$ 14,761,063	\$ 8,385,128
5,035	BEACH POINT LOAN FUND (CAYMAN) LTD	7,685,465	4,630,137
832,890	GQG PARTNERS GLOBAL EQUITY CIT CLASS B	13,875,954	8,637,073
775,721	LOOMIS CORE FIXED INCOME TRUST FUND	15,537,693	12,665,698
444	MORGAN STANLEY PRIME PROPERTY FUND	9,722,494	7,938,502
96,906	NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*	15,648,308	14,026,140
309,597	NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING*	67,031,124	42,771,852
71,098	NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*	12,681,084	7,944,629
310,087	PAYDEN & RYSEL CIT EMERGING MARKETS BOND FUND	4,777,783	4,666,308
290,387	SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND	4,391,812	3,171,183
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 166,112,780</u>	<u>\$ 114,836,650</u>
	<u>Partnerships</u>		
	ABERDEEN ENERGY & RESOURCES PARTNERS V, LP	\$ 3,477,379	\$ 3,330,321
	AEW PARTNERS REAL ESTATE FUND IX, LP	1,725,944	1,802,469
	DOVER STREET VIII CAYMAN FUND, LP	1,001,042	957,389
	EQUUS INVESTMENT PARTNERSHIP X, LP	1,911,726	928,536
	IFM GLOBAL INFRASTRUCTURE (US), LP	9,229,687	6,253,789
	IRONSIDES DIRECT INVESTMENT FUND V, LP	7,768,992	4,265,962
	IRONSIDES PARTNERS	2,551,237	1,642,235
	LEXINGTON CAPITAL PARTNERS VII FUND	899,916	1,725,582
	PAUL CAPITAL PARTNERS IX, LP	1,733,101	3,434,767
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP	11,710,223	4,926,100
	PRIMUS HIGH YIELD BOND FUND	9,761,366	5,600,000
	<u>TOTALS - PARTNERSHIPS</u>	<u>\$ 51,770,613</u>	<u>\$ 34,867,150</u>
	<u>TOTALS</u>	<u>\$ 257,925,873</u>	<u>\$ 185,045,716</u>

* Party in interest

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

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

AMORTIZATION CHARGES – MINIMUM CONTRIBUTION

Description	Date Established	Initial Amortization Base	Outstanding Balance	Remaining Period	Annual Amortization
Amend/Assump	1/1/1992	6,871,838	\$ 589,741	1	\$ 589,741
Assumption change	1/1/1993	872,887	143,005	3	73,920
Assumption change	1/1/1994	949,432	223,260	4	79,508
Amendment	1/1/1995	1,165,762	350,446	5	96,693
Assumption change	1/1/1996	2,206,632	796,322	6	181,510
Amendment	1/1/1997	1,085,649	452,133	7	88,650
Amendment	1/1/1998	5,590,985	2,615,594	8	453,581
Assumption change	1/1/1999	2,295,492	1,182,936	9	185,144
Amendment	1/1/2000	336,601	188,258	10	27,005
Assumption change	1/1/2000	1,324,654	740,887	10	106,277
Amendment	1/1/2001	761,871	457,169	11	60,832
Assumption change	1/1/2001	1,420,764	852,537	11	113,441
Amendment	1/1/2002	336,474	214,615	12	26,748
Assumption change	1/1/2002	1,487,343	948,668	12	118,235
Assumption change	1/1/2003	8,089,692	5,443,173	13	640,473
Assumption	1/1/2004	1,526,661	1,076,820	14	120,413
Assumption	1/1/2006	879,693	671,350	16	68,888
Assumption change	1/1/2007	929,000	732,812	17	72,499
Experience loss	1/1/2007	1,630,363	186,934	2	186,934
Amendment	1/1/2007	2,007,814	1,583,795	17	156,689
Assumption change	1/1/2008	10,175,383	2,225,679	3	1,150,472
Amendment	1/1/2008	2,098,993	459,116	3	237,321
Experience loss	1/1/2009	5,359,205	1,681,410	4	598,789
Experience loss (2008 inv)	1/1/2009	48,383,163	39,236,690	18	3,755,912
Experience loss	1/1/2012	13,513,912	7,228,312	7	1,417,261
Amendment	1/1/2012	4,987,746	2,667,841	7	523,086
Experience loss	1/1/2013	3,357,264	2,024,455	8	351,069
Assumption change	1/1/2013	3,899,770	2,351,591	8	407,799
Experience loss	1/1/2015	8,562,547	6,207,365	10	890,417
Experience loss	1/1/2016	18,253,057	14,226,941	11	1,893,081
Experience loss	1/1/2017	14,795,172	12,280,009	12	1,530,490
Experience loss	1/1/2018	13,707,907	12,021,072	13	1,414,464
Experience loss	1/1/2019	12,762,106	11,747,754	14	1,313,672
Assumption change	1/1/2020	13,568,844	13,039,189	15	1,393,425
Experience loss	1/1/2020	2,806,711	2,697,152	15	288,230
Assumption change	1/1/2021	7,080,625	<u>7,080,625</u>	15	<u>726,556</u>
Total Charges			\$ 156,625,656		\$ 21,339,225

IATSE Local No. 33 Pension Trust Fund**EIN: 95-6377503
Plan Number: 001****Form 5500 for 2021 Plan Year****Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)****AMORTIZATION CREDITS – MINIMUM CONTRIBUTION**

Description	Date Established	Initial Amortization Base	Outstanding Balance	Remaining Period	Annual Amortization
Experience gain	1/1/2008	\$6,219,095	\$ 1,277,554	2	\$ 660,378
Amendment	1/1/2009	23,048,990	6,850,384	3	2,439,580
Experience gain	1/1/2010	27,874,750	10,659,411	4	2,941,082
Experience gain	1/1/2011	2,919,713	1,347,391	5	307,118
Assumption change	1/1/2011	151,290	69,819	5	15,914
Amendment	1/1/2013	7,283,509	4,392,010	7	761,637
Experience gain	1/1/2014	1,593,269	1,061,508	8	166,139
Assumption change	1/1/2016	2,858,203	2,227,764	10	296,433
Change in cost method	1/1/2017	16,887,884	11,569,002	6	2,268,344
Experience gain	1/1/2021	1,651,873	1,651,873	15	169,502
Change in Asset method	1/1/2021	13,348,178	<u>13,348,178</u>	10	<u>1,776,150</u>
Total Credits			\$ 54,454,894		\$ 11,802,277

IATSE Local No. 33 Pension Trust Fund

**EIN: 95-6377503
Plan Number: 001**

Form 5500 for 2021 Plan Year

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Interest rate

We lowered our assumption for the interest rate used for funding purposes from 7.25% to 7.00% in order to be more in line with the expected returns under the current asset allocation.

The change to the interest rate assumption increased the Unfunded Accrued Liability by \$7,080,625.

RPA Interest Assumption

The RPA interest assumption was changed from 2.95% to 2.43% in order to remain within the permitted range.

The change to the RPA interest rate assumptions had no impact on the Unfunded Accrued Liability.