

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1970
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) TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU FILM EDITORS LOCAL 780 PENSION FUND 6141 N COURTENAY PKWY SUITE D MERRITT ISLAND, FL 32953
2b	Employer Identification Number (EIN) 23-7345671
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 713900

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.	09/11/2024	JAROSLAW LIPSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2024	GILBERT PATTON
	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 1978
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 937 6a(2) 1176 6b 307 6c 699 6d 2182 6e 65 6f 2247 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 36

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

1B

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

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

Round off amounts to nearest dollar.

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

A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU	D Employer Identification Number (EIN) 23-7345671

E Type of plan:

(1) ☒ Multiemployer Defined Benefit

(2) ☐ Money Purchase (see instructions)

1a Enter the valuation date:

Month 01 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	24160380
(2) Actuarial value of assets for funding standard account	1b(2)	28992456
(c) (1) Accrued liability for plan using immediate gain methods	1c(1)	29195707
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	29195707
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	59605153
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3473675
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2163520
(3) Expected plan disbursements for the plan year	1d(3)	2163520

Statement by Enrolled Actuary

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

SIGN HERE	09/26/2024
Signature of actuary TED W WINDSOR	Date 23-04110
Type or print name of actuary TED WINDSOR & ASSOCIATES	Most recent enrollment number 847-867-9514
Firm name 435 N MICHIGAN AVE UNIT 307, CHICAGO, IL 60611	Telephone number (including area code)
Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	24160380
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	356	22046090
(2) For terminated vested participants	685	17306119
(3) For active participants:		
(a) Non-vested benefits		1586425
(b) Vested benefits		18666519
(c) Total active	937	20252944
(4) Total	1978	59605153
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.53 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2023	4705735				
Totals ►			3(b)	4705735	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.43 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	6	6
(2) Females	6c(2)	6F	6F
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-11.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.3 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	315451	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3255420	356696

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1506354

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	11442931	2117843
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 122955**e** Total charges. Add lines 9a through 9d**9e** 3747152**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 9390985**g** Employer contributions. Total from column (b) of line 3**9g** 4705735**h** Amortization credits as of valuation date

	Outstanding balance	
9h	1848695	397730

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 877464**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 16739591**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 42509817**(3)** FFL credit**9j(3)****k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 15371914**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 11624762**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU	D Employer Identification Number (EIN) 23-7345671	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

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
PNC BANK, NATIONAL ASSOCIATION	
22-1146430	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP	
23-1945930	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC REALTY INVESTORS INC	
22-1146430	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO	200 N DEARBORN ST CHICAGO, IL 60601

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

CHARLES SCHWAB

430 N MICHIGAN AVE
CHICAGO, IL 60611

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

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

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

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)

IAITSE LOCAL UNION 780

6301 N NORTHWEST HIGHWAY
CHICAGO, IL 60631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RELATED UNION	125762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TED WINDSOR AND ASSOC

36-4374704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	29300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP PLLC

566 W LAKE ST, STE 300
CHICAGO, IL 60661

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20434	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)

GARY E. GROSS LAW OFFICES

201 BLACKSTONE AVENUE
LAGRANGE, IL 60525

32-0462156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYLOCITY

3850 N WILKE RD
ARLINGTON HEIGHTS, IL 60004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13667	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)

US BANK

136 S WASHINGTON
NAPERVILLE, IL 60566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	8453	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERRIL LYNCH

33 W MONROE ST
CHICAGO, IL 60603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU				D Employer Identification Number (EIN) 23-7345671	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): PNC BANK, NA					
c EIN-PN 52-6328901-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2051051	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code</			

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
	A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU	D Employer Identification Number (EIN) 23-7345671	

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	1450618	766901
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	547096	766163
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6103	8729
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	200307	370371
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	3108027	2051051
(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)	18676333	24770827
(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	29129	26588
f Total assets (add all amounts in lines 1a through 1e)	1f	24017613	28760630
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	39528	48399
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39528	48399
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23978085	28712231

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4705735	
(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)		4705735
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48408	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48408
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	544420	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		544420
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-1056976
(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)		2782020
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7023607

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1929520	
(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)		1929520
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	20434	
(5) Investment advisory and investment management fees	2i(5)	21541	
(6) Bank or trust company trustee/custodial fees	2i(6)	8453	
(7) Actuarial fees	2i(7)	29300	
(8) Legal fees	2i(8)	20000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	8646	
(11) Other expenses	2i(11)	251567	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		359941
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2289461

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4734146
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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 501184.

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 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU	D Employer Identification Number (EIN) 23-7345671

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 0

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

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

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

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

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

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

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

Schedule R (Form 5500) 2023
v. 230707

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 **TRAINING REHABILITATION AND CAREER**

b EIN **82-0460224**

c Dollar amount contributed by employer **561402**

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 **01** Day **31** Year **2024**

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) **3.45**

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

a Name of contributing employer **IMAX**

b EIN **06-1726397**

c Dollar amount contributed by employer **120527**

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 **11** Day **30** Year **2024**

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) **4.00**

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

a Name of contributing employer **L.L. BROOKS ENTERPRISES**

b EIN **20-3066294**

c Dollar amount contributed by employer **303229**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **3.25**

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

a Name of contributing employer **LAMAIN INDUSTRIES LLC**

b EIN **36-4711837**

c Dollar amount contributed by employer **1518288**

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 **07** Day **31** Year **2025**

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) **4.75**

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

a Name of contributing employer **CSSI**

b EIN **82-0504614**

c Dollar amount contributed by employer **97823**

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 **04** Day **01** Year **2024**

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) **4.00**

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

a Name of contributing employer **ASRC FL**

b EIN **38-3928645**

c Dollar amount contributed by employer **328262**

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 **02** Day **28** Year **2025**

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) **3.76**

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

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 **DMSI**

b EIN **73-0973133**

c Dollar amount contributed by employer **221996**

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 **08** Day **01** Year **2024**

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) **4.50**

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

a Name of contributing employer **W HARRIS GSC**

b EIN **82-0371553**

c Dollar amount contributed by employer **460173**

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 **08** Day **31** Year **2024**

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) **4.85**

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

a Name of contributing employer **PONDERFUL**

b EIN **46-3829223**

c Dollar amount contributed by employer **231479**

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 **11** Day **30** Year **2025**

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) **4.00**

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

a Name of contributing employer **COMMUNICATIONS METHODS**

b EIN **26-2188611**

c Dollar amount contributed by employer **433717**

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 **02** Day **01** Year **2024**

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) **3.95**

(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)

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)

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)

14a	
14b	
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

b The corresponding number for the second preceding plan year

15a	1.03
15b	1.12

- 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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 61.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

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

**MOTION PICTURE LABORATORY TECHNICIANS &
FILM EDITORS LOCAL 780 PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2023



**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of the
Motion Picture Laboratory Technicians & Film Editors
Local 780 Pension Fund
Chicago, Illinois

Opinion

We have audited the accompanying financial statements of the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund as of December 31, 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension 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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's (DOL) 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Chicago, IL
May 22, 2024

**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments - at fair value		
Mutual funds	\$ 24,770,827	\$ 18,676,333
Common collective trust	2,051,051	3,108,027
Money market fund	370,371	200,307
Total investments	<u>27,192,249</u>	<u>21,984,667</u>
Receivables		
Employer contributions	766,163	547,096
Interest	2,457	619
Total receivables	<u>768,620</u>	<u>547,715</u>
Prepaid expenses		
Insurance	<u>6,272</u>	<u>5,484</u>
Property and equipment		
Office furniture	79,851	73,386
Office improvements	10,466	10,466
Computer software	12,080	12,080
	<u>102,397</u>	<u>95,932</u>
Less: accumulated depreciation and amortization	<u>(75,809)</u>	<u>(66,803)</u>
Net property and equipment	<u>26,588</u>	<u>29,129</u>
Cash	<u>766,901</u>	<u>1,450,618</u>
Total assets	<u>28,760,630</u>	<u>24,017,613</u>
Liabilities		
Accounts payable	30,000	30,000
Due to related organization	18,399	9,528
Total liabilities	<u>48,399</u>	<u>39,528</u>
Net assets available for benefits	<u>\$ 28,712,231</u>	<u>\$ 23,978,085</u>

See accompanying notes to financial statements.

**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 1,725,044	\$ (3,408,108)
Dividends	<u>592,829</u>	<u>381,526</u>
	2,317,873	(3,026,582)
Less: investment fees and expenses	<u>(29,994)</u>	<u>(37,777)</u>
Investment income (loss) - net	2,287,879	(3,064,359)
Employer contributions	<u>4,705,735</u>	<u>3,688,930</u>
Total additions	<u>6,993,614</u>	<u>624,571</u>
 Deductions		
Pension benefits	<u>1,929,520</u>	<u>1,875,071</u>
Administrative expenses		
Paid directly by the Plan	187,329	200,593
Allocated from Local 780 Union	<u>142,619</u>	<u>114,858</u>
Total administrative expenses	<u>329,948</u>	<u>315,451</u>
Total deductions	<u>2,259,468</u>	<u>2,190,522</u>
 Net change	4,734,146	(1,565,951)
 Net assets available for benefits		
Beginning of year	<u>23,978,085</u>	<u>25,544,036</u>
 End of year	<u>\$ 28,712,231</u>	<u>\$ 23,978,085</u>

See accompanying notes to financial statements.

**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements of Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund (the Plan) are prepared using the accrual basis of accounting. Under this method, revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition - The investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of the investments are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation (depreciation) in fair value includes the Plan's gains and losses on investments bought, sold, and held during the year.

Contributions Receivable - Contributions receivable represent subsequent contributions received for work performed through December 31, therefore no allowance for doubtful accounts was recorded.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expenses currently. Depreciation is computed on the straight-line method over the estimated useful life of 10 years for office improvements, 3 years for computer software, and 5 to 7 years for office furniture and equipment.

Depreciation expense was \$9,006 and \$7,877 for the years ended December 31, 2023 and 2022, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.



NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and changes therein at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Revenue from Contracts with Customers - All of the Plan's contract assets are considered accounts receivable and are included within the contributions receivable balance in the statements of net assets available for benefits. Balances in this account as of the beginning and end of years ended December 31, 2023 and 2022 are as follows:

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Contributions receivable	<u>\$ 766,163</u>	<u>\$ 547,096</u>	<u>\$ 455,902</u>

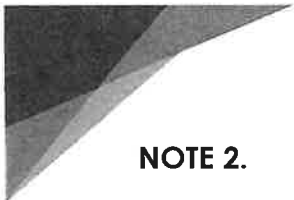
New Accounting Pronouncement Adopted - During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions receivable due from employers. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established in 1970 as a result of a collective bargaining agreement between the union and the various employer associations to provide retirement and disability benefits for eligible participants. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreement.

The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.



NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Under current provisions of the Plan, a participant is eligible for a normal pension if the participant has attained age 65 and has at least 10 pension credits or at least 3,000 hours of vesting service. The Plan also permits early retirement at age 60 and completion of 10 years of pension credits. Participants are considered 100% vested when they have completed ten years of service if the participant last worked in covered employment between January 1, 1993 and December 31, 1997; seven years of service if last worked in covered employment between January 1, 1998 and December 31, 2009; or three years of service or 3,000 hours if last worked in covered employment after January 1, 2010. If a participant terminates before rendering the appropriate number of years of service, they are entitled to a percentage of the normal pension, if they have at least three years of vesting service.

The Plan also provides a disability pension for active participants with ten pension credits, of which five are earned during the contribution period. The participant must have worked for at least 880 hours in covered employment in the twelve month period preceding the month the participant became disabled. The disability pension amount shall remain the same over the remaining lifetime of the participant.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (Trustees) to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by Ted Windsor & Associates as of January 1, 2023. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	\$ 14,229,338
Other vested benefits	<u>14,393,009</u>
Total	28,622,347
Nonvested benefits	<u>573,360</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 29,195,707</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the period were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2022		\$ 27,352,964
Increase (decrease) during the year attributable to		
Benefits accumulated and actuarial gain or (loss)	\$ 1,741,675	
Interest	1,976,139	
Benefits paid	<u>(1,875,071)</u>	
Net increase		<u>1,842,743</u>
Actuarial present value of accumulated plan benefits at January 1, 2023		<u>\$ 29,195,707</u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

The actuarial valuation for January 1, 2023 utilized the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were:

Mortality rates:	120% of the RP 2014 Blue Collar Sex Distinct Mortality Tables projected using 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.
Disability mortality rates:	1983 Railroad Retirement Board Disabled Life Mortality Table (Ultimate).
Retirement age:	Age 65.
Investment rate of return:	7.5% per annum.

The above actuarial assumptions are based on the presumption that the Plan will continue.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at December 31, 2023 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2022.

NOTE 5. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated February 23, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan's Fund Office and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of December 31, 2023 and 2022, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At December 31, 2023, the Plan is no longer subject to income tax examinations for years prior to the fiscal year ended December 31, 2020.

NOTE 6. FUNDING POLICY

Participating employers contribute amounts as specified in their collective bargaining agreements.

The following ranges of weekly and hourly employer contribution rates were in effect during the years ended December 31, 2023 and 2022:

2023		2022	
Weekly	N/A	Weekly	N/A
Hourly	\$2.85 to \$7.00	Hourly	\$2.75 to \$7.00

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2023.



NOTE 7. RELATED ORGANIZATIONS/PARTY IN INTEREST

The Plan has three related tax-exempt organizations which include Motion Picture and Video Tape Laboratory Technicians, Allied Craft and Government Employees Local 780 (the Local – a related party); Motion Picture Laboratory Technicians & Film Editors Local 780 Welfare Fund; and I.A.T.S.E. Local 780 401(k) Plan.

The Plan shares office facilities and employees with the Local and Motion Picture Laboratory Technicians & Film Editors Local 780 Welfare Fund, and the I.A.T.S.E. Local 780 401(k) Plan. The operating expenses of the combined facilities, salaries, benefits, and payroll taxes of employees are paid initially by the Local and allocated monthly on a basis approved by the officers of the Local and the Trustees of the funds. The Plan reimbursed the Local \$142,619 and \$114,858 for the years ended December 31, 2023 and 2022, respectively. The Plan currently owes the Local \$18,399 and \$9,528 for the years ended December 31, 2023 and 2022, respectively, that was paid after year end.

NOTE 8. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include other significant observable inputs including:
- 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; and
 - 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.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's and liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Money market funds: Valued using amortized cost which approximates fair value.

Mutual funds: Mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trusts: Common collective trusts are valued at the net asset value (NAV) of shares held by the Plan at year end as reported by the custodians of these trusts. The NAV of AFL-CIO Building Investment Trust is determined based on estimated fair values of the underlying investments (real estate) of the Trust. All valuations of real estate involve subjective judgments, as the actual market price of real estate can be determined only by negotiations between independent parties in a sales transaction.

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

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

	2023			
	Total	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 24,770,827	\$ 24,770,827	\$ -	\$ -
Money market fund	370,371	370,371	-	-
Total	25,141,198	\$ 25,141,198	\$ -	\$ -
Investments measured at net asset value *	2,051,051			
Investments at fair value	\$ 27,192,249			

*In accordance with accounting standards on fair value measurement and disclosure requirements, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	2022			
	Total	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 18,676,333	\$ 18,676,333	\$ -	\$ -
Money market fund	200,307	200,307	-	-
Total	18,876,640	<u>\$ 18,876,640</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value *	3,108,027			
Investments at fair value	<u>\$ 21,984,667</u>			

*In accordance with accounting standards on fair value measurement and disclosure requirements, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 9. FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it's probable that the investment will be sold at a value different than NAV.

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities. To diversify its investment risk, the Plan looked for different investment vehicles where the return did not necessarily correlate to general market returns as what was previously invested.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis but longer lock-up periods can apply to certain investments.

NOTE 9. FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE (CONTINUED)

The following tables summarize the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2023 and 2022:

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 2,051,051	N/A	Quarterly	1 Year

<u>December 31, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 3,108,027	N/A	Quarterly	1 Year

The common collective trust reports as a DFE and can be redeemed quarterly.

NOTE 10. 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 the values of investment securities could be different at the reporting date and those changes could materially affect the fair value of Plan investments reported in the statements of net assets available for benefits.

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

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's income and expenses per the accompanying financial statements to the Form 5500:

	<u>2023</u>	<u>2022</u>
Total additions per the financial statements	\$ 6,993,614	\$ 624,571
Add - investment expenses	<u>29,994</u>	<u>37,777</u>
Total income per the Form 5500	<u>\$ 7,023,608</u>	<u>\$ 662,348</u>

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

	<u>2023</u>	<u>2022</u>
Total deductions per the financial statements	\$ 2,259,468	\$ 2,190,522
Add - investment expenses	<u>29,994</u>	<u>37,777</u>
Total expenses per the Form 5500	<u>\$ 2,289,462</u>	<u>\$ 2,228,299</u>

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 22, 2024, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Paid directly by the plan		
Actuarial fees	\$ 29,300	\$ 48,375
Audit and accounting fees	20,434	23,585
Depreciation	9,006	7,877
Insurance	11,569	10,888
Legal fees	20,000	20,000
Office expense	5,477	12,487
Pension benefit processing fee	13,667	12,217
Plan termination insurance	69,230	59,200
Trustee meeting expenses	<u>8,646</u>	<u>5,964</u>
	187,329	200,593
Allocated from Local 780 Union	<u>142,619</u>	<u>114,858</u>
Total	<u>\$ 329,948</u>	<u>\$ 315,451</u>

**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

SCHEDULE H, PART IV, LINE 4(i)

EIN 23-7345671
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Fair value
	Money market fund			
	First American Government Obligation Fund	Money market fund	<u>\$ 370,371</u>	<u>\$ 370,371</u>
	Registered Investment Companies			
	Invesco Emerging Markets ETF	Registered investment companies	230,176	250,430
	Invesco Preferred ETF	Registered investment companies	158,665	164,010
	Ishares 20 Year Treasury Bond ETF	Registered investment companies	1,058,623	1,123,672
	Ishares Core MSCI Eafe ETF	Registered investment companies	2,132,347	2,259,079
	Ishares Core MSCI Emerging Markets ETF	Registered investment companies	1,471,784	1,517,703
	Ishares Iboxx Invst Grade Corp ETF	Registered investment companies	790,713	836,590
	Ishares Mbs ETF	Registered investment companies	2,880,827	3,004,070
	Ishares Tips Bond ETF	Registered investment companies	244,970	249,484
	Schwab Short Term US ETF	Registered investment companies	1,607,628	1,625,449
	Vanguard Growth Index Fund ETF	Registered investment companies	3,937,278	4,235,429
	Vanguard Intermediate Term ETF	Registered investment companies	730,633	750,220
	Vanguard Intermediate Term ETF	Registered investment companies	836,070	877,011
	Vanguard Short Term Corporate ETF	Registered investment companies	855,095	875,983
	Vanguard Small Cap Growth Index ETF	Registered investment companies	462,097	494,420
	Vanguard Small Cap Value Index ETF	Registered investment companies	454,444	496,717
	Vanguard Total Bond Market Index Adm	Registered investment companies	999	1,058
	Vanguard Total International ETF	Registered investment companies	489,141	498,932
	Vanguard Value Index Fund ETF	Registered investment companies	<u>5,274,418</u>	<u>5,510,570</u>
			<u>23,615,908</u>	<u>24,770,827</u>
	Common collective trust			
	AFL-CIO Building Investment Trust	Common collective trust	<u>1,805,473</u>	<u>2,051,051</u>
	Total investments		<u>\$ 25,791,752</u>	<u>\$ 27,192,249</u>

(a) * Identified party-in-interest

Plan Summary

1. Effective date of plan January 4, 1971. The plan was last amended effective January 1, 2010.
2. Participation **Effective January 1, 2010**
Beginning on earlier of January 1 or July 1 following the completion of 880 or more hours of work in Covered Employment during a 12 consecutive month period

Provisions prior to January 1, 2010
Beginning on earlier of January 1 or July 1 following the completion of 22 or more weeks of work in covered employment during a 12 consecutive month period
3. Plan year Calendar year
4. Pension Credit **Effective January 1, 2010**
Based on **hours** worked in Covered Employment in a calendar year

Less than 200 hours	no credit
200 to 399 hours	1/10 th credit
400 to 599 hours	2/10 th credit
600 to 799 hours	3/10 th credit
800 to 999 hours	4/10 th credit
1,000 to 1,199 hours	5/10 th credit
1,200 to 1,399 hours	6/10 th credit
1,400 to 1,599 hours	7/10 th credit
1,600 to 1,799 hours	8/10 th credit
1,800 to 1,999 hours	9/10 th credit
2,000 or more hours	1 credit

Provisions prior to January 1, 2010

In accordance with the following schedule:

Weeks worked in Covered Employment in calendar year	Number of Pension Credits
Less than 12 weeks	No credit
12 weeks to 23 weeks	¼ credit
24 weeks to 35 weeks	½ credit
36 weeks to 47 weeks	¾ credit
48 weeks or over	1 credit

Weeks greater than 48 in any calendar year can be applied to weeks for either the calendar year immediately preceding or following that year.

5. Vesting Service **Effective January 1, 2010**
880 hours = 1 year
- Provisions prior to January 1, 2010**
22 weeks = 1 year
6. Accrued benefit **Effective January 1, 2010**
- Accrued Benefits as of December 31, 2009 plus,
 - 9/10ths of 1% of contributions from January 1, 2010 through December 31, 2021 plus,
 - 1.5% of contributions posted on and after January 1, 2022
- Provisions prior to January 1, 2010**
A monthly benefit equal to \$55 multiplied by the number of Pension Credits.
7. Normal retirement
- a. Eligibility Age 65 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit.
8. Early retirement
- a. Eligibility Age 60 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit reduced 6 2/3% for each year of age less than 65.
9. Disability retirement
- a. Eligibility 10 Pension Credits (at least 5 of which are during the Contribution Period) and 22 weeks of covered employment in the 12-month period preceding disability.
- b. Benefit Accrued retirement benefit payable immediately.

10. Vested benefit

Effective January 1, 2010

- a. Eligibility 3,000 hours of contribution (hours for service prior to January 1, 2010, are converted at 1,000 hours per year of Vesting Service or Pension Credit whichever is larger.
- b. Benefit Accrued benefit at termination times vesting percentage payable at age 65
- c. Vesting percentage 100%

Provisions prior to January 1, 2010

- a. Eligibility 3 years of Vesting Service or 3 Pension Credits.
- b. Benefit Accrued benefit at termination times vesting percentage payable at age 65
- c. Vesting percentage In accordance with the following schedule:

Years of Vesting Service or Pension Credits	Percent of Pension Payable
Less than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

Effective 1/1/2008 plan participants who become participants after 1/1/2008 are 0% vested until they have earned 5 years of vesting credit. After the completion of 5 years of vesting credit these participants are 100% vested.

11. Pre-retirement death benefit

- a. Eligibility 3 years of Vesting Service or 3 Pension Credits.
- b. Benefit Spouse receives 50% of the amount that would have been payable had the participant terminated just prior to his death, survived to his earliest retirement age and then retired with a 50% Joint & Survivor annuity and died the day after.

- | | | |
|-----|------------------------|--|
| 12. | Benefit forms | Single Life with 36 months of guaranteed payments |
| | | 50% joint and survivor with 36 months of guaranteed payments |
| 13. | Employer contributions | Employers contribute in accordance with the collective bargaining agreements in effect on the valuation date |

**MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS
LOCAL 780 PENSION FUND**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

SCHEDULE H, PART IV, LINE 4(l)

EIN 23-7345671
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Fair value
	Money market fund			
	First American Government Obligation Fund	Money market fund	<u>\$ 370,371</u>	<u>\$ 370,371</u>
	Registered Investment Companies			
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	Ishares 20 Year Treasury Bond ETF	Registered investment companies	1,058,623	1,123,672
	Ishares Core MSCI Eafe ETF	Registered investment companies	2,132,347	2,259,079
	Ishares Core MSCI Emerging Markets ETF	Registered investment companies	1,471,784	1,517,703
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	Vanguard Small Cap Growth Index ETF	Registered investment companies	462,097	494,420
	Vanguard Small Cap Value Index ETF	Registered investment companies	454,444	496,717
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	Vanguard Total International ETF	Registered investment companies	489,141	498,932
	Vanguard Value Index Fund ETF	Registered investment companies	<u>5,274,418</u>	<u>5,510,570</u>
			<u>23,615,908</u>	<u>24,770,827</u>
	Common collective trust			
	AFL-CIO Building Investment Trust	Common collective trust	<u>1,805,473</u>	<u>2,051,051</u>
	Total investments		<u>\$ 25,791,752</u>	<u>\$ 27,192,249</u>

(a) * Identified party-in-interest

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

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund EIN: 23-7345671

Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund PN: 001

Attained Age	Service																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
	Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		Average Accured.		
	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	
Under 25	126	\$26.46	34	\$109.55		\$0.00															
25 to 29	90	\$24.31	31	\$148.53	2	\$274.76															
30 to 34	71	\$28.45	24	\$144.18	9	\$391.70															
35 to 39	57	\$22.65	29	\$151.08	8	\$369.58	4	\$674.41	1	\$788.80											
40 to 44	50	\$23.59	28	\$170.55	7	\$445.97	2	\$963.46	1	\$1,026.64											
45 to 49	39	\$25.65	32	\$145.74	8	\$450.68	3	\$733.67	2	\$804.63											
50 to 54	33	\$29.05	23	\$152.56	10	\$377.71	1	\$838.11	3	\$958.19											
55 to 59	28	\$29.91	31	\$151.72	16	\$394.05	7	\$552.34	5	\$902.77	4	\$1,171.62					1	\$2,434.63			
60 to 64	17	\$26.50	27	\$131.66	9	\$345.93	6	\$576.75	2	\$1,025.73	3	\$1,373.38			5	\$1,750.83			3	\$2,313.21	
65 to 69	9	\$31.83	14	\$145.88	2	\$302.61	6	\$507.33			1	1,176			1	1,716					
70 & up	2	\$29.84	8	\$130.81	1	\$516.38			1	\$831.89											

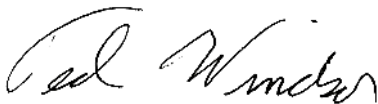
Ted Windsor & Associates
Consulting Actuaries

435 North Michigan Avenue
Unit 307
Chicago, Illinois 60611
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e-mail ted@gallerywear.com

**MOTION PICTURE LABORATORY TECHNICIANS AND FILM
EDITORS LOCAL 780 PENSION FUND**

Actuarial Certification as to Critical or Endangered Status as of
January 1, 2023



Ted W. Windsor, A.S.A.; E.A.; M.A.A.A.
Enrollment number 23-04110

February 27, 2023

Plan Information

Name of Plan	Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund
EIN	23-7345671
Plan Number	001
Name, Address, and Telephone of Plan Sponsor:	Board of Trustees Motion Picture Laboratory Technicians and Film Editors Local 780 6301 N. Northwest Highway Chicago, IL 60631 Voice: (773)775-5020
Plan year of certification	January 1, 2023 through December 31, 2023

Enrolled Actuary Information

Name of Actuary:	Ted W. Windsor A.S.A.; E.A.; M.A.A.A.
Qualifications	Ted Windsor meets the Qualification Standards of the American Academy of Actuaries, the Society of Actuaries, and the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained in this report.
Address and Telephone Number of Actuary:	Ted Windsor & Associates 435 North Michigan Avenue Unit 307 Chicago, IL 60611 Voice: (847)501-3193 Fax (847)591-3192
Enrollment Identification	23-04110

Information on Plan Status

The Motion Picture Laboratory Technicians and Film Editors Local 780 Pension is neither in endangered status nor in critical status. The Plan is certified in the "Green Zone" as of 1/1/2023. The Plan is not projected to enter critical status.

To the best of my knowledge the information supplied in this certification and accompanying report is complete and accurate and in my opinion each assumption used represents my best estimate of anticipated experience and projected experience under the Plan.



Ted Windsor
Enrollment Number 23-04110

2/27/2023

Critical and Endangered Tests

Critical Test 1

**Motion Picture Laboratory Technicians and Film Editors Local 780
Pension Fund**

Less Than 65% Funded and Current Year and Six-Year Projection of Benefit Payments
Test

65% Funded Test

- | | |
|--|-------|
| 1. Funded percentage
[Exhibit 3 line 8] | 99.3% |
| 2. Test [is #1 <= 65%] | FALSE |

Six-Year Projection of Benefit Payments

- | | |
|--|--------------|
| 3. Present value of benefit payments and administrative expenses
from 1/1/2023 through 12/31/2029 [see exhibit 5] | \$15,013,684 |
| 4. Market value of assets plus present value of contributions
from 1/1/2023 through 12/31/2029 | |
| a. Market value of assets [from exhibit 1] | 24,150,676 |
| b. Present value of expected contributions [exhibit 5] | 18,850,452 |
| c. Total market value plus contributions | 43,001,128 |
| 5. Test [is #3 > #4c] | FALSE |

Test

- | | |
|------------------------|-------|
| 6. Both tests are TRUE | FALSE |
|------------------------|-------|

The plan is not critical based on this test

Critical Test 2

**Motion Picture Laboratory Technicians and Film Editors Local 780
Pension Fund**

Short Term Funding Deficiency Test

65% Funded Test

- | | |
|---|-------|
| 1. Funded percentage [Exhibit 3 line 8] | 99.3% |
| 2. Length of Funding Standard Account testing period
3 years unless #1 <= 65% then 4 year] | 3 |

3-Year Accumulated Funding Deficiency Test

- | | |
|---|-------|
| 3. Funding deficiency without extension of amortization periods
years ending 12/31/2022 through 12/31/2025 [exhibit 8] | FALSE |
|---|-------|

The plan is not critical based on this test

Critical Test 3

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Contributions Less Than Normal Cost Plus Interest Test

Contributions Less Than Normal Cost Plus Interest on Unfunded Accrued Liability

1. Unit credit unfunded accrued liability	
a. Unit credit accrued liability as of 1/1/2023 [exhibit 3]	\$29,195,707
b. Actuarial value of assets as of 1/1/2023 [exhibit 3]	28,980,811
c. Unit credit unfunded accrued liability	214,896
2. Normal cost for the 2023 plan year [exhibit 8]	1,490,903
3. Interest on unfunded accrued liability and normal cost [#1c & #2]	66,698
4. Total interest on unfunded and normal cost	1,557,601
5. Expected contributions for the 2023 plan year [exhibit 8]	3,466,182
6. Test [is #4 > #5]	FALSE

Non-forfeitable Inactive Benefits Greater Than Non-forfeitable Active Benefits

7. Non-forfeitable inactive benefits [exhibit 3]	\$20,911,076
8. Non-forfeitable active benefits [exhibit 3]	7,711,271
9. Test [is #7 > #8]	TRUE

4-Year Accumulated Funding Deficiency Test

10. Funding deficiency without extension of amortization periods years ending 12/31/2022 through 12/31/2026 [exhibit 8]	FALSE
--	-------

Test

11. All three tests above are TRUE	FALSE
------------------------------------	-------

The plan is not critical based on this test

Critical Test 4

**Motion Picture Laboratory Technicians and Film Editors Local 780
Pension Fund**

Current Year and Four-Year Projection of Benefit Payments Test

Four-Year Projection of Benefit Payments

1. Present value of benefit payments and administrative expenses from 1/1/2023 through 12/31/2027 [see exhibit 5]	\$11,118,779
2. Market value of assets plus present value of contributions from 1/1/2023 through 12/31/2076	
a. Market value of assets [from exhibit 1]	24,150,676
b. Present value of expected contributions [exhibit 5]	14,386,518
c. Total market value plus contributions	38,537,194
3. Test [is #1 > #2c]	FALSE

The plan is not critical based on this test

Critical and Declining Test

**Motion Picture Laboratory Technicians and Film Editors Local 780
Pension Fund**

Critical and Projected to be Insolvent

Critical Test

1. The plan in critical FALSE

80% Funded Test

2. Funded percentage 99.3%
[Exhibit 3 line 8]

3. Test [is #1 <= 80%] FALSE

Inactive to Active Ratio Test

4. Inactive participants count 1,041

5. Active participant count 937

6. Ratio of inactive count to active count 1.1

7. Test [is #6 >= 2] FALSE

**Insolvency Test Current Year and 14 Succeeding Years
(19 Years if Either #3 or #7 above are TRUE)**

8. Insolvency test years ending 12/31/2022 through 12/31/2041
(market value of assets < 0 in any year through 12/31/2042 - see exhibit 5) FALSE

Test

9. The plan is not critical and declining if either #1 or #8 are FALSE FALSE

The plan is not critical and declining based on this test

Endangered Test

**Motion Picture Laboratory Technicians and Film Editors Local 780
Pension Fund**

Less Than 80% Funded and Funding Deficiency in the Current Year or Six-Year Projection
Test

Not Critical Test

1. The plan is not critical TRUE

80% Funded Test

2. Funded percentage 99.3%
[Exhibit 3 line 8]

3. Test [is #1 <= 80%] FALSE

6-Year Accumulated Funding Deficiency Test

4. Funding deficiency with extension of amortization periods
years ending 12/31/2022 through 12/31/2028 [exhibit 8] FALSE

Test

5. The plan is not critical and either test is TRUE (if both tests are TRUE
the plan is seriously endangered) FALSE

The plan is not endangered based on this test

Projection Exhibits

Exhibit 1

**Motion Picture Laboratory Technicians and Film Editors
Local 780 Pension Fund**

Statement of Changes in Net Assets for the Year Ending December 31, 2022

1. Market value of assets as of 12/31/2021*	25,544,036
2. Additions	
a. Investment income	(3,122,698)
b. Contributions and income	
i. Employer	3,529,786
ii. Contribution escrow	193,296
iii. Contribution receivable	182,295
iv. Total contributions and income	3,905,377
c. Total additions	782,679
3. Deductions	
a. Benefits paid	1,876,039
b. Administrative & professional fees	300,000
c. Total deductions	2,176,039
4. Net increase/(decrease)	(1,393,360)
5. Market value of assets as of 12/31/2022	24,150,676
6. Annual return for 2022	-12.00%

* Excludes contribution receivable of \$170,689

Exhibit 2

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Determination of Actuarial Value of Assets

1.	Actuarial value of assets 12/31/2021*				\$27,995,715
2.	Contributions and miscellaneous income				
	a. Employer contributions				3,723,082
	b. Contributions receivable				182,295
	c. Total [(a) + (b)]				3,905,377
3.	Expenses				
	a. Pensions				1,876,039
	b. Administrative				300,000
	c. Total [(a) + (b)]				2,176,039
4.	Investment income				
	a. Expected (actuarial basis)				2,140,439
	b. Actual (market basis)				(3,122,698)
	c. Unrecognized gain/(loss) on assets [(b) - (a)]				(5,263,137)
	d. Recognized return on assets [(a)] (expected amount)				2,140,439
5.	Expected actuarial value of assets as of 12/31/2022 [#1 + #2(c) - #3(c) + #4(d)]				31,865,492
6.	Recognition of asset gains/(losses) over five years				
		Original	Remaining	12/31/2022	
		Balance	Unrecognized	Recognition	
	a. Year ended 12/31/2018	0	0	0	
	b. Year ended 12/31/2019	0	0	0	
	c. Year ended 12/31/2020	(2,263,327)	(905,332)	(452,665)	
	d. Year ended 12/31/2021	(1,367,103)	(820,261)	(273,421)	
	e. Year ended 12/31/2022	(5,263,137)	(4,210,510)	(1,052,627)	
	f. Total		(5,936,103)	(1,778,713)	(1,778,713)
7.	Preliminary actuarial value of assets as of 12/31/2022 [#5 + #6(f)]				30,086,779
8.	Adjustment in income to 120% of market value				(1,105,968)
9.	Actuarial value of assets as of 12/31/2022 [#5 + #6(f)]				28,980,811
8.	Market value of assets				24,150,676
11.	Actuarial value as a percent of market value				120%
	* Excludes contribution receivable of \$170,689				

Exhibit 3

**Motion Picture Laboratory Technicians and Film Editors Local
780 Pension Fund**

Unit Credit Accrued and Vested Benefits Liability as of January 1, 2023

	<u>Number</u>	<u>Vested Benefits</u>	<u>Total Benefits</u>
1. Retirees and beneficiaries	356	\$14,229,338	\$14,229,338
2. Terminated vested participants	685	6,681,738	6,681,738
3. Active participants	937	7,711,271	8,284,631
4. Total	1,978	28,622,347	29,195,707
5. Assets at market value on 1/1/2023			24,150,676
6. Funded ratio [#5÷#4]			82.7%
7. Assets at actuarial value on 1/1/2023		28,980,811	28,980,811
8. Funded percentage [#7÷#4]		101.3%	99.3%

Change in Present Value of Accrued Benefits from 1/1/22 to 1/1/23

1. Present value of accrued benefits from 1/1/22 actuarial report		27,352,964
2. Increase (decrease) during the year attributable to:		
a. Benefits paid	(1,876,039)	
b. Interest during the year	1,976,100	
c. Change in assumptions	0	
d. Benefits accumulated and actuarial gains and losses	1,742,682	
e. Total increase	1,842,743	
3. Present value of accrued benefits on 1/1/23		\$29,195,707

Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund
FEIN: 23-7345671 Plan: 001
Schedule MB, line 4b - Illustration Supporting Actuarial Certification Status

Exhibit 4

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Active Employees Expected Hours and Contributions Per Negotiated Collective Bargaining Agreements

		Number of Employees	Expected Ongoing Employees	Expected Hours 2024 & beyond	Expected Contributions 2024	Expected Contributions 2025	Expected Contributions 2026	Expected Contributions 2027	Expected Contributions 2028 & beyond	BOY Unit Credit Normal Cost Per \$ of Contribution
		<u>1/1/2023</u>	<u>1/1/2024</u>	<u>& beyond</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028 & beyond</u>	<u>\$ of Contribution</u>
1.	270 LCS AJV AZ - FORT HUACHUCA	19	19	16,373	\$58,943	\$58,943	\$58,943	\$58,943	\$58,943	\$0.5244
2.	ASPIRE DE - DOVER	8	8	7,371	\$33,170	\$33,170	\$33,170	\$33,170	\$33,170	\$0.5378
3.	ASRC (Vencore) FL - KSC	11	11	15,301	\$57,532	\$57,532	\$57,532	\$57,532	\$57,532	\$0.8639
4.	ASRC FL - KSC	22	22	31,194	\$101,069	\$101,069	\$101,069	\$101,069	\$101,069	\$0.6233
5.	CASILLAS CA - TWENTYNINE PALMS	18	18	15,454	\$54,089	\$54,089	\$54,089	\$54,089	\$54,089	\$0.1559
6.	COMMUNICATION METHODS MO - FT LEONARD WO	34	34	28,573	\$124,293	\$124,293	\$124,293	\$124,293	\$124,293	\$0.3492
7.	COMMUNICATION METHODS NJ - McGUIRE AFB	69	69	56,818	\$222,727	\$242,613	\$244,317	\$244,317	\$244,317	\$0.3118
8.	CRESCENT AZ - DMAFB	1	1	498	\$2,415	\$2,415	\$2,415	\$2,415	\$2,415	\$0.0066
9.	CRESCENT CO - PETERSON AFB	53	53	35,124	\$149,277	\$149,277	\$149,277	\$149,277	\$149,277	\$0.2439
10.	CRESCENT NC - NORTH BRAGG	3	3	1,080	\$5,670	\$5,670	\$5,670	\$5,670	\$5,670	\$0.2340
11.	CSSI - FL, TYNDALL AFB	31	31	19,799	\$72,266	\$72,266	\$72,266	\$72,266	\$72,266	\$0.2680
12.	DAK PROFESSIONAL CO - ACADEMY	34	34	21,623	\$104,439	\$108,115	\$108,115	\$108,115	\$108,115	\$0.2103
13.	DMSI OH - WPAFB - OPS	21	21	34,679	\$112,707	\$112,707	\$112,707	\$112,707	\$112,707	\$0.6127
14.	DMSI OH - WPAFB2 - MAINT	10	10	16,518	\$53,684	\$53,684	\$53,684	\$53,684	\$53,684	\$0.6510
15.	HARRIS AZ - DMAFB	29	29	34,949	\$169,503	\$169,503	\$169,503	\$169,503	\$169,503	\$0.2575
16.	HARRIS WA - FORT LEWIS	37	37	38,457	\$180,363	\$182,671	\$182,671	\$182,671	\$182,671	\$0.5073
17.	IMAX KS - FORT RILEY	33	33	17,448	\$69,792	\$69,792	\$69,792	\$69,792	\$69,792	\$0.3726
18.	LAMAIN CA - EDWARDS AFB	13	13	9,485	\$42,683	\$42,683	\$42,683	\$42,683	\$42,683	\$0.1279
19.	LAMAIN CO - FT CARSON	53	53	38,963	\$200,659	\$210,400	\$214,297	\$214,297	\$214,297	\$0.3584
20.	LAMAIN FL - EGLIN AFB	36	36	21,918	\$87,672	\$93,152	\$93,152	\$93,152	\$93,152	\$0.4194
21.	LAMAIN NC - NORTH BRAGG	48	48	36,334	\$190,754	\$190,754	\$190,754	\$190,754	\$190,754	\$0.2781
22.	LAMAIN NC - SOUTH BRAGG	50	50	33,503	\$122,286	\$122,286	\$122,286	\$122,286	\$122,286	\$0.2991
23.	LAMAIN NM - HOLLOMAN2	13	13	8,506	\$42,530	\$42,530	\$42,530	\$42,530	\$42,530	\$0.3322
24.	LL BROOKS ENT MO - WHITEMAN	29	29	14,530	\$47,223	\$47,223	\$47,223	\$47,223	\$47,223	\$0.0754
25.	LL BROOKS ENT. NC - SOUTH BRAGG	6	6	2,440	\$8,906	\$8,906	\$8,906	\$8,906	\$8,906	\$0.0804
26.	LOCAL 780 IL - CHICAGO	4	4	10,245	\$71,715	\$71,715	\$71,715	\$71,715	\$71,715	\$0.5229
27.	PONDERFUL FL - MACDILL AFB	53	53	38,197	\$143,239	\$143,239	\$152,788	\$152,788	\$152,788	\$0.2258
28.	R&R COMMISSARY MD - FORT MEADE	58	58	44,040	\$198,180	\$198,180	\$198,180	\$198,180	\$198,180	\$0.2384
29.	TRACE AZ - LUKE AFB	43	43	39,825	\$137,396	\$137,396	\$137,396	\$137,396	\$137,396	\$0.5308
30.	TRACE ID - GROUNDS	11	11	12,576	\$35,842	\$35,842	\$35,842	\$35,842	\$35,842	\$0.3532
31.	TRACE ID - MOUNTAIN HOME	19	19	14,199	\$46,857	\$46,857	\$46,857	\$46,857	\$46,857	\$0.2700
32.	TRACE KY - FT CAMPBELL	68	68	73,194	\$223,242	\$223,242	\$223,242	\$223,242	\$223,242	\$0.5152
32.	SAME YEAR TURNOVER CONTRUBUTIONS & HOURS				\$220,710	\$223,570	\$224,625	\$224,625	\$224,625	
	Total	937	937	789,214	\$3,391,833	\$3,435,784	\$3,451,989	\$3,451,989	\$3,451,989	\$0.3817

Exhibit 5

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection of Market Value of Assets - Actual Return on Assets Through 12/31/2022 (-12.00%)

Year	Market Value of Assets	Benefit	Expected	Expected	Expected	Market Value of	Annual Rate
Beginning	(boy)	Payments	Contributions	Administrative	Earnings	(eoy)	of Return
1/1/2023	\$23,968,381 *	\$2,163,520	\$3,466,182	\$300,000	\$1,825,611	\$26,796,654	7.50%
1/1/2024	26,796,654	2,211,817	3,391,833	300,000	2,025,781	29,702,451	7.50%
1/1/2025	29,702,451	2,325,460	3,435,784	300,000	2,240,641	32,753,416	7.50%
1/1/2026	32,753,416	2,495,405	3,451,989	300,000	2,463,185	35,873,185	7.50%
1/1/2027	35,873,185	2,596,420	3,451,989	300,000	2,693,110	39,121,864	7.50%
1/1/2028	39,121,864	2,669,698	3,451,989	300,000	2,933,816	42,537,971	7.50%
1/1/2029	42,537,971	2,719,830	3,451,989	300,000	3,188,010	46,158,140	7.50%
1/1/2030	46,158,140	2,781,319	3,451,989	300,000	3,457,053	49,985,863	7.50%
1/1/2031	49,985,863	2,983,351	3,451,989	300,000	3,736,015	53,890,516	7.50%
1/1/2032	53,890,516	3,055,379	3,451,989	300,000	4,025,970	58,013,096	7.50%
1/1/2033	58,013,096	3,077,932	3,451,989	300,000	4,334,258	62,421,411	7.50%
1/1/2034	62,421,411	3,172,416	3,451,989	300,000	4,661,085	67,062,069	7.50%
1/1/2035	67,062,069	3,108,757	3,451,989	300,000	5,011,692	72,116,993	7.50%
1/1/2036	72,116,993	3,066,766	3,451,989	300,000	5,392,498	77,594,714	7.50%
1/1/2037	77,594,714	3,110,404	3,451,989	300,000	5,801,574	83,437,873	7.50%
1/1/2038	83,437,873	3,092,160	3,451,989	300,000	6,240,544	89,738,246	7.50%
1/1/2039	89,738,246	3,113,412	3,451,989	300,000	6,712,218	96,489,041	7.50%
1/1/2040	96,489,041	3,089,088	3,451,989	300,000	7,219,505	103,771,447	7.50%
1/1/2041	103,771,447	3,081,028	3,451,989	300,000	7,766,010	111,608,418	7.50%
1/1/2042	111,608,418	3,105,278	3,451,989	300,000	8,352,808	120,007,937	7.50%
1/1/2043	120,007,937	3,075,788	3,451,989	300,000	8,983,957	129,068,095	7.50%
1/1/2044	129,068,095	3,160,915	3,451,989	300,000	9,660,049	138,719,218	7.50%
1/1/2045	138,719,218	3,128,622	3,451,989	300,000	10,385,180	149,127,765	7.50%
1/1/2046	149,127,765	3,119,327	3,451,989	300,000	11,166,195	160,326,622	7.50%
1/1/2047	160,326,622	3,082,649	3,451,989	300,000	12,007,583	172,403,545	7.50%
1/1/2048	172,403,545	3,042,256	3,451,989	300,000	12,914,975	185,428,253	7.50%
1/1/2049	185,428,253	2,998,441	3,451,989	300,000	13,893,588	199,475,389	7.50%
1/1/2050	199,475,389	2,952,161	3,451,989	300,000	14,948,983	214,624,200	7.50%
1/1/2051	214,624,200	2,953,103	3,451,989	300,000	16,085,106	230,908,192	7.50%
1/1/2052	230,908,192	3,002,849	3,451,989	300,000	17,304,406	248,361,738	7.50%
1/1/2053	248,361,738	2,951,747	3,451,989	300,000	18,615,475	267,177,455	7.50%

* Excludes contributions receivable of \$182,295

Exhibit 6

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection of Actuarial Value of Assets - Actual Market Value Return on Assets Through 12/31/2022 (-12.00%)

Year Beginning	Actuarial Value of Assets (boy)	Benefit Payments	Expected Contributions	Expected Administrative Expenses	Actuarial Expected Earnings	Market Expected Earnings	Total Gain/ (Loss)	Deferred Gain/(Loss)	Recognized Gain/(Loss)	Actuarial Value of Assets (eoy)
1/1/2023	\$29,904,484 *	\$2,163,520	\$3,466,182	\$300,000	\$2,270,818	\$1,825,611	(\$445,207)	(\$4,513,556)	(\$1,867,754)	\$31,310,210
1/1/2024	31,310,210	2,211,817	3,391,833	300,000	2,364,297	2,025,781	(338,516)	(2,916,613)	(1,935,459)	32,619,064
1/1/2025	32,619,064	2,325,460	3,435,784	300,000	2,459,387	2,240,641	(218,746)	(1,608,820)	(1,526,539)	34,362,236
1/1/2026	34,362,236	2,495,405	3,451,989	300,000	2,583,847	2,463,185	(120,662)	(452,228)	(1,277,254)	36,325,413
1/1/2027	36,325,413	2,596,420	3,451,989	300,000	2,727,027	2,693,110	(33,917)	(254,735)	(231,410)	39,376,599
1/1/2028	39,376,599	2,669,698	3,451,989	300,000	2,952,922	2,933,816	(19,106)	(127,652)	(146,189)	42,665,623
1/1/2029	42,665,623	2,719,830	3,451,989	300,000	3,197,584	3,188,010	(9,574)	(56,825)	(80,401)	46,214,965
1/1/2030	46,214,965	2,781,319	3,451,989	300,000	3,461,315	3,457,053	(4,262)	(23,582)	(37,505)	50,009,445
1/1/2031	50,009,445	2,983,351	3,451,989	300,000	3,737,784	3,736,015	(1,769)	(11,624)	(13,727)	53,902,140
1/1/2032	53,902,140	3,055,379	3,451,989	300,000	4,026,842	4,025,970	(872)	(5,379)	(7,117)	58,018,475
1/1/2033	58,018,475	3,077,932	3,451,989	300,000	4,334,661	4,334,258	(403)	(2,407)	(5,782)	62,421,411
1/1/2034	62,421,411	3,172,416	3,451,989	300,000	4,661,085	4,661,085	0	0	0	67,062,069
1/1/2035	67,062,069	3,108,757	3,451,989	300,000	5,011,692	5,011,692	0	0	0	72,116,993
1/1/2036	72,116,993	3,066,766	3,451,989	300,000	5,392,498	5,392,498	0	0	0	77,594,714
1/1/2037	77,594,714	3,110,404	3,451,989	300,000	5,801,574	5,801,574	0	0	0	83,437,873
1/1/2038	83,437,873	3,092,160	3,451,989	300,000	6,240,544	6,240,544	0	0	0	89,738,246
1/1/2039	89,738,246	3,113,412	3,451,989	300,000	6,712,218	6,712,218	0	0	0	96,489,041
1/1/2040	96,489,041	3,089,088	3,451,989	300,000	7,219,505	7,219,505	0	0	0	103,771,447
1/1/2041	103,771,447	3,081,028	3,451,989	300,000	7,766,010	7,766,010	0	0	0	111,608,418
1/1/2042	111,608,418	3,105,278	3,451,989	300,000	8,352,808	8,352,808	0	0	0	120,007,937
1/1/2043	120,007,937	3,075,788	3,451,989	300,000	8,983,957	8,983,957	0	0	0	129,068,095

* Prior to 120% of Market Value of Assets limitation and excluding contributions receivable of \$182,295

Exhibit 7

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection Funding Standard Account Amortization Bases and Payments - No Amortization Extension

Description	Initial Information			1/1/2023 Information		
	Inception	Balance	Period	Balance	Period	Payment
1. Charges						
a. Experience loss	1/1/2008	218,621	15	0	0	0
b. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	53,720	1	55,854
c. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,720,020	15	188,463
d. Recognized 2008 asset loss	1/1/2010	488,655	28	372,701	15	40,837
e. Plan change	1/1/2010	114,077	15	23,206	2	12,500
f. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	109,939	3	40,888
g. Recognized 2008 asset loss	1/1/2011	488,655	27	377,004	15	41,308
h. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	90,883	4	26,244
i. Recognized 2008 asset loss	1/1/2012	488,655	26	381,734	15	41,827
j. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	14,856	5	3,551
k. Recognized 2008 asset loss	1/1/2013	488,654	25	386,960	15	42,399
l. Experience loss	1/1/2016	571,525	15	379,239	8	62,622
m. Experience loss	1/1/2018	235,127	15	182,835	10	25,762
n. Experience loss	1/1/2021	632,647	15	582,386	13	69,319
o. Experience loss	1/1/2022	1,316,688	15	1,266,276	14	144,269
p. Assumption Change	1/1/2022	42,313	15	40,693	14	4,636
q. Experience loss	1/1/2023	3,302,376	15	3,302,376	15	361,841
r. Experience loss	1/1/2024	874,807	15			95,853
s. Asset loss	1/1/2025	1,935,459	15			212,068
t. Asset loss	1/1/2026	1,526,539	15			167,263
u. Asset loss	1/1/2027	1,277,254	15			139,949
v. Asset loss	1/1/2028	231,410	15			25,356
w. Asset loss	1/1/2029	146,189	15			16,018
x. Asset loss	1/1/2030	80,401	15			8,810
y. Asset loss	1/1/2031	37,505	15			4,109
z. Asset loss	1/1/2032	13,727	15			1,504
aa Asset loss	1/1/2033	7,117	15			780
ab Asset loss	1/1/2034	5,782	15			634
2. Credits						
a. Plan change	1/1/2008	\$9,883	15	\$0	0	\$0
b. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	2,602	2	1,402
c. Change in assumptions	1/1/2012	48,577	15	18,431	4	5,322
d. Experience gain	1/1/2014	170,258	15	90,537	6	18,656
e. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	128,421	1	133,523
f. Experience gain	1/1/2015	239,492	15	143,707	7	26,242
g. Experience gain	1/1/2017	158,033	15	114,201	9	17,316
h. Experience gain	1/2/2019	25,957	15	21,513	11	2,844
i. Experience gain	1/1/2020	241,589	15	211,706	12	26,471
j. Change in funding method - reset actuarial value	1/1/2020	671,271	10	517,979	7	94,586
k. Change in assumptions	1/1/2021	651,345	15	599,598	13	71,368

Exhibit 8

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Funding Standard Account and Credit Balance Projection - Revised Plan No Extension of Amortization Periods

Year Beginning	Normal Cost & Expenses	Amortization Charges	Interest on Charges	Credit Balance (boy)	Contributions	Amortization Credits	Interest on Credits	Credit Balance (eoy)
1/1/2023	\$1,490,903	\$1,162,320	\$90,014	\$7,221,237	\$3,466,182	\$397,730	\$672,681	\$9,014,593
1/1/2024	1,526,336	1,202,319	92,573	9,014,593	3,391,833	264,207	800,130	10,649,535
1/1/2025	1,540,824	1,401,887	99,835	10,649,535	3,435,784	262,805	924,194	12,229,772
1/1/2026	1,545,070	1,528,262	104,266	12,229,772	3,451,989	262,805	1,043,262	13,810,230
1/1/2027	1,545,070	1,641,967	108,124	13,810,230	3,451,989	257,483	1,161,615	15,386,156
1/1/2028	1,545,070	1,663,772	108,864	15,386,156	3,451,989	257,483	1,279,810	17,057,732
1/1/2029	1,545,070	1,679,790	109,407	17,057,732	3,451,989	238,827	1,404,545	18,818,826
1/1/2030	1,545,070	1,688,600	109,706	18,818,826	3,451,989	117,999	1,532,528	20,577,966
1/1/2031	1,545,070	1,630,087	107,721	20,577,966	3,451,989	117,999	1,664,463	22,529,539
1/1/2032	1,545,070	1,631,591	107,772	22,529,539	3,451,989	100,683	1,810,244	24,608,022
1/1/2033	1,545,070	1,606,609	106,924	24,608,022	3,451,989	100,683	1,966,130	26,868,221
1/1/2034	1,545,070	1,607,243	106,946	26,868,221	3,451,989	100,683	2,135,645	29,297,279
1/1/2035	1,545,070	1,607,243	106,946	29,297,279	3,451,989	71,368	2,316,830	31,878,207
1/1/2036	1,545,070	1,537,924	104,594	31,878,207	3,451,989	0	2,507,978	34,650,586
1/1/2037	1,545,070	1,389,019	99,542	34,650,586	3,451,989	0	2,715,907	37,784,851
1/1/2038	1,545,070	672,344	75,228	37,784,851	3,451,989	0	2,950,977	41,895,175
1/1/2039	1,545,070	576,491	71,976	41,895,175	3,451,989	0	3,259,251	46,412,878
1/1/2040	1,545,070	364,423	64,782	46,412,878	3,451,989	0	3,598,079	51,488,671
1/1/2041	1,545,070	197,160	59,107	51,488,671	3,451,989	0	3,978,763	57,118,086
1/1/2042	1,545,070	57,211	54,359	57,118,086	3,451,989	0	4,400,969	63,314,404
1/1/2043	1,545,070	31,855	53,499	63,314,404	3,451,989	0	4,865,693	70,001,662

Exhibit 9

**Motion Picture Laboratory Technicians and Film Editors Local
780 Pension Fund**

Projected Stream of Benefit Payments

Year	Retiree	TV	Active	Total
2024	1,748,502	211,814	251,501	2,211,817
2025	1,678,135	291,582	355,743	2,325,460
2026	1,607,558	333,968	553,879	2,495,405
2027	1,536,226	397,128	663,066	2,596,420
2028	1,462,886	448,325	758,487	2,669,698
2029	1,388,244	484,568	847,018	2,719,830
2030	1,312,453	532,206	936,660	2,781,319
2031	1,235,921	555,710	1,191,720	2,983,351
2032	1,159,100	565,828	1,330,451	3,055,379
2033	1,082,467	580,560	1,414,905	3,077,932
2034	1,006,507	621,187	1,544,722	3,172,416
2035	931,705	630,515	1,546,537	3,108,757
2036	858,530	621,528	1,586,708	3,066,766
2037	787,416	632,904	1,690,084	3,110,404
2038	718,741	634,146	1,739,273	3,092,160
2039	652,805	640,289	1,820,318	3,113,412
2040	589,845	646,284	1,852,959	3,089,088
2041	530,039	655,289	1,895,700	3,081,028
2042	473,521	662,112	1,969,645	3,105,278
2043	420,394	673,815	1,981,579	3,075,788

Exhibit 10

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Asset and Funding Percentage Projection - Actual Market Value Return on Assets Through 12/31/2022 (-12.00%)

1.5% Accrual Beginning January 1, 2022

Year Beginning	Present Value of Accrued Benefits @ 7.5% Begin of Year	Unit Credit Normal Cost	Assets AV (boy)	Funded Percentage	Expected Benefit Payments	Expected Contributions	Expected Expenses	Present Value of Vested Benefits Begin of Year	Unfunded Surplus of Vested Assets Over Benefits Present Value of (Withdrawal Vested Benefits Liability)	
1/1/2023	\$29,195,707	\$1,190,903	\$28,980,811	99.3%	\$2,163,520	\$3,466,182	\$300,000	\$28,622,347	0	\$358,464
1/1/2024	30,366,249	1,226,336	31,310,210	103.1%	2,211,817	3,391,833	300,000	29,899,659	0	1,410,551
1/1/2025	31,610,979	1,240,824	32,619,064	103.2%	2,325,460	3,435,784	300,000	30,990,187	0	1,628,877
1/1/2026	32,845,835	1,245,070	34,362,236	104.6%	2,495,405	3,451,989	300,000	32,200,792	0	2,161,444
1/1/2027	34,000,922	1,245,070	36,325,413	106.8%	2,596,420	3,451,989	300,000	33,333,195	0	2,992,218
1/1/2028	35,137,567	1,245,070	39,376,599	112.1%	2,669,698	3,451,989	300,000	34,447,518	0	4,929,081
1/1/2029	36,283,239	1,245,070	42,665,623	117.6%	2,719,830	3,451,989	300,000	35,570,690	0	7,094,933
1/1/2030	37,462,690	1,245,070	46,214,965	123.4%	2,781,319	3,451,989	300,000	36,726,979	0	9,487,986
1/1/2031	38,666,640	1,245,070	50,009,445	129.3%	2,983,351	3,451,989	300,000	37,907,285	0	12,102,160
1/1/2032	39,750,738	1,245,070	53,902,140	135.6%	3,055,379	3,451,989	300,000	38,970,093	0	14,932,047
1/1/2033	40,841,221	1,245,070	58,018,475	142.1%	3,077,932	3,451,989	300,000	40,039,161	0	17,979,314
1/1/2034	41,990,032	1,245,070	62,421,411	148.7%	3,172,416	3,451,989	300,000	41,165,411	0	21,256,000
1/1/2035	43,126,723	1,245,070	67,062,069	155.5%	3,108,757	3,451,989	300,000	42,279,779	0	24,782,290
1/1/2036	44,414,883	1,245,070	72,116,993	162.4%	3,066,766	3,451,989	300,000	43,542,641	0	28,574,352
1/1/2037	45,843,333	1,245,070	77,594,714	169.3%	3,110,404	3,451,989	300,000	44,943,039	0	32,651,675
1/1/2038	47,333,525	1,245,070	83,437,873	176.3%	3,092,160	3,451,989	300,000	46,403,965	0	37,033,908
1/1/2039	48,954,459	1,245,070	89,738,246	183.3%	3,113,412	3,451,989	300,000	47,993,067	0	41,745,179
1/1/2040	50,674,857	1,245,070	96,489,041	190.4%	3,089,088	3,451,989	300,000	49,679,679	0	46,809,362
1/1/2041	52,549,586	1,245,070	103,771,447	197.5%	3,081,028	3,451,989	300,000	51,517,591	0	52,253,856
1/1/2042	54,573,303	1,245,070	111,608,418	204.5%	3,105,278	3,451,989	300,000	53,501,565	0	58,106,853
1/1/2043	56,723,575	1,245,070	120,007,937	211.6%	3,075,788	3,451,989	300,000	55,609,609	0	64,398,328

Exhibit 11

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection Funding Standard Account Amortization Bases and Payments - With 5-year Amortization Extensions §431(d)(1) Only

Description	Initial Information			1/1/2023 Information			Extension
	Inception	Balance	Period	Balance	Period	Payment	
1. Charges							
a. Combined charges	1/1/2007	\$13,876,484	13	\$1,807,351	2	\$973,536	5 years
b. Experience loss	1/1/2008	218,621	15	72,228	5	17,266	5 years
c. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	203,677	6	41,969	5 years
d. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,720,020	15	188,463	none
e. Recognized 2008 asset loss	1/1/2010	488,655	28	372,701	15	40,837	none
f. Plan change	1/1/2010	114,077	15	53,227	7	9,720	5 years
g. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	198,156	8	32,721	5 years
h. Recognized 2008 asset loss	1/1/2011	488,655	27	377,004	15	41,308	none
i. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	141,921	9	21,519	5 years
j. Recognized 2008 asset loss	1/1/2012	488,655	26	381,734	15	41,827	none
k. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	21,103	10	2,974	5 years
l. Recognized 2008 asset loss	1/1/2013	488,654	25	386,960	15	42,399	none
m. Experience loss	1/1/2016	571,525	15	379,239	8	62,622	none
n. Experience loss	1/1/2018	235,127	15	182,835	10	25,762	none
o. Experience loss	1/1/2021	632,647	15	582,386	13	69,319	none
p. Experience loss	1/1/2022	1,316,688	15	1,266,276	14	144,269	none
q. Change in assumptions	1/1/2022	42,313	15	40,693	14	4,636	none
q. Experience loss	1/1/2023	3,302,376	15	3,302,376	15	361,841	none
r. Total charges	1/1/2024	874,807	15			95,853	
s. Asset loss	1/1/2025	1,935,459	15			212,068	
t. Asset loss	1/1/2026	1,526,539	15			167,263	
u. Asset loss	1/1/2027	1,277,254	15			139,949	
v. Asset loss	1/1/2028	231,410	15			25,356	
w. Asset loss	1/1/2029	146,189	15			16,018	
x. Asset loss	1/1/2030	80,401	15			8,810	
y. Asset loss	1/1/2031	37,505	15			4,109	
z. Asset loss	1/1/2032	13,727	15			1,504	
aa. Asset loss	1/1/2033	7,117	15			780	
ab. Asset loss	1/1/2034	5,782	15			634	
2. Credits							
a. Plan change	1/1/2008	\$9,883	15	\$0	0	\$0	0
b. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	2,602	2	1,402	1,348
c. Change in assumptions	1/1/2012	48,577	15	18,431	4	5,322	14,311
d. Experience gain	1/1/2014	170,258	15	90,537	6	18,656	78,038
e. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	128,421	1	133,523	0
f. Experience gain	1/1/2015	239,492	15	143,707	7	26,242	127,353
g. Experience gain	1/1/2017	158,033	15	114,201	9	17,316	104,863
h. Experience gain	1/1/2019	25,957	15	21,513	11	2,844	20,186
i. Experience gain	1/1/2020	241,589	15	211,706	12	26,471	200,215
j. Change in funding method - reset actuarial value of assets to market value	1/1/2020	671,271	10	517,979	7	94,586	459,032
k. Change in assumptions	1/1/2021	651,345	15	599,598	13	71,368	570,779

Exhibit 12

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

**Funding Standard Account and Credit Balance Projection - Revised Plan With Amortization Extensions
With 5-year Amortization Extensions §431(d)(1) Only**

Year Beginning	Normal Cost & Expenses	Amortization Charges	Interest on Charges	Credit Balance (boy)	Contributions	Amortization Credits	Interest on Credits	Credit Balance (eoy)
1/1/2023	\$1,490,903	\$2,122,988	\$122,605	\$9,426,296	\$3,466,182	\$397,730	\$845,548	\$10,399,260
1/1/2024	1,526,336	2,218,841	127,060	10,399,260	3,391,833	264,207	903,980	11,087,043
1/1/2025	1,540,824	1,457,373	101,717	11,087,043	3,435,784	262,805	957,007	12,642,725
1/1/2026	1,545,070	1,624,636	107,536	12,642,725	3,451,989	262,805	1,074,233	14,154,510
1/1/2027	1,545,070	1,764,585	112,284	14,154,510	3,451,989	257,483	1,187,436	15,629,479
1/1/2028	1,545,070	1,772,675	112,558	15,629,479	3,451,989	257,483	1,298,059	17,206,707
1/1/2029	1,545,070	1,746,724	111,678	17,206,707	3,451,989	238,827	1,415,718	18,909,769
1/1/2030	1,545,070	1,745,814	111,647	18,909,769	3,451,989	117,999	1,539,349	20,616,575
1/1/2031	1,545,070	1,654,580	108,552	20,616,575	3,451,989	117,999	1,667,359	22,545,720
1/1/2032	1,545,070	1,634,565	107,873	22,545,720	3,451,989	100,683	1,811,458	24,622,342
1/1/2033	1,545,070	1,606,609	106,924	24,622,342	3,451,989	100,683	1,967,204	26,883,615
1/1/2034	1,545,070	1,607,243	106,946	26,883,615	3,451,989	97,839	2,136,703	29,310,887
1/1/2035	1,545,070	1,607,243	106,946	29,310,887	3,451,989	71,368	2,317,851	31,892,836
1/1/2036	1,545,070	1,537,924	104,594	31,892,836	3,451,989	0	2,509,075	34,666,312
1/1/2037	1,545,070	1,389,019	99,542	34,666,312	3,451,989	0	2,717,086	37,801,756
1/1/2038	1,545,070	672,344	75,228	37,801,756	3,451,989	0	2,952,244	41,913,347
1/1/2039	1,545,070	576,491	71,976	41,913,347	3,451,989	0	3,260,614	46,432,413
1/1/2040	1,545,070	364,423	64,782	46,432,413	3,451,989	0	3,599,544	51,509,671
1/1/2041	1,545,070	197,160	59,107	51,509,671	3,451,989	0	3,980,338	57,140,661
1/1/2042	1,545,070	57,211	54,359	57,140,661	3,451,989	0	4,402,662	63,338,672
1/1/2043	1,545,070	31,855	53,499	63,338,672	3,451,989	0	4,867,513	70,027,750

Technical Appendix

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection of Liabilities, Contributions, Benefit Payments, Expenses, Assets, and the Funding Standard Account

Valuation

Liabilities, and funding method used for the projection were based on the current years (most recently completed) valuation as of January 1, 2023.

Summarized below are the basis of the data, assumptions and Plan used in that valuation and changes to the Plan incorporated in this certification.

Summary of Data, Method, Assumptions and Plan used for the January 1, 2023 Valuation.

Active Employee Data

The valuation is based on active employee data submitted by the fund administrator as of January 1, 2023.

Data was submitted for 937 active participants. An employee is considered active if he accrued benefit service in the prior plan year and did not retire or die. Of these, 351 are fully vested.

The current and prospective participant counts, and anticipated hours of work are summarized in Exhibit 4.

Inactive Participant Data

The plan administrator submitted data on 285 retirees, 5 disabled participants and 66 spouses as of January 1, 2023. There are also 685 terminated vested participants entitled to future benefits.

Valuation Method and Actuarial Assumptions

1. Cost method Unit Credit Cost Method

2. Valuation date January 1, 2023.

3. Investment return Funding: 7.50% per annum
FAS #35 7.50% per annum
RPA-94 current liability: 2.43% per annum

4. Actuarial value of assets Actuarial value equal to:
Effective January 1, 2020 equal to the market value of assets.
For Plan years after January 1, 2020 equal to:
 - prior year actuarial value of assets plus,
 - contributions less,
 - expenses plus,
 - expected return on the actuarial value of assets plus,
 - one-fifth of the difference between actual return on assets (market value basis) and the expected return on assets (actuarial value basis) for each of the last five years.
 - but not less than 80% nor greater than 120% of the market value of assets

5. Active and non-disabled pensioners mortality Base Tables for 2023 Plan Year

120% of the RP 2014 Blue Collar Sex Distinct Mortality Tables projected using 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.

Separate rates for pre and post commencement of benefits

Future mortality improvement based on 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.

6. Disabled Mortality 1983 Railroad Retirement Board Disabled Life Mortality Table (Ultimate).

7. Termination

Separation rates are based on age and years since hire.
Sample age related rates are shown below:

<u>Age</u>	<u>Annual Rate Per 1000 Participants</u>
20	99.576
30	96.296
40	74.381
50	46.947
60	11.966

Additionally, the above age-related rates are increased based on years since hire by multiplying the appropriated age-related rates by the following multipliers:

<u>Years since hire</u>	<u>Multiplier</u>
0	6.0
1	5.0
2	4.5
3	3.5
4	3.0
5	2.0

8. Disability

Disability rates at sample ages are shown below:

<u>Age</u>	<u>Annual Rate Per 1000 Participants</u>
20	.500
30	.500
40	.900
50	4.000
60	17.400

9. Retirement Age

Age 65

10. Future benefit accruals

Equal to intensity in preceding year.

11. Percent married

80%.

12. Age of spouse

Participants are assumed to be 4 years older than their spouses.

13. Expenses

Explicit expense equal to \$300,000

Plan Summary

1. Effective date of plan January 4, 1971. The plan was revised and restructured effective January 1, 2010.

2. Participation **Effective January 1, 2010**
Beginning on earlier of January 1 or July 1 following the completion of 880 or more hours of work in Covered Employment during a 12 consecutive month period

Provisions prior to January 1, 2010
Beginning on earlier of January 1 or July 1 following the completion of 22 or more weeks of work in covered employment during a 12 consecutive month period

3. Plan year Calendar year

4. Pension Credit **Effective January 1, 2010**
Based on **hours** worked in Covered Employment in a calendar year

Less than 200 hours	no credit
200 to 399 hours	1/10 th credit
400 to 599 hours	2/10 th credit
600 to 799 hours	3/10 th credit
800 to 999 hours	4/10 th credit
1,000 to 1,199 hours	5/10 th credit
1,200 to 1,399 hours	6/10 th credit
1,400 to 1,599 hours	7/10 th credit
1,600 to 1,799 hours	8/10 th credit
1,800 to 1,999 hours	9/10 th credit
2,000 or more hours	1 credit

Provisions prior to January 1, 2010
In accordance with the following schedule:

Weeks worked in Covered Employment in calendar year	Number of Pension Credits
Less than 12 weeks	No credit
12 weeks to 23 weeks	¼ credit
24 weeks to 35 weeks	½ credit
36 weeks to 47 weeks	¾ credit
48 weeks or over	1 credit

Weeks greater than 48 in any calendar year can be applied to weeks for either the calendar year immediately preceding or following that year.

5. Vesting Service **Effective January 1, 2010**
880 hours = 1 year
- Provisions prior to January 1, 2010**
22 weeks = 1 year
6. Accrued benefit **Effective January 1, 2010**
Accrued Benefits as of December 31, 2009 plus,
- For Plan Years January 1, 2010 through December 31, 2021 annual accrual equal to the total contributions for the year (weekly or hourly contributions) times 9/10ths of 1% (.009).
- For Plan Years on and after January 1, 2022 annual accrual equal to the total contributions for the year (weekly or hourly contributions) times 1.5%.
- Provisions prior to January 1, 2010**
A monthly benefit equal to \$55 multiplied by the number of Pension Credits.
7. Normal retirement
- a. Eligibility Age 65 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit.
8. Early retirement
- a. Eligibility Age 60 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit reduced 6 2/3% for each year of age less than 65.
9. Disability retirement
- a. Eligibility 10 Pension Credits (at least 5 of which are during the Contribution Period) and 22 weeks of covered employment in the 12-month period preceding disability.
- b. Benefit Accrued retirement benefit payable immediately.

10. Vested benefit

Effective January 1, 2010

- a. Eligibility 3,000 hours of contribution (hours for service prior to January 1, 2010 are converted at 1,000 hours per year of Vesting Service or Pension Credit whichever is larger.
- b. Benefit Accrued benefit at termination times vesting percentage payable at age 65
- c. Vesting percentage 100%

Provisions prior to January 1, 2010

- a. Eligibility 3 years of Vesting Service or 3 Pension Credits.
- b. Benefit Accrued benefit at termination times vesting percentage payable at age 65
- c. Vesting percentage In accordance with the following schedule:

Years of Vesting Service or Pension Credits	Percent of Pension Payable
Less than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

Effective 1/1/2008 plan participants who become participants after 1/1/2008 are 0% vested until they have earned 5 years of vesting credit. After the completion of 5 years of vesting credit these participants are 100% vested.

11. Pre-retirement death benefit

- a. Eligibility 3 years of Vesting Service or 3 Pension Credits.
- b. Benefit Spouse receives 50% of the amount that would have been payable had the participant terminated just prior to his death, survived to his earliest retirement age, and then retired with a 50% Joint & Survivor annuity and died the day after.

- | | |
|----------------------------|--|
| 12. Benefit forms | Single Life with 36 months of guaranteed payments |
| | 50% joint and survivor with 36 months of guaranteed payments |
| 13. Employer contributions | Employers contribute in accordance with the collective bargaining agreements in effect on the valuation date (Exhibit 4) |

Projection

The projection of liabilities, contributions, benefit payments, expenses, assets, and the Funding Standard Account were done using the roll-forward method based on the projection assumptions summarized below:

1. Projection method Unit credit cost method with roll-forward
2. Projected industry activity Employment in the industry during the projection period per the Plan Sponsor based on new contract provisions where known.
3. Active population Based on data from the January 1, 2023 valuation and data collected from the Union Office as of December 2022. Projections based on stationary population.
4. Investment return Plan year 1/1/2022 – 12/31/2022

Estimated net rate of return from the Plan's investment advisor – Marquette Associates.

Plan years after 1/1/2023

Based on the following assumptions:
7.5% per annum – the same as used in the base valuation of January 1, 2023.
5. Contributions Plan year 1/1/2022 – 12/31/2022

Per the Plan data collected on all participants as of 12/31/2022

Plan years after 1/1/2023

Based on hours worked in the Plan Year ended 12/31/2022

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See Exhibit 4.
6. Benefit payments Plan year 1/1/2022 – 12/31/2022

Based on the actual benefit payments for 2022 supplied by the Plan Administrator

Plan years after 1/1/2023

Based on the projected stream of benefit payments calculated for inactive and active employees as of January 1, 2023 and contained in the January 1, 2023 valuation See Exhibit 9.

- | | |
|---------------------------------------|--|
| 7. Expenses | Plan year 1/1/2022 – 12/31/2022
Equal - \$300,000.

Plan years after 1/1/2023
Equal to - \$300,000. |
| 8. Plan assets | As of 1/1/2023
Assets were projected one year from audited assets as of 1/1/2022 to 1/1/2023 using actual contributions and benefit payments, and estimated earnings and expenses as described above.

As of 1/1/2024 through 1/1/2042
Assets were projected using projected contributions, expenses, benefit payments and earnings as described above. |
| 9. Unit credit normal cost | Plan year 1/1/2023 – 12/31/2023
Same as for base 1/1/2023 valuation

Plan years after 1/1/2024
Based on normal cost, by group, per hour and dollar of contribution. See exhibit 4. |
| 10. Extension of amortization periods | An extension of amortization periods effective January 1, 2015 was approved December 1, 2016. |
| 11. Funding standard account | Plan year 1/1/2022 – 12/31/2022
Projected based on contributions, normal cost as described above, and amortization bases as of 1/1/2022 and 1/1/2023.

Plan years after 1/1/2023
Projected based on contributions, normal cost as described above, and amortization bases as of 1/1/2023 and anticipated new amortization bases arising from the change in asset method and asset (gains) or losses. |

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Calculation of Combined Funding Standard Account Amortization Payments and Balances With 5-Year Extensions of Amortization Periods

Description	Initial Information			1/1/22 Balance	1/1/23 Information			
	Inception	Balance	Period		Balance	Period	Payment	Extension
1. Charges								
a. Combined charges	1/1/2007	\$13,876,484	13	\$2,617,598	\$1,807,351	2	\$973,536	5 years
b. Experience loss	1/1/2008	218,621	15	83,796	72,228	5	17,266	5 years
c. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	229,832	203,677	6	41,969	5 years
d. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,781,280	1,720,020	15	188,463	none
e. Recognized 2008 asset loss	1/1/2010	488,655	28	385,975	372,701	15	40,837	none
f. Plan change	1/1/2010	114,077	15	58,862	53,227	7	9,720	5 years
g. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	215,801	198,156	8	32,721	5 years
h. Recognized 2008 asset loss	1/1/2011	488,655	27	390,431	377,004	15	41,308	none
i. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	152,716	141,921	9	21,519	5 years
j. Recognized 2008 asset loss	1/1/2012	488,655	26	395,329	381,734	15	41,827	none
k. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	22,491	21,103	10	2,974	5 years
l. Recognized 2008 asset loss	1/1/2013	488,654	25	400,742	386,960	15	42,399	none
m. Experience loss	1/1/2016	571,525	15	413,010	379,239	8	62,622	none
n. Experience loss	1/1/2018	235,127	15	194,858	182,835	10	25,762	none
n. Experience loss	1/1/2021	632,647	15	608,425	582,386	13	69,319	none
o. Experience loss	1/1/2022	1,316,688	15	1,316,688	1,266,276	14	144,269	none
o. Change in assumptions	1/1/2022	42,313	15	42,313	40,693	14	4,636	none
o. Experience loss	1/1/2023	3,255,420	15		3,255,420	15	356,696	none
p. Total charges				\$9,310,147	\$11,442,931		\$2,117,843	
2. Credits								
a. Plan change	1/1/2008	9,883	15	1,041	0	0	0	none
b. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	3,768	2,602	2	1,402	none
c. Change in assumptions	1/1/2012	48,577	15	22,265	18,431	4	5,322	none
d. Experience gain	1/1/2014	170,258	15	102,163	90,537	6	18,656	none
e. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	247,882	128,421	1	133,523	none
f. Experience gain	1/1/2015	239,492	15	158,919	143,707	7	26,242	none
g. Experience gain	1/1/2017	158,033	15	122,887	114,201	9	17,316	none
h. Experience gain	1/1/2019	25,957	15	22,747	21,513	11	2,844	none
i. Experience gain	1/1/2020	241,589	15	222,395	211,706	12	26,471	none
j. Change in funding method - reset actuarial value of assets to market value	1/1/2020	671,271	10	572,813	517,979	7	94,586	none
k. Change in assumptions	1/1/2021	651,345	15	626,407	599,598	13	71,368	none
l. Total credits				\$2,103,287	\$1,848,695		\$397,730	
3. Credit balance					9,390,985			
4. Unfunded accrued liability as of 1/1/23 [#1 - #2 - #3]					203,251			

Valuation Method and Actuarial Assumptions

- | | | |
|----|---------------------------|--|
| 1. | Cost method | Unit Credit. |
| 2. | Valuation date | January 1, 2023. |
| 3. | Investment return | <div>Funding: 7.50% per annum</div> <div>FAS #35 7.50% per annum</div> <div>RPA-94 current liability: 2.43% per annum</div> |
| 4. | Actuarial value of assets | <div>Actuarial value equal to:</div> <ul style="list-style-type: none"> • prior year actuarial value of assets plus, • contributions less, • expenses plus, • expected return on the actuarial value of assets plus, • one-fifth of the difference between actual return on assets (market value basis) and the expected return on assets (actuarial value basis) for each of the last five years. • but not less than 80% nor greater than 120% of the market value of assets |
| 5. | Healthy Mortality | |
| | a. Funding | <div>Base Tables for 2022 Plan Year</div> <div>120% of the RP 2014 Blue Collar Sex Distinct Mortality Tables projected using 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.</div> <div>Separate rates for pre and post commencement of benefits</div> <div>Future mortality improvement based on 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.</div> |
| | b. Current Liability | RP-2014 Mortality Tables projected per IRS regulations |
| 6. | Disabled Mortality | 1983 Railroad Retirement Board Disabled Life Mortality Table (Ultimate). |

7. Termination

Separation rates are based on age and years since hire. Sample age related rates are shown below:

<u>Age</u>	<u>Annual Rate Per 1000 Participants</u>
20	99.576
30	96.296
40	74.381
50	46.947
60	11.966

Additionally, the above age-related rates are increased based on years since hire by multiplying the appropriated age-related rates by the following multipliers:

<u>Years since hire</u>	<u>Multiplier</u>
0	6.0
1	5.0
2	4.5
3	3.5
4	3.0
5	2.0

8. Disability

Disability rates at sample ages are shown below:

<u>Age</u>	<u>Annual Rate Per 1000 Participants</u>
20	.500
30	.500
40	.900
50	4.000
60	17.400

9. Retirement Age

Age 65

10. Future benefit accruals

Equal to intensity (hours worked) in preceding year.

ASRS employees' hours were increased by 433% to reflect the contributions being kept in an escrow account until resolution of the contract.

11. Intensity of vesting

Equal to average of vested intensity over last 3 years

12. Percent married

80%.

13. Age of spouse

Participants are assumed to be 4 years older than their spouses.

14. Expenses

Explicit expense equal to prior years expenses less non-recurring expenses

Attachment to 2023 Form 5500

Schedule MB, line 6g - Esitmated Rate of Investment Return (Actuarial Value)

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund	EIN: 23-7345671
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Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund	PN: 001
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Show both the actuary's estimate of the rate of return and the actuary's calculations of that rate.

Rate of return = 1.30% = $(2 * 372,078) / (27,995,715 + 28,992,456 - 372,078)$

Attachment to 2023 Form 5500

Schedule MB, line 6h - Esitmated Rate of Investment Return (Current Value)

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

EIN: 23-7345671

Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

PN: 001

Show both the actuary's estimate of the rate of return and the actuary's calculations of that rate.

Rate of return = -11.60% = $(2 * -3,064,359) / (25,544,036 + 24,160,380 - -3,064,359)$

Attachment to 2023 Form 5500

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

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

EIN: 23-7345671

Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,023	202,704	149,587	1,811,229	2,163,520
2,024	251,501	211,814	1,748,502	2,211,817
2,025	355,743	291,582	1,678,135	2,325,460
2,026	553,879	333,968	1,607,558	2,495,405
2,027	663,066	397,128	1,536,226	2,596,420
2,028	758,487	448,325	1,462,886	2,669,698
2,029	847,018	484,568	1,388,244	2,719,830
2,030	936,660	532,206	1,312,453	2,781,319
2,031	1,191,720	555,710	1,235,921	2,983,351
2,032	1,330,451	565,828	1,159,100	3,055,379
2,033	1,414,905	580,560	1,082,467	3,077,932
2,034	1,544,722	621,187	1,006,507	3,172,416
2,035	1,546,537	630,515	931,705	3,108,757
2,036	1,586,708	621,528	858,530	3,066,766
2,037	1,690,084	632,904	787,416	3,110,404
2,038	1,739,273	634,146	718,741	3,092,160
2,039	1,820,318	640,289	652,805	3,113,412
2,040	1,852,959	646,284	589,845	3,089,088
2,041	1,895,700	655,289	530,039	3,081,028
2,042	1,969,645	662,112	473,521	3,105,278
2,043	1,981,579	673,815	420,394	3,075,788
2,044	2,105,754	684,421	370,740	3,160,915
2,045	2,118,585	685,424	324,613	3,128,622
2,046	2,139,085	698,190	282,052	3,119,327
2,047	2,128,831	710,738	243,080	3,082,649
2,048	2,141,700	692,863	207,693	3,042,256
2,049	2,134,760	687,822	175,859	2,998,441

Attachment to 2023 Form 5500

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

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

EIN: 23-7345671

Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,050	2,124,863	679,789	147,509	2,952,161
2,051	2,156,512	674,063	122,528	2,953,103
2,052	2,226,095	675,992	100,762	3,002,849
2,053	2,177,992	691,741	82,014	2,951,747
2,054	2,158,019	690,667	66,051	2,914,737
2,055	2,117,622	679,088	52,626	2,849,336
2,056	2,096,348	668,507	41,475	2,806,330
2,057	2,055,666	651,176	32,328	2,739,170
2,058	2,009,157	633,682	24,921	2,667,760
2,059	1,984,135	605,572	19,000	2,608,707
2,060	1,919,671	581,769	14,330	2,515,770
2,061	1,855,337	558,326	10,695	2,424,358
2,062	1,791,262	536,759	7,903	2,335,924
2,063	1,742,303	514,039	5,785	2,262,127
2,064	1,733,934	487,475	4,199	2,225,608
2,065	1,664,936	458,946	3,027	2,126,909
2,066	1,622,498	430,922	2,169	2,055,589
2,067	1,557,113	403,486	1,549	1,962,148
2,068	1,484,283	376,593	1,102	1,861,978
2,069	1,399,178	350,188	782	1,750,148
2,070	1,311,552	324,306	553	1,636,411
2,071	1,225,370	299,000	388	1,524,758
2,072	1,141,858	274,343	270	1,416,471
2,073	1,061,076	250,427	185	1,311,688

Attachment to 2023 Form 5500**Schedule MB, line 8b(3) - Projection of Expected Benefit Payments**

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

EIN: 23-7345671

Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund

PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2,023	3,466,182	0	3,466,182
2,024	3,391,833	0	3,391,833
2,025	3,435,784	0	3,435,784
2,026	3,451,989	0	3,451,989
2,027	3,451,989	0	3,451,989
2,028	3,451,989	0	3,451,989
2,029	3,451,989	0	3,451,989
2,030	3,451,989	0	3,451,989
2,031	3,451,989	0	3,451,989
2,032	3,451,989	0	3,451,989

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 1510-0110 1510-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively bargained plan, check here	► ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ► ☐	

Part II Basic Plan Information - enter all requested information	
1a Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	1b Three-digit plan number (PN) ► 001
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) TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS L FILM EDITORS LOCAL 780 PENSION FUND 6301 N NORTHWEST HIGHWAY CHICAGO IL 60631-1669	1c Effective date of plan 04/01/1970 2b Employer Identification Number (EIN) 23-7345671 2c Plan Sponsor's telephone number 2d Business code (see instructions) 713900

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	<i>Jaroslav Lipski</i> Signature of plan administrator	09/11/2024	Jaroslav Lipski
		Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Gilbert L. Patton</i> Signature of employer/plan sponsor	09/11/2024	Gilbert Patton
		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 (2023)
v. 230728

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan MOTION PICTURE LABORATORY TECHNICIANS & FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF MOTION PICTURE LOCAL 780 PENSION FUND	D Employer Identification Number (EIN) 23-7345671

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 24160380
(2) Actuarial value of assets for funding standard account	1b(2) 28992456
c (1) Accrued liability for plan using immediate gain methods	1c(1) 29195707
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 29195707
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 59605153
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3473675
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2163520
(3) Expected plan disbursements for the plan year	1d(3) 2163520

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

SIGN HERE Ted Windsor TED WINDSOR TED WINDSOR & ASSOCIATES 435 N MICHIGAN AVE, UNIT 307, CHICAGO, IL 60611	Signature of actuary Type or print name of actuary Firm name Address of the firm	09/26/2024 23-04110 847-867-9514	Date Most recent enrollment number Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	24160380
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	356	22046090
(2) For terminated vested participants	685	17306119
(3) For active participants:		
(a) Non-vested benefits		1586425
(b) Vested benefits		18666519
(c) Total active	937	20252944
(4) Total	1978	59605153
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.53%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2023	4705735				
Totals ▶			3(b)	4705735	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.3%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	6MP	6MP	
(2) Females	6c(2)	6FP	6FP	
d Valuation liability interest rate	6d	7.50 %	7.50%	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-11.6%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.3%		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	315451		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3255420	356696

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1506354

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	11442931	2117843
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 122955**e** Total charges. Add lines 9a through 9d**9e** 3747152**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 9390985**g** Employer contributions. Total from column (b) of line 3**9g** 4705735**h** Amortization credits as of valuation date**9h** 1848695 397730**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 877464**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9j(1)	16739591	
9j(2)	42509817	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 15371914**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 11624762**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No