

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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 IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1989
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, LOCAL 38 & 812 IATSE PENSION TRUST FUND 5600 NEW KING DRIVE, SUITE 330 TROY, MI 48098-0000
2b	Employer Identification Number (EIN) 38-2848288
2c	Plan Sponsor's telephone number 248-663-2449
2d	Business code (see instructions) 541990

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.	04/08/2024	EDWIN J. MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2024	LINDA LUTZ
	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

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 1462
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) 1250
a(2) Total number of active participants at the end of the plan year		6a(2) 1238
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 243
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1481
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1481
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1481
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 48
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C		
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A Name of plan IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL 38 & 812 IATSE PENSION TRUST FUND	D Employer Identification Number (EIN) 38-2848288

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	
HARDING LOEVNER FUNDS, INC	333 S. WABASH AVENUE CHICAGO, IL 60607

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LEGG MASON PARTNERS INSTITUTIONAL	125 BROAD STREET, 10TH FLOOR NEW YORK, NY 10004

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	P.O. BOX 982903 EL PASO, TX 79998-2903

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ISHARES/BLACKROCK	400 HOWARD ST. SAN FRANCISCO, CA 94105

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

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

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

MORGAN STANLEY

26-4310632

(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 27 50	NONE	199832	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TIC INTERNATIONAL CORPORATION

13-2600875

(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 12 13 15 50	NONE	35270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATKINS,PAWLIC, CALATI, PRIFTI,PC

83-2893229

(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	20175	Yes ☐ No ☒	Yes ☐ No ☐		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)

BENDA, GRACE, STULZ & COMPANY, P.C.

38-2284921

(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	12100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGGIO & ISREAL, P.C.

38-1971448

(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	7125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6400	Yes ☐ No ☒	Yes ☐ No ☐		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)

THE LONDON COMPANY

1800 BAYBERRY COURT, 301
RICHMOND, VA 23226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

APEX CAPITAL MANAGEMENT

701 ROBLEY DRIVE
LAFAYETTE, LA 70503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JP MORGAN

P.O. BOX 219143
KANSAS CITY, MO 64121-9143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	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)

ARISTOTLE CAPITAL MANAGEMENT

489 FIFTH AVE, 10TH FLOOR
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JOHN HANCOCK

P.O. BOX 55913
BOSTON, MA 02109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WESTERN ASSET MANAGEMENT

385 EAST COLORADO BLVD
PASADENA, CA 91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	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)

COHEN & STEERS

280 PARK AVE, 10TH FLOOR
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CLEARBRIDGE INVESTMENTS, LLC

620 EIGHT AVE, 48TH FLR
NEW YORK, NY 10009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	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 ☐

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
THE LONDON COMPANY	28 52	
(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.	
MORGAN STANLEY 26-4310632	0.28% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
APEX CAPITAL MANAGEMENT	28 52	
(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.	
MORGANT STANLEY 26-4310632	0.30% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	28 52	
(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.	
MORGAN STANLEY 26-4310632	0.28% OF MARKET VALUE	

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
ARISTOTLE CAPITAL MANAGEMENT	28 52	

(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.
MORGAN STANLEY 26-4310632	0.35% OF MARKET VALUE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOHN HANCOCK	28 52	

(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.
MORGAN STANLEY 26-4310632	0.28% OF MARKET VALUE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WESTERN ASSET MANAGEMENT	28 52	

(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.
MORGAN STANLEY 26-4310632	0.32% OF MARKET VALUE

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
COHEN & STEERS	28 52	
(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.	
MORGAN STANLEY 26-4310632	0.35% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLEARBRIDGE INVESTMENTS, LLC	28 52	
(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.	
MORGAN STANLEY 26-4310632	0.30% OF MARKET VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLEARBRIDGE INVESTMENTS, LLC	28 52	
(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.	
MORGAN STANLEY 26-4310632	0.30% OF MARKET VALUE	

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
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(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 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL 38 & 812 IATSE PENSION TRUST FUND		D Employer Identification Number (EIN) 38-2848288

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	109255	110875
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	49392	123100
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	82797	68375
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	584570	626971
(2) U.S. Government securities	1c(2)	5217555	5033456
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3544750	3124100
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	15996938	18515104
(5) Partnership/joint venture interests	1c(5)		
(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)		
(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)	7915350	8439015
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	9708	9599
f Total assets (add all amounts in lines 1a through 1e).....	1f	33510315	36050595

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	16673	20913
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	189810	225172
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	206483	246085

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	33303832	35804510
--	----	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1727027	
(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)		1727027

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3031	
(B) U.S. Government securities.....	2b(1)(B)	153160	
(C) Corporate debt instruments.....	2b(1)(C)	128352	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		284543

(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	325093	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	315368	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		640461

(3) Rents.....	2b(3)		
----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	8569390	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8580794	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-11404

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2153656	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2153656

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		297215
c Other income	2c		12461
d Total income. Add all income amounts in column (b) and enter total	2d		5103959
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2298194	
(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)		2298194
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)	41200	
(2) Contract administrator fees	2i(2)	31800	
(3) Investment advisory and management fees	2i(3)	206232	
(4) Other	2i(4)	25855	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		305087
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2603281
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2500678
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: **BENDA, GRACE, STULZ & COMPANY, P.C.**

(2) EIN: **38-2284921**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 _____.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, LOCAL 38 & 812 IATSE PENSION TRUST FUND		D Employer Identification Number (EIN) 38-2848288
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 47
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 1727027
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 1727027
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
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 _____

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

Bingham Farms, Michigan

FINANCIAL STATEMENTS

June 30, 2023

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John M. Grace, CPA
Bryan D. Stulz, CPA
George Benda, CPA
(1941-2007)



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
IATSE Local 38 and 812
Pension Trust Fund
30700 Telegraph Road, Suite 2400
Bingham Farms, MI 48025

Gentlemen:

Opinion

We have audited the accompanying financial statements of IATSE Local 38 and 812 Pension Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of IATSE Local 38 and 812 Pension Trust Fund as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of IATSE Local 38 and 812 Pension Trust Fund 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 IATSE Local 38 and 812 Pension Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of IATSE Local 38 and 812 Pension Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate that raise substantial doubt about IATSE Local 38 and 812 Pension Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Bender, Zuercher, Stel & Company, P.C.

Sterling Heights, Michigan
December 14, 2023

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2023	2022
<u>ASSETS</u>		
Investments at fair value (Notes B, D and E):		
U.S government securities	\$ 5,033,456	\$ 5,217,555
Corporate bonds and notes	3,124,100	3,544,750
Common stocks	18,515,104	15,996,938
Money market funds	626,971	584,570
Mutual funds	8,439,015	7,915,350
Total investments	35,738,646	33,259,163
Receivables:		
Employer contributions (Note B)	123,100	49,392
Accrued interest and dividends	60,296	57,170
Unsettled investment transactions	8,079	25,627
Total receivables	191,475	132,189
Other assets:		
Unexpired insurance premiums	9,599	9,708
Cash	110,875	109,255
Total other assets	120,474	118,963
Total assets	36,050,595	33,510,315
<u>LIABILITIES</u>		
Accounts payable	20,913	16,673
Contributions received in excess allocated to employees	217,328	171,875
Unsettled investment transactions	7,844	17,935
Total liabilities	246,085	206,483
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 35,804,510</u>	<u>\$ 33,303,832</u>

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

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended June 30,	
	2023	2022
<u>ADDITIONS</u>		
Investment income:		
Interest and dividends	\$ 925,004	\$ 936,058
Net appreciation (depreciation) in fair value of investments (Notes B and C)	2,439,467	(7,460,661)
	3,364,471	(6,524,603)
less - investment expenses	206,232	248,457
Net investment income(loss)	3,158,239	(6,773,060)
Employer contributions	1,727,027	1,197,483
Litigation settlements	103	510
Liquidated damages	12,358	5,866
Total additions	4,897,727	(5,569,201)
Benefit payments	2,298,194	2,900,393
Administrative expenses:		
Administrative manager's fees	31,800	31,800
Legal fees	27,300	12,749
Trustee and fiduciary liability insurance and bonding	15,225	12,728
Audit fee	9,400	9,500
Printing and miscellaneous	5,451	7,348
Form 5500 preparation	2,000	1,500
Summary plan description costs	2,271	-
Actuarial fee	2,000	-
Summary annual report costs	1,779	1,376
Dues and subscriptions	1,145	1,100
Trustee meetings	392	456
Bank service charges	92	1,368
Total administrative expenses	98,855	79,925
Total deductions	2,397,049	2,980,318
<u>NET INCREASE (DECREASE)</u>	2,500,678	(8,549,519)
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	33,303,832	41,853,351
End of year	\$ 35,804,510	\$ 33,303,832

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

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

Note A: Description of the Plan

The following brief description of the Local 38 and 812 IATSE Pension Trust Fund, as in effect on June 30, 2023, is provided for general purposes only. For more complete information, refer to the plan documents.

1. General – The Pension Plan was established January 1, 1989 as a result of collective bargaining. The Plan is a defined contribution pension plan covering all employees working under the collective bargaining agreements which require contributions to the Fund. It is a multi- employer plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
2. Retirement Benefits - Information about the Plan, the vesting and benefit provisions, is contained in the Summary Plan Description. Copies are available at the Local Union or the Fund Office.
3. Contributions - Contributions are obtained directly from participating employers. These contributions are based on hours worked by plan participants at rates specified in the collective bargaining agreements.
3. Participant Accounts – Each participant’s account is credited with an allocation of (a) employer contributions, (b) plan earnings, and (c) forfeitures of terminated participants’ nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Note B: Summary of Significant Accounting Policies

1. General – The accounting records of the Plan are maintained on the accrual basis. Revenue is recognized when earned and expenses are recognized when incurred. Contributions received subsequent to June 30, 2023, attributed to wages earned prior to July 1, 2023, have been reflected as contributions due from employers as of June 30, 2023 in accordance with the consistent policy of the Fund.
2. Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
3. Valuation of Investments – Quoted market prices, where available, are used to value investments at fair value. Residential mortgage loans and participant loans are stated at cost plus accrued interest which approximate market value, The change in the difference between cost and fair value from the beginning of the year to the end of the year, as well as the realized gains and losses during the year, is reflected as net appreciation (depreciation) in fair value of investments.

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS
(Continued)**

Note C: Fair Value Measurements

FASB Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These level 3 fair value measurements are based primarily on management's own estimates, using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the assets. Significant level 3 inputs include information provided by fund managers, third-party appraisals, year-end audited financial statements, projected discounted cash flows, and net asset value with adjustments related to certain restrictions. Management assesses the valuation of these investments through the engagement of a third-party investment advisor and periodic meetings to review these investments.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Fund's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS
(Continued)**

Note C: Fair Value Measurements (Continued)

The following valuation methodologies have been used to value the Fund's investments:

U.S. government securities and corporate bonds and notes – These investments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Common stocks – Common stocks, which are primarily comprised of U.S. common stocks, are valued at closing quoted prices reported in active markets.

Money market funds – This investment is valued at closing quoted prices reported in active markets.

Mutual funds – Mutual funds are valued at closing quoted prices reported in active markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to estimate fair value could result in a different fair value measurement at the reporting date.

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

Fair Value Measurement at June 30, 2023

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government securities	\$ 5,033,456	\$ -	\$ 5,033,456	\$ -
Corporate bonds and notes	3,124,100	-	3,124,100	-
Common stocks	18,515,104	18,515,104	-	-
Money market funds	626,971	-	626,971	-
Mutual funds	8,439,015	8,439,015	-	-
Total	<u>\$ 35,738,646</u>	<u>\$ 26,954,119</u>	<u>\$ 8,784,527</u>	<u>\$ -</u>

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS
(Continued)**

Note C: Fair Value Measurements (Continued)

Fair Value Measurement at June 30, 2022

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government securities	\$ 5,217,555	\$ -	\$ 5,217,555	\$ -
Corporate bonds and notes	3,544,750	-	3,544,750	-
Common stocks	15,996,938	15,996,938	-	-
Money market funds	584,570	-	584,570	-
Mutual funds	7,915,350	7,915,350	-	-
Total	<u>\$ 33,259,163</u>	<u>\$ 23,912,288</u>	<u>\$ 9,346,875</u>	<u>\$ -</u>

Note D: Investments

The Plan's investments are held by Morgan Stanley as custodian and administered by several investment management companies.

The following is a comparison of cost to market value of investments, other than cash, held at June 30, 2023:

	Market Value	Cost	Market Value Over (Under)
U.S. government securities	\$ 5,033,456	\$ 5,382,404	\$ (348,948)
Corporate bonds and notes	3,124,100	3,498,347	(374,247)
Common stocks	18,515,104	14,901,955	3,613,149
Money market funds	626,971	626,971	-
Mutual funds	8,439,015	8,931,836	(492,821)
	<u>\$ 35,738,646</u>	<u>\$ 33,341,513</u>	<u>\$ 2,397,133</u>

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS
(Continued)**

Note D: Investments (Continued)

During the plan years ended June 30, 2023 and 2022, the Plan's investments (including investments bought, sold, and held during the year) appreciated(depreciated) in value by \$2,439,467 and \$(7,460,661) respectively, as follows:

	Years ended June 30,	
	2023	2022
Net appreciation (depreciation) in fair value:		
U.S. government securities	\$ (275,460)	\$ (663,064)
Corporate bonds and notes	(27,651)	(718,333)
Common stocks	2,445,363	(5,091,089)
Mutual funds	297,215	(988,175)
	<u>\$ 2,439,467</u>	<u>\$ (7,460,661)</u>

Note E: Priorities Upon Termination

In the event the Plan is terminated, the account balances of all participants shall immediately become fully vested, and all participants would be entitled to the actuarial equivalent of their account balances after making appropriate provisions for expenses of administration or liquidation.

Note F: Tax Status

The trust established under the Plan to hold the Plan's assets is qualified and exempt from income taxes pursuant to Sections 401(a) and 501(a) respectively, of the Internal Revenue Code. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan Sponsor believes the Plan, as amended, continues to qualify and to operate as designed.

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

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS
(Continued)**

Note G: **Risks and Uncertainties**

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

In addition to investments and cash equivalents, financial instruments which potentially subject the Plan to concentrations of credit risk consist principally of cash. The Plan places its cash with tier I financial institutions. At times, the amount of cash on deposit in banks may be in excess of the respective financial institution's FDIC insurance limit.

Note H: **Reportable Transactions**

The United States Department of Labor requires all transactions in excess of 5% of the current value of the Plan's net assets for non-participant-directed investments to be disclosed separately in the financial statements as a reportable transaction.

Note I: **Party-in-Interest Transactions**

Plan investments are held at Merrill Lynch and Morgan Stanley (the custodian). The transactions of the custodian qualify as party-in-interest transactions.

Fees paid during the year for legal, auditing, investment manager and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note J: **Subsequent Events**

The date to which events occurring after June 30, 2023, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosures is December 14, 2023, which is the date on which the financial statements were available to be issued.

**IATSE LOCAL 38 AND 812
PENSION TRUST FUND**

SUPPLEMENTAL SCHEDULES



John M. Grace, CPA
Bryan D. Stulz, CPA
George Benda, CPA
(1941-2007)



**INDEPENDENT AUDITOR'S
REPORT ON SUPPLEMENTAL INFORMATION**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions 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 generally accepted auditing standards.

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.

Benda, Grace, Stulz & Company, P.C.

Sterling Heights, Michigan
December 14, 2023

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
INTEREST BEARING CASH				
*	Morgan Stanley	Money Market Fund	\$ 626,970	\$ 626,970
*	Merrill Lynch	BIF-Money Fund	<u>1</u>	<u>1</u>
TOTAL INTEREST BEARING CASH			<u>626,971</u>	<u>626,971</u>
U.S. GOVERNMENT SECURITIES				
	United States Government	U.S. Treasury nt 0.250% due 11/15/2023	86,823	88,353
	United States Government	U.S. Treasury nt 2.750% due 02/15/2024	190,303	191,850
	United States Government	U.S. Treasury nt 2.000% due 02/15/2025	228,752	214,185
	United States Government	U.S. Treasury nt 2.875% due 08/15/2028	66,735	65,926
	United States Government	U.S. Treasury nt 3.500% due 01/31/2030	93,675	92,165
	United States Government	U.S. Treasury nt 2.875% due 05/15/2032	49,279	50,047
	United States Government	U.S. Treasury nt 3.375% due 05/15/2033	176,653	173,489
	United States Government	U.S. Treasury nt 4.000% due 11/15/2042	57,262	54,613
	United States Government	U.S. Treasury bd 2.250% due 02/15/2052	215,756	187,789
	United States Government	U.S. Treasury bd 4.000% due 11/15/2052	261,867	256,660
	United States Government	FNMA 3.000% due 08/01/2049	40,995	36,045
	United States Government	FNMA 2.500% due 06/01/2050	147,342	121,053
	United States Government	FHLMC 30 yr Gold 2.500% due 12/01/2050	181,352	147,475
	United States Government	FHLMC 30 yr Gold 2.000% due 02/01/2051	137,118	109,257
	United States Government	FNMA 3.000% due 03/01/2052	183,910	161,039
	United States Government	FNMA 3.500% due 05/01/2052	199,365	187,969
	United States Government	FNMA 4.000% due 07/01/2052	182,383	173,627
	United States Government	FNMA 4.500% due 11/01/2052	164,929	162,274
	United States Government	FHLMC 30 yr Gold 5.129% due 01/01/2053	162,567	161,827
	United States Government	U.S. Treasury nt 3.500% due 01/31/2030	76,081	76,642
	United States Government	U.S. Treasury bd 3.000% due 02/15/2049	252,721	195,267
	United States Government	U.S. Treasury bd 2.000% 02/15/2050	184,571	193,855
	United States Government	U.S. Treasury bd 2.375% due 05/15/2051	220,758	195,462
	United States Government	FNMA 6.625% due 11/15/2030	83,271	75,195
	United States Government	FNMA 2.500% due 04/01/2042	124,406	109,332
	United States Government	FHLMC 20 yr Gold 3.000% due 05/01/2042	75,276	74,085
	United States Government	FNMA 2.500% due 10/01/2051	342,617	310,824
	United States Government	FHLMC 30 yr Gold 2.500% due 02/01/2052	188,089	175,347
	United States Government	FNMA 3.000% due 04/01/2052	253,271	248,344
	United States Government	FNMA 3.500% due 05/01/2052	190,091	190,532
	United States Government	FNMA 4.500% due 07/01/2052	175,692	170,795
	United States Government	FNMA 4.000% due 09/01/2052	153,849	149,598
	United States Government	FNMA 5.500% due 11/01/2052	117,150	116,156
	United States Government	FHLMC 30 yr Gold 5.000% due 11/01/2052	<u>117,494</u>	<u>116,377</u>
TOTAL U.S. GOVERNMENT SECURITIES			<u>5,382,404</u>	<u>5,033,456</u>

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
CORPORATE BONDS AND NOTES				
	General Motors Financial Co Inc	1.700% due 08/18/2023	78,820	79,606
	DTE Energy Co	4.220% due 11/01/2024	78,302	78,296
	HCA Inc	5.375% due 02/01/2025	84,052	79,348
	Netflix Inc	5.875% due 02/15/2025	78,643	75,380
	Verisign Inc	5.250% due 04/01/2025	82,762	79,308
	Penske Automotive Group Inc	3.5000% due 09/01/2025	81,031	76,310
	Dana Inc	5.375% due 11/15/2027	83,514	76,344
	T-Mobile USA Inc	4.750% due 02/01/2028	83,963	77,850
	Kinder Morgan Inc	4.300% due 03/01/2028	83,133	71,739
	Service Corp International	5.125% due 06/01/2029	84,749	75,765
	Cheniere Energy Partners LP	4.500% due 10/01/2029	84,454	78,038
	Qorvo Inc	4.375% due 10/15/2029	84,127	72,707
	Equinix Inc	3.200% due 11/18/2029	84,864	70,449
	Central Garden & Pet Co	4.125% due 10/15/2030	80,800	67,350
	Duke Energy Corp	2.550% due 06/15/2031	81,617	66,274
	Quanta Services Inc	2.350% due 01/15/2032	84,986	66,991
	Bank of America Corp	4.244% due 04/24/2038	77,826	66,377
	Goldman Sachs Group Inc	2.908% due 07/21/2042	68,083	49,542
	Comcast Corp	4.700% due 10/15/2048	86,778	70,635
	Sysco Corp	3.300% due 02/15/2050	87,337	60,917
	JP Morgan Chase & Co	3.328% due 04/22/2052	61,548	61,956
	Shell International	2.875% due 05/10/2026	141,884	135,301
	Verizon Communications Inc	4.125% due 03/16/2027	139,920	123,383
	CVS Health Corp	4.300% due 03/25/2028	170,110	149,663
	Wells Fargo & Co	3.584% due 05/22/2028	158,786	146,360
	Citigroup Inc	3.668% due 07/24/2028	142,019	131,803
	Comcast Corp	4.150% due 10/15/2028	149,340	139,449
	JP Morgan Chase & Co	4.203% due 07/23/2029	185,382	174,852
	Goldman Sachs Group Inc	3.800% due 03/15/2030	148,173	123,933
	Bank of America Corp	2.884% due 10/22/2030	158,659	131,977
	Amazon.com Inc	2.100% due 05/12/2031	145,541	122,798
	AT&T Inc	2.550% due 01/21/2033	131,428	122,266
	Enterprise Products Operating LLC	4.800% due 02/01/2049	125,716	121,134
TOTAL CORPORATE BONDS AND NOTES			3,498,347	3,124,100

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK				
	Abbvie Inc	Common stock	9,685	9,566
	Adobe Inc	Common stock	13,377	16,137
	Advanced Mirco Devices	Common stock	1,418	8,429
	Airbnb Inc Cl A	Common stock	5,363	6,024
	Align Technology	Common stock	11,370	13,792
	Alnylam Pharmaceuticals Inc	Common stock	3,318	3,039
	Alphabet Inc Cl C	Common stock	28,100	63,146
	Amazon Com	Common stock	34,812	64,007
	Amphenol Corp	Common stock	4,138	11,044
	Apple Inc	Common stock	48,159	139,270
	ASML Holding	Common stock	4,713	10,871
	Autozone Inc	Common stock	13,188	17,454
	Blackstone Inc	Common stock	5,044	8,925
	Clock In Cl A	Common stock	5,244	4,527
	Broadcom Inc	Common stock	15,621	19,951
	Cheniere Energy Inc	Common stock	6,926	6,247
	Chipotle Mexican Grill Inc	Common stock	3,596	12,834
	Cognizant Tech Solutions	Common stock	7,823	5,745
	Conoco Phillips	Common stock	7,183	8,185
	Deere & Co	Common stock	8,354	12,966
	Dexcom Inc	Common stock	3,839	7,968
	Eli Lilly & Co	Common stock	20,004	24,856
	Equifax Inc	Common stock	4,979	4,471
	Estee Lauder Co	Common stock	2,423	3,142
	Exact Sciences Copr	Common stock	9,326	13,428
	First Solar Inc	Common stock	18,978	16,728
	Freeport- McMoran	Common stock	7,900	9,680
	HCA Healthcare Inc	Common stock	8,253	16,084
	Hubspot Inc	Common stock	6,155	9,046
	Intuit Inc	Common stock	13,975	13,288
	Intuitive Srugical Inc	Common stock	5,744	14,020
	LAM Research Corporation	Common stock	4,668	9,000
	Lowe's Companies Inc	Common stock	17,337	23,021
	Marriott Int'l Inc	Common stock	14,711	15,797
	Master Card Inc	Common stock	19,941	20,845
	Mckesson Corp	Common stock	5,539	16,665
	Mercadolibre Inc	Common stock	17,017	17,769
	Meta Platformms Inc	Common stock	37,736	53,091
	Microsoft Corp	Common stock	68,564	147,113
	Moderna Inc	Common stock	2,568	2,066
	Mongodb Inc	Common stock	6,706	6,165
	Monster Beverage Corp	Common stock	11,402	16,543
	Morgan Stanley	Common stock	4,710	8,540
	MSCI Inc	Common stock	1,060	2,816

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Netflix Inc	Common stock	29,421	36,561
	Nvidia Corporation	Common stock	27,435	68,529
	Oracle Corp	Common stock	16,562	25,128
	Regeneron Pharmaceuticals Inc	Common stock	14,270	22,275
	Rockwell Automation Inc	Common stock	3,674	7,907
	Salesforce Inc	Common stock	18,793	23,027
	Sarepta Therapeutics Inc	Common stock	5,694	4,123
	Seagen Inc	Common stock	1,792	2,887
	Sherwin Williams Company	Common stock	1,462	4,779
	Shopify Inc	Common stock	11,810	14,858
	Starbucks Corp Washington	Common stock	10,146	9,411
	Synopsys Inc	Common stock	3,304	13,498
	Tapestry Inc	Common stock	4,644	5,093
	Target Corporation	Common stock	5,237	3,561
	Tesla Inc	Common stock	6,685	31,151
	Thermo Fisher Scientific	Common stock	878	3,131
	Trade Desk Inc Class A	Common stock	7,578	10,734
	Trane Technologies Plc	Common stock	9,208	9,946
	Transdigm Group Inc\	Common stock	8,106	8,942
	Uber Technologies Inc	Common stock	18,420	22,362
	Workday Inc Cl A	Common stock	5,225	6,551
	Activision Blizzard Inc	Common stock	58,510	62,972
	Adobe Inc	Common stock	101,029	103,666
	Alcon Inc	Common stock	55,472	67,002
	Ameriprise Fincl Inc	Common stock	68,458	90,680
	Amgen Inc	Common stock	80,680	72,157
	Ansys Inc	Common stock	92,681	94,457
	Atmos Energy Co	Common stock	64,184	67,477
	Autodesk Inc	Common stock	60,681	67,726
	Blackstone Inc	Common stock	77,101	59,129
	Capital One Financial Corp	Common stock	100,282	70,106
	Cincinnati Financial Ohio	Common stock	73,425	59,852
	Coca Cola Co	Common stock	67,611	75,757
	Commerce Bancshares	Common stock	48,430	33,652
	Constellation Brands Inc	Common stock	51,396	53,164
	Corteva Inc	Common stock	87,376	111,850
	Corterra Energy Inc	Common stock	43,551	61,403
	Crown Castle Int'l Corp	Common stock	80,530	50,703
	Cullen Frost Bankers Inc	Common stock	56,867	50,539
	Danaher Corporation	Common stock	81,835	79,200
	Ecolab Inc	Common stock	74,750	62,354
	Equity Lifestyle Propoerties	Common stock	41,916	40,134
	Genl Dynamics Corp	Common stock	46,527	53,357
	Honeywell Int'l Inc	Common stock	80,558	72,210

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Lennar Corporation	Common stock	72,904	95,862
	Martin Marietta Materials	Common stock	79,884	101,110
	Medtronic Plc	Common stock	77,838	54,710
	Merck & Co Inc	Common stock	60,833	73,850
	Michelin Compagnie Generale De	Common stock	67,801	53,538
	Microchip Technology Inc	Common stock	80,705	99,087
	Microsoft Corp	Common stock	97,554	137,919
	Mitsubishi UFJ Fincl Grp	Common stock	35,651	44,780
	Oshkosh Corp	Common stock	54,549	42,689
	Parker Hannifin Corp	Common stock	91,371	116,232
	Phillips 66	Common stock	48,919	54,080
	PNC Finl Svcs Gp	Common stock	78,138	51,262
	Proctor & Gamble	Common stock	65,742	73,290
	Qualcomm Inc	Common stock	76,928	70,710
	R P M Inc	Common stock	71,353	68,105
	Sony Group Corporation	Common stock	84,971	81,216
	Sysco Corp	Common stock	58,596	51,346
	Xcel Energy Inc	Common stock	70,500	65,714
	Xylem Inc	Common stock	71,179	70,951
	Air Prod & Chem Inc	Common stock	58,566	69,491
	Altria Group Inc	Common stock	49,141	41,404
	Apple Inc	Common stock	26,925	129,766
	Berkshire Hathaway	Common stock	32,932	75,020
	Blackrock Inc	Common stock	30,704	68,423
	Charles Schwab	Common stock	54,501	56,453
	Chevron Corp	Common stock	35,288	58,062
	Cincinnati Financial Ohio	Common stock	14,993	34,062
	Cisco Sys Inc	Common stock	29,101	53,085
	Comcast Corp	Common stock	48,849	39,431
	Crown Castle Int'l Corp	Common stock	47,470	46,146
	Diageo Plc	Common stock	35,845	57,248
	Dominon Energy Inc	Common stock	55,895	41,743
	Fastenal Co	Common stock	24,488	53,032
	Fidelity Nat'l Information	Common stock	83,852	49,285
	Johnson & Johnson	Common stock	59,378	72,498
	Lowe's Companies Inc	Common stock	18,140	73,578
	Merck & Co	Common stock	30,706	69,926
	Microsoft Corp	Common stock	6,815	72,876
	Nestle Spon Adr	Common stock	29,117	40,892
	Nintendo Co Ltd	Common stock	44,332	36,564
	Norfolk Southern Corp	Common stock	15,476	46,259
	Paychex Inc	Common stock	16,125	50,789
	Pfizer Inc	Common stock	32,924	44,456

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Philip Morris Int'l Inc	Common stock	33,784	39,634
	Progresive Corp	Common stock	36,383	49,903
	Starbucks Corp	Common stock	58,918	64,092
	Target Corporation	Common stock	17,268	40,493
	Texas Instruments	Common stock	46,237	83,349
	United Parcel Ser Inc	Common stock	40,924	63,096
	Verizon Communications	Common stock	63,601	43,438
	A O Smith Corp	Common stock	29,862	41,193
	ACI Worldwide Inc	Common stock	18,358	17,609
	Amicus Therapeutics Inc	Common stock	53,486	48,532
	Apellis Pharmaceuticals Inc	Common stock	26,913	36,622
	Ares Management Corp	Common stock	30,042	38,925
	Argenx Se Adr	Common stock	25,550	48,327
	Arista Networks Inc	Common stock	19,703	59,152
	Atricure Inc	Common stock	22,419	24,532
	Avient Corporation	Common stock	24,843	21,473
	Biomarin Pharmac Se	Common stock	30,021	28,171
	BWX Technologies Inc	Common stock	43,645	48,811
	Championx Corporation	Common stock	11,416	32,530
	Cognex Corp	Common stock	31,792	35,741
	Decker Outdoor Corporation	Common stock	28,519	45,906
	Devon Energy Corp	Common stock	11,322	29,487
	Dolby Cla	Common stock	18,431	36,903
	Emcor Group Inc	Common stock	20,256	64,303
	Entegris Inc	Common stock	16,470	72,809
	Etsy Inc	Common stock	21,114	34,352
	Gitlab Inc Class A	Common stock	45,345	44,108
	Godady Inc	Common stock	49,330	48,684
	Graco Inc	Common stock	15,653	31,431
	Guardant Health Inc	Common stock	31,901	23,771
	Hubspot Inc	Common stock	50,898	69,704
	Hyatt Hotels Corp	Common stock	25,712	51,790
	Icon Plc	Common stock	20,878	25,270
	Immunocore holdings LTD	Common stock	22,948	23,504
	Inari Med Inc	Common stock	17,983	15,175
	Insperty Inc	Common stock	28,750	35,688
	Irhythm Technologies Inc	Common stock	17,868	28,479
	Jack Henry & Assoc Inc	Common stock	31,226	37,482
	Jacobs Engr Group Inc	Common stock	36,892	32,576
	Jfrog Ltd	Common stock	26,728	32,769
	Karuna Therapeutics Inc	Common stock	33,599	40,985
	Lattice Semiconductor	Common stock	37,010	60,332
	Lithia Mtrs Inc	Common stock	45,792	45,008
	Mirati Therapeutics Inc	Common stock	42,225	18,643

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Mohawk Industries Inc	Common stock	31,241	35,384
	Molina Healthcare Inc	Common stock	22,657	51,211
	Mongodbi Inc	Common stock	56,287	74,800
	Neurocrine Biosciences Inc	Common stock	30,797	27,347
	Nexstar Media Group	Common stock	22,167	21,652
	Nordson Cp	Common stock	13,051	40,950
	NY Times	Common stock	32,938	37,332
	Outset Med Inc	Common stock	20,125	9,251
	Paycom Software Inc	Common stock	51,104	48,828
	Power Integrations Inc	Common stock	9,171	34,555
	Pulte Group Inc	Common stock	32,920	45,754
	Raymond James Fincl Inc	Common stock	31,505	34,867
	RB Global Inc	Common stock	16,376	14,940
	Regal Rexnord Corporation	Common stock	34,059	34,935
	Royal Caribbean Group	Common stock	35,236	45,438
	Sarepta Therapeutics Inc	Common stock	28,597	24,965
	Shockwave Med Inc	Common stock	21,901	64,217
	Springworks Med Inc	Common stock	40,783	16,623
	Topbuild Corp	Common stock	32,627	46,021
	Tyler Technologies Inc	Common stock	52,256	61,638
	United Rentals Inc	Common stock	33,152	48,100
	Veracyte Inc	Common stock	12,349	13,066
	Wingstop Inc	Common stock	33,847	38,831
	Xenon Pharmaceuticals Inc	Common stock	8,740	7,893
	Accenture Plc	Common stock	97,754	157,067
	AIA Group Ltd	Common stock	66,980	90,279
	Akzo Nobel Nv Adr	Common stock	90,450	79,916
	Alcon Inc	Common stock	85,630	120,045
	Ashtead Group Plc	Common stock	73,497	145,899
	Assa Abloy	Common stock	84,345	92,747
	Brookfield Asset Mgmt	Common stock	121,086	133,153
	Cameco Corp	Common stock	34,515	105,488
	Coca-Cola Europacific Partners	Common stock	98,794	116,701
	Credicorp Ltd	Common stock	79,881	102,315
	Dassault Systems	Common stock	86,016	131,104
	DBS Group Holdings Ltd	Common stock	65,747	102,538
	Erste Group Bank	Common stock	68,106	72,926
	Experian Gp Ltd	Common stock	77,718	93,735
	Fanuc Corporation	Common stock	88,584	85,943
	Glaxosmithkline Plc	Common stock	94,806	87,318
	Haleon PLC	Common stock	91,424	104,314
	Heineken Nv	Common stock	107,089	102,134
	Ing Groep	Common stock	95,519	138,256
	KDDI Corp	Common stock	84,420	98,737

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Kubota Cp	Common stock	79,915	76,896
	LVMH Moet Hennessy Louis Vuitt	Common stock	59,914	141,230
	Magna International Inc	Common stock	88,720	90,812
	Michelin Campagnie Gernale De	Common stock	81,904	90,677
	Muenchener Rueck	Common stock	85,538	138,140
	NIDEC Corp	Common stock	80,676	65,606
	Novartis	Common stock	79,137	92,131
	Otsuka Holdings Co Ltd	Common stock	87,229	84,989
	Pan Pac Int'l Hldgs	Common stock	112,658	104,373
	Rentokil Group PLC	Common stock	92,958	116,211
	Safran	Common stock	119,112	119,656
	Sony Corp	Common stock	100,222	152,798
	Symrise	Common stock	84,556	89,832
	Totalenergies Se	Common stock	87,114	96,547
	Unilever Plc	Common stock	95,043	83,356
	Accenture Plc Ireland	Common stock	82,412	78,688
	Adyen NV	Common stock	30,754	51,124
	AIA Group Ltd	Common stock	97,959	106,590
	Airbus Se	Common stock	59,989	73,827
	Alcon Inc	Common stock	57,562	73,571
	Amadeus IT Group	Common stock	56,690	80,682
	ASML Holding NV	Common stock	23,491	91,319
	Atlas Copco	Common stock	46,028	50,513
	Barrick Gold Corp	Common stock	42,383	37,246
	BNP Paribas	Common stock	31,544	29,219
	Brambles LTD	Common stock	43,552	50,128
	CDN Pacific RY Ltd	Common stock	90,859	102,901
	Cellnex Telecom	Common stock	54,284	36,563
	Compass Group Ltd	Common stock	49,884	67,468
	Computershare LTD	Common stock	32,004	30,192
	CRH Plc	Common stock	26,869	35,166
	Diachi Sankyc Co	Common stock	78,411	81,344
	Deutsche Boerse	Common stock	64,716	69,313
	Deutsche Telekom AG	Common stock	86,522	100,340
	Diageo Plc	Common stock	77,811	93,679
	Edenred S A ADR	Common stock	10,059	10,172
	EDP Energias De Portugal	Common stock	94,450	96,201
	Essilorucottica	Common stock	51,479	51,502
	Givaudan	Common stock	33,811	48,718
	Haleon PLC ADR	Common stock	55,921	64,149
	Hong Kong Exchanges & Clearing	Common stock	57,390	56,692
	Iberdrola Sa Spons	Common stock	56,171	61,902
	Industria De Diseno Textil Ind	Common stock	83,957	104,510
	Intesa Sanpaolo	Common stock	52,432	51,042

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Kering S A ADR	Common stock	67,895	61,505
	L Oreal Co	Common stock	37,668	79,587
	Legrand	Common stock	42,280	62,015
	Linde Plc	Common stock	36,777	85,743
	London Stk Exchange Group	Common stock	86,053	140,581
	LVMH Moet Hennessy Louis Vuitt	Common stock	62,506	145,373
	Monotaro Co Ltd	Common stock	12,012	14,455
	Nestle	Common stock	107,585	158,758
	Nice Ltd	Common stock	56,949	39,442
	Novo Nordisk	Common stock	61,215	163,934
	Olympus Corporation	Common stock	101,332	84,693
	Recruit Holdings Co Ltd	Common stock	53,046	37,303
	Relx PLC	Common stock	52,892	66,526
	Rentokil Group PLC	Common stock	49,712	92,766
	Roche Holdings	Common stock	45,784	57,453
	Safran SA	Common stock	77,368	83,775
	SAP AG	Common stock	84,536	96,861
	Shiseido Ltd	Common stock	76,677	56,378
	Shopify Inc	Common stock	10,911	13,308
	Solaredge Technologies Inc	Common stock	34,522	30,134
	Sony Group Corporation ADR	Common stock	99,407	108,048
	Straumann Hldg AG ADR	Common stock	36,333	45,216
	Suncor Energy Inc	Common stock	62,465	57,819
	Teleperformance	Common stock	41,091	39,091
	Tencent Hldgs LTD	Common stock	64,629	58,041
	Thomson Reuters Corp	Common stock	-	65,176
	Tokyo Electron LTD	Common stock	70,219	80,656
	Airbnb Inc Cl A	Common stock	23,174	32,296
	Airbus	Common stock	24,037	28,592
	Alphabet Inc	Common stock	45,033	99,231
	Amazon Com Inc	Common stock	83,552	142,353
	American Tower Corp	Common stock	21,889	28,509
	Analog Devisces Inc	Common stock	28,662	42,858
	Anheuser Busch Inbev	Common stock	63,104	69,539
	Apple Inc	Common stock	31,893	143,344
	Boradcom Inc	Common stock	10,451	35,565
	Carrier Global Corporation	Common stock	2,002	4,126
	Cheniere Energy Inc	Common stock	14,772	62,315
	Comcast Corp	Common stock	12,408	13,961
	Crown Castle Int'l Corp	Common stock	61,698	57,995
	Danaher Corporation	Common stock	19,933	34,080
	Ebay Inc	Common stock	24,570	26,322
	Elevance Health Inc	Common stock	30,910	29,323
	General Dynamics Corp	Common stock	11,858	20,654

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Goldman Sachs Group	Common stock	29,061	42,898
	Intuit Inc	Common stock	29,317	31,615
	J P Morgan Chase & Co	Common stock	19,793	27,634
	KKR & Co Inc	Common stock	65,012	67,536
	KLA Corporation	Common stock	13,580	42,682
	Lennar Corporation	Common stock	28,797	79,071
	Liberty Media Corp	Common stock	19,577	59,923
	Lockheed Martin Corp	Common stock	27,306	35,910
	Lyondellbasell	Common stock	12,337	15,244
	Microsoft Corp	Common stock	54,700	78,324
	Moderna Inc	Common stock	33,621	21,263
	Morgan Stanley	Common stock	29,990	57,901
	Nasdaq Inc	Common stock	9,128	8,375
	Oracle Corp	Common stock	16,107	24,652
	Otis Worldwide Corp	Common stock	3,035	4,005
	Polaris Industries	Common stock	23,723	25,758
	Raytheon Technologies Corp	Common stock	6,690	9,208
	Salesforce inc	Common stock	67,879	78,589
	State Street Corp	Common stock	7,815	10,465
	Taiwan Smcndctr Mfg Co	Common stock	16,910	18,569
	Texas Instruements	Common stock	20,221	19,802
	Thermo Fisher Scientific	Common stock	24,834	24,522
	Union Pacific Corp	Common stock	21,346	30,693
	United Rentals Inc	Common stock	9,149	11,621
	Visa Inc	Common stock	10,671	20,898
	Walmart Inc	Common stock	37,141	38,666
	Walt Disney Co Hldg Co	Common stock	30,982	29,552
	Warner Bros Discovery Inc	Common stock	24,965	24,140
	Wells Fargo & Co	Common stock	6,675	11,609
	Workday Inc	Common stock	35,683	61,668
	Acadia Rlty	Common stock	19,208	13,138
	American Tower Corp	Common stock	48,716	39,758
	Americold Realty Trust Inc	Common stock	28,323	28,295
	Apartment Income REIT Corp	Common stock	16,897	12,198
	Boyd Gaming Corp	Common stock	5,568	6,660
	Camden Property Trust	Common stock	31,214	22,536
	Cousins Pptys Inc	Common stock	17,029	11,286
	Crown Castle Int'l Corp	Common stock	46,156	33,726
	Digital Realty Trust Inc	Common stock	61,093	58,871
	Equinix Inc	Common stock	26,567	27,247
	Essex Property Trust Inc	Common stock	12,522	10,662
	Extra Space Storage Inc	Common stock	9,926	9,428
	Helathcare Tr Amer Inc	Common stock	22,743	17,031
	Host Hotels & Resorts Inc	Common stock	4,665	5,099

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
Employer I.D. No. 38-2848288 - Plan No. 001
June 30, 2023

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
COMMON STOCK-Continued				
	Invitation Homes Inc	Common stock	51,254	46,543
	Iron Mountain Inc	Common stock	8,419	9,091
	Jones Inad Laalle Inc	Common stock	17,136	11,373
	Kite Rlty Group	Common stock	11,628	12,957
	Medical Properties Trust Inc	Common stock	7,307	7,964
	Mid Amer Apart Comm Inc	Common stock	21,916	20,805
	Prologis Inc	Common stock	68,043	70,758
	Public Storage	Common stock	23,814	21,713
	Realty Income Corp	Common stock	57,221	51,718
	Sands China Ltd Unsponsore ADR	Common stock	3,500	3,577
	SBA Communications Corp	Common stock	32,044	25,725
	Simon Pty Group Inc	Common stock	49,576	45,037
	Spirit Realty Capital Inc	Common stock	9,093	8,742
	Sun Communities Inc	Common stock	35,457	26,744
	UDR Inc	Common stock	24,800	20,406
	Welltower Inc	Common stock	44,393	46,997
	Weyerhaeuser Co	Common stock	3,376	3,284
	TOTAL COMMON STOCK		<u>14,901,955</u>	<u>18,515,104</u>
MUTUAL FUNDS				
	Harding Loevner Funds, Inc	Emerging Markets Portfolio Advisor Class	2,211,531	1,686,690
	iSahres	Core S&P 500 ETF Fund	1,096,699	1,840,782
	Vanguard	Russell 1000 Growth Fund	530,267	647,596
	Vanguard	Russell 1000 Value ETF Fund	364,165	474,158
	Legg Mason Partners Institutional Trust	Western Asset SMASh Services Core Plus Completion Fund	2,728,586	2,122,293
	Legg Mason Partners Institutional Trust	Western Asset SMASh Series C Fund	741,595	751,842
	Legg Mason Partners Institutional Trust	Western Asset SMASh Series M Fund	1,258,993	915,654
	TOTAL MUTUAL FUNDS		<u>8,931,836</u>	<u>8,439,015</u>
	TOTAL ASSETS HELD FOR INVESTMENT		<u>\$ 33,341,513</u>	<u>\$ 35,738,646</u>

IATSE LOCAL 38 AND 812 PENSION TRUST FUND
SCHEDULE OF REPORTABLE TRANSACTIONS
Employer I.D. No. 38-2848288 - Plan No. 001
Year Ended June 30, 2023

<u>Identity of Party Involved</u>	<u>Description of Asset (Include Rate of Return and Maturity in Case of Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF PLAN ASSETS								
Morgan Stanley	Short Term Investment Fund							
	Purchases	8,570,393				8,570,393	8,570,393	
	Sales		8,568,007			8,568,007	8,568,007	-

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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	☐ the DFVC program
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ 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 IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN 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, LOCAL 38 & 812 IATSE PENSION TRUST FUND 30700 TELEGRAPH; SUITE 2400 BINGHAM FARMS MI 48025-0000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">001</td> </tr> <tr> <td style="background-color: #f2f2f2;">1c Effective date of plan</td> <td style="text-align: center;">01/01/1989</td> </tr> <tr> <td style="background-color: #f2f2f2;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">**-***8288</td> </tr> <tr> <td style="background-color: #f2f2f2;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">248-645-6550</td> </tr> <tr> <td style="background-color: #f2f2f2;">2d Business code (see instructions)</td> <td style="text-align: center;">541990</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	01/01/1989	2b Employer Identification Number (EIN)	**-***8288	2c Plan Sponsor's telephone number	248-645-6550	2d Business code (see instructions)	541990
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	01/01/1989										
2b Employer Identification Number (EIN)	**-***8288										
2c Plan Sponsor's telephone number	248-645-6550										
2d Business code (see instructions)	541990										

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		12-14-2023	Edwin S. Miller
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/14/2023	Linda Wtz
	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 (2022)

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** 1462**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)** 1250**a(2)** Total number of active participants at the end of the plan year**6a(2)** 1238**b** Retired or separated participants receiving benefits**6b** 0**c** Other retired or separated participants entitled to future benefits**6c** 243**d** Subtotal. Add lines **6a(2)**, **6b**, and **6c****6d** 1481**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 0**f** Total. Add lines **6d** and **6e****6f** 1481**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g** 1481**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 48**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**2C****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)

901 BOARD OF TRUSTEES, LOCAL 38 & 812

38-2848288

FYE: 6/30/2023

Federal Statements

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN

Plan: 001

Plan transactions in excess of 5% of plan assets

<u>Name</u>								
<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>	
SEE ATTACHED FINANCIAL STATEMENT	\$	\$	\$	\$	\$	\$	\$	

901 BOARD OF TRUSTEES, LOCAL 38 & 812

38-2848288

Federal Statements

FYE: 6/30/2023

IATSE LOCAL 38 AND LOCAL 812 PENSION PLAN

Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	SEE ATTACHED FINANCIAL STATEMENT		\$	\$