

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 I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017
2b	Employer Identification Number (EIN) 95-6377503
2c	Plan Sponsor's telephone number 213-406-2330
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.	10/08/2024	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 2156
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) 1134 6a(2) 1094 6b 676 6c 172 6d 1942 6e 184 6f 2126 6g(1) 0 6g(2) 0 6h 16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 85

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION	D Employer Identification Number (EIN) 95-6377503

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

1a Enter the valuation date: Month 01 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	218669675
(2) Actuarial value of assets for funding standard account.....	1b(2)	241202619

c

(1) Accrued liability for plan using immediate gain methods	1c(1)	323318406
(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)	323318406

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)	580305425
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4390572
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	28291235
(3) Expected plan disbursements for the plan year	1d(3)	28180194

Statement by Enrolled Actuary

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

SIGN HERE	10/04/2024
Signature of actuary JOHN R. BOTSFORD, F.S.A.	Date 23-06305
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 415-403-1333
Firm name 500 YGNACIO VALLEY RD STE 498, WALNUT CREEK, CA 94596	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	218669675
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	841	358697051
(2) For terminated vested participants	356	57846525
(3) For active participants:		
(a) Non-vested benefits		5455645
(b) Vested benefits		158306204
(c) Total active	935	163761849
(4) Total	2132	580305425
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.68 %

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
06/30/2023	11958460	0			
Totals ▶			3(b)	11958460	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.6 %
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		2.55 %
	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)	9P+1	9P+1
(2) Females	6c(2)	9FP+1	9FP+1
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	3.00 % ☐ 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)	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-10.6 %	
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)	724207	
(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	3492035	363154
4	-7050788	-733247

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)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2274801

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)	142907360	20334539
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 1639177**e** Total charges. Add lines 9a through 9d**9e** 24248517**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 15768403**g** Employer contributions. Total from column (b) of line 3**9g** 11958460**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2493985**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	
9h	45023170	12756774
9j(1)	131587100	
9j(2)	285304578	

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** 42977622**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 18729105**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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIRST EAGLE INVESTMENT MGMT., LLC	
57-1156902	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LEXINGTON PARTNERS LP	399 PARK AVE 20TH FLR NEW YORK, NY 10022

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

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

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

PAYDEN & RYGEL

333 S GRAND AVE STE 3200
LOS ANGELES, CA 90071

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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

DOVER VIII ASSOCIATES LP

30-0692313

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

SEI TRUST COMPANY

06-1271230

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

PORTFOLIO ADVISORS LLC

06-1487853

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

RELIANCE TRUST COMPANY

58-1428634

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

CONST CAP PARTNERS IRONSIDES FUND V

74-3246212

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

IFM INVESTORS PROPERTY LTD

75-3267504

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

ABERDEEN ENERGY & RESOURCES PARTNER

1900 MARKET ST STE 200
PHILADELPHIA, PA 19103

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

EQUUS INVESTMENT PARTNERSHIP X, LP

ELLIS PRESERVE
3843 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073

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

AEW CAPITAL MANAGEMENT, LP

2 SEAPORT LN
BOSTON, MA 02210

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

ARTISAN PARTNERS LTD PARTNERSHIP

30-0551775

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

HARBOURVEST PARTNERS, LP

74-3130888

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

HARBOURVEST XII ASSOCIATES LP

85-3162441

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

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

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

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

THE NORTHERN TRUST CO.

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50	NONE	150040	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BUCHALTER

95-2640846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	160515	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GILBERT & SACKMAN

95-2906951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	67903	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	122991	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 17	NONE	60212	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	50970	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

LOOMIS, SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	34755	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HEITMAN REAL ESTATE SECURITIES LLC

36-4265577

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	23270	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	5913	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

BERRY & CO., CPAS

88-0400174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10164	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	256910	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	97549	Yes ☐ No ☒	Yes ☐ No ☐	0	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.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN GLOBAL OPPORTUNITIES TRUST</u>			
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>			
c EIN-PN <u>26-3653822-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12716682</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P GLOBAL LARGEMIDCAP NATURAL</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>			
c EIN-PN <u>90-0337987-287</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2271266</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12854192</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE TREASURY INFLATION-PR</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9935640</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ALL COUNTRY WORLD IND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>			
c EIN-PN <u>45-6138589-150</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50823666</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS GLOBAL EQUITY CIT FUND</u>			
b Name of sponsor of entity listed in (a): <u>RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST</u>			
c EIN-PN <u>82-6251411-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13443149</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PAYDEN & RYSEL COLLECTIVE INV TRUST</u>			
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>			
c EIN-PN <u>37-6667944-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4418982</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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 I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION	D Employer Identification Number (EIN) 95-6377503

Part I	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	167481	296269
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1413700	1360339
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	119201	1524037
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1125019	1226952
(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)	4385182	4977839
(5) Partnership/joint venture interests	1c(5)	65679962	70127574
(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)	102693206	106463577
(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)	25056678	25553476
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	15897028	15634933

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	2377853	889547
f Total assets (add all amounts in lines 1a through 1e)	1f	218915310	228054543
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	245635	186130
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	245635	186130
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	218669675	227868413

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)	11958460	
(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)		11958460
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55288	
(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)	250247	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		305535
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	192962	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	900310	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1093272
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11895768	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13255692	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1359924
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4684256	
(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)		18238239
(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)		3846489
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		38766327

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28286449	
(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)		28286449
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)	256910	
(3) Recordkeeping fees.....	2i(3)	10164	
(4) IQPA audit fees.....	2i(4)	50970	
(5) Investment advisory and investment management fees	2i(5)	283858	
(6) Bank or trust company trustee/custodial fees	2i(6)	160471	
(7) Actuarial fees	2i(7)	60212	
(8) Legal fees	2i(8)	228418	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	8849	
(11) Other expenses	2i(11)	221288	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1281140
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29567589

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9198738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

d The opinion of an independent qualified public accountant is **not attached** 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?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 522480.

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

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

Part I	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): 95-2504490		
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	0	
b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
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 **TELEVISION CITY STUDIOS - IA 33**

b EIN **83-2660473**

c Dollar amount contributed by employer **1559148**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

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

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

a Name of contributing employer **ABC (DWSS) PAYROLL/IATSE 33**

b EIN **13-3331710**

c Dollar amount contributed by employer **671478**

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

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

a Name of contributing employer **LA PHILHARMONIC/HOLLYWOOD BOWL**

b EIN **95-1696734**

c Dollar amount contributed by employer **673531**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

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

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

a Name of contributing employer **LA LIVE LLC/MICROSOFT THEATER**

b EIN **20-8612931**

c Dollar amount contributed by employer **513051**

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 **09** 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) _____

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

a Name of contributing employer **THEATRICAL RESOURCES**

b EIN **82-3841103**

c Dollar amount contributed by employer **426298**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

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

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

a Name of contributing employer **KIA FORUM**

b EIN **36-4710124**

c Dollar amount contributed by employer **559832**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

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

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

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 CRYPTRO.COM ARENA/CAST & CREW

b EIN 84-1360977

c Dollar amount contributed by employer 702186

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

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

a Name of contributing employer LA OPERA CO/IATSE 33

b EIN 95-2096402

c Dollar amount contributed by employer 565729

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

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

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

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

a Name of contributing employer STADCO LA LLC

b EIN 81-2832646

c Dollar amount contributed by employer 495829

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 2022

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

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

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

a Name of contributing employer CAL NED INC.

b EIN 95-3394909

c Dollar amount contributed by employer 408911

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 03 Day 31 Year 2023

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

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

14a

3

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

14b

0

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

14c

0

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

0

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 49.6 % Private Equity: 12.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.7 %

High-Yield Debt: 8.0 % Real Assets: 11.9 % Cash or Cash Equivalents: 0.5 % 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 _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	95-6377503	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	Average		No.	Average		No.
	No.	Compensation		Accrued Monthly Benefit	Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	Average		No.	Average		No.
	No.	Compensation		Accrued Monthly Benefit	Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	95-6377503	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	95-6377503	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2023 This Form is Open to Public Inspection
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Name of Plan	I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	95-6377503	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total

[illegible]

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

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022



INDEPENDENT AUDITOR'S REPORT

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

Members of the Board:

Opinion

We have audited the accompanying financial statements of I.A.T.S.E. Local No. 33 Pension Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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 Plan'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 Plan'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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 4, 2024

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

ASSETS	<u>December 31, 2023</u>	<u>December 31, 2022</u>
INVESTMENTS, AT FAIR VALUE		
Short Term Investment Fund	\$ 1,226,952	\$ 1,125,019
Common Stocks	4,977,839	4,385,182
Mutual Funds	25,553,476	25,056,678
Common/Collective Trusts	113,970,364	109,212,985
Limited Liability Company	8,128,146	9,377,249
Partnerships	<u>70,127,574</u>	<u>65,679,962</u>
	\$ 223,984,351	\$ 214,837,075
CASH	<u>296,269</u>	<u>167,481</u>
TOTAL CASH AND INVESTMENTS	224,280,620	215,004,556
OTHER ASSETS		
Employer Contributions Receivable	802,694	891,151
Accrued Investment Income	109,789	119,201
Due from Health Plan	557,645	522,549
Receivable for Investment Sales, Net	1,414,248	-
Prepaid Pension Benefits	844,970	2,332,928
Prepaid Insurance	<u>44,577</u>	<u>44,925</u>
	3,773,923	3,910,754
TOTAL ASSETS	228,054,543	218,915,310
LIABILITIES		
Accounts Payable	186,130	144,432
Payables for Investments Purchased, Net	<u>-</u>	<u>101,203</u>
TOTAL LIABILITIES	<u>186,130</u>	<u>245,635</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 227,868,413</u></u>	<u><u>\$ 218,669,675</u></u>

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

	January 1, 2023 to December 31, 2023		January 1, 2022 to December 31, 2022	
ADDITIONS				
NET INVESTMENT INCOME (LOSS)				
Interest and Dividends	\$	2,074,520	\$	2,116,972
Net Appreciation (Depreciation) of Investments		24,733,347		(28,503,597)
Less: Investment Expenses		<u>(439,347)</u>		<u>(510,348)</u>
		\$ 26,368,520		\$ (26,896,973)
EMPLOYER CONTRIBUTIONS		<u>11,958,460</u>		<u>12,164,242</u>
TOTAL ADDITIONS		<u>38,326,980</u>		<u>(14,732,731)</u>
DEDUCTIONS				
PENSION BENEFITS		28,286,449		27,275,402
ADMINISTRATIVE EXPENSES				
Actuary Fees		60,212		78,223
Administration Fees		256,910		246,495
Audit Fees		50,970		41,900
Bank Charges		10,431		9,002
Insurance		66,831		69,335
Legal Fees		228,418		271,540
Meetings and Conferences		8,849		14,636
Payroll Compliance Fees		10,164		30,649
PBGC Insurance		74,620		67,008
Printing and Office Supplies		<u>74,388</u>		<u>22,576</u>
		841,793		851,364
TOTAL DEDUCTIONS		<u>29,128,242</u>		<u>28,126,766</u>
NET INCREASE (DECREASE) FOR THE YEAR		9,198,738		(42,859,497)
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of Year		<u>218,669,675</u>		<u>261,529,172</u>
End of Year		<u>\$ 227,868,413</u>		<u>\$ 218,669,675</u>

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payments	\$ 226,190,825
Other Participants	<u>92,118,911</u>

TOTAL VESTED BENEFITS	318,309,736
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NONVESTED BENEFITS	<u>5,008,670</u>
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TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 323,318,406</u></u>
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I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2022 TO JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF THE YEAR		\$ 333,838,819
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits Accumulated and Net Actuarial Loss	\$ 437,060	
Benefits Paid	(27,275,402)	
Changes in Actuarial Assumptions	(7,050,788)	
Increase for Interest Due to Decrease in Discount Period	<u>23,368,717</u>	
NET (DECREASE)		<u>(10,520,413)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF THE YEAR		<u>\$ 323,318,406</u>

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

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Employer Contributions

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

D. Employer Payroll Compliance

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

E. Investments

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

Level 1 – Inputs are quoted prices in an active market.

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2023:

	2023			
	Level 1	Level 2	Level 3	Total
Short Term Investment Fund	\$ -	\$ 1,226,952	\$ -	\$ 1,226,952
Common Stocks	4,977,839	-	-	4,977,839
Mutual Funds	25,553,476	-	-	25,553,476
Total Assets in Fair Value Hierarchy	<u>\$ 30,531,315</u>	<u>\$ 1,226,952</u>	<u>\$ -</u>	<u>31,758,267</u>
Investments Measured at Net Asset Value ^A				<u>192,226,084</u>
				<u>\$ 223,984,351</u>

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2022:

	2022			
	Level 1	Level 2	Level 3	Total
Short Term Investment Fund	\$ -	\$ 1,125,019	\$ -	\$ 1,125,019
Common Stocks	4,385,182	-	-	4,385,182
Mutual Funds	25,056,678	-	-	25,056,678
Total Assets in Fair Value Hierarchy	<u>\$ 29,441,860</u>	<u>\$ 1,125,019</u>	<u>\$ -</u>	<u>30,566,879</u>
Investments Measured at Net Asset Value ^A				<u>184,270,196</u>
				<u>\$ 214,837,075</u>

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

Level 1 investments are common stocks and mutual funds valued at their quoted prices in an active market. Level 2 investment consists of a short term investment fund recorded at amortized cost, which approximates fair value.

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Aberdeen Energy & Resources Partners V, LP ¹	\$ 5,408,141	\$ 675,000	GP Discretion	GP Discretion
AEW Partners Real Estate Fund IX, LP ²	4,737,977	1,580,247	None	None
Artisan Global Opportunities Trust	<u>12,716,682</u>	None	Daily	Daily
Forward	<u>\$ 22,862,800</u>			

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Forwarded	\$ 22,862,800			
Beach Point Loan Fund (Cayman) Ltd.	7,506,787	None	Monthly	90 Days
Dover Street VIII Cayman Fund, LP ³	371,371	\$ 400,000	GP Discretion	GP Discretion
Equus Investment Partnership X, LP ⁴	1,041,036	184,531	None	None
GQG Partners Global Equity CIT Class B	13,443,149	None	Daily	Daily
Harbourvest 2023 Global Feeder Fund, LP ⁵	835,066	7,240,000	N/A	N/A
Harbourvest Partners XII, LP ⁶	3,155,680	7,261,500	N/A	N/A
IFM Global Infrastructure (US), LP ⁷	7,502,835	None	Quarterly	90 Days
Ironsides Direct Investment Fund V, LP ⁸	8,876,525	407,035	GP Discretion	30 Days
Ironsides Partnership Fund V ⁹	5,955,745	1,079,090	GP Discretion	30 Days
Lexington Capital Partners VII Fund ¹⁰	535,826	767,301	None	None
Loomis Sayles Core Fixed Income Trust Fund ¹¹	14,374,111	None	Daily	3-5 Days
Morgan Stanley Prime Property Fund ¹²	8,128,146	None	Quarterly	90 Days
NTGI-QM Collective Daily Aggregate Bond Index Fund Non-Lending	12,854,192	None	Daily	Daily
NTGI-QM Collective Daily All Country World Index Fund Non-Lending	50,823,666	None	Daily	Daily
NTGI-QM Collective Daily TIPS Index Fund Non-Lending	9,935,640	None	Daily	Daily
Paul Capital Partners IX, LP ¹³	310,566	2,500,767	GP Discretion	GP Discretion
Portfolio Advisors Private Equity VIII Offshore, LP ¹⁴	8,074,732	2,429,879	None	None
Primus High Yield Bond Fund ¹⁵	8,947,963	None	Monthly	10 Days
Payden & Rygel CIT Emerging Markets Bond Fund	4,418,982	None	Daily	30 Days
SSGA S&P Global Large Midcap Natural Resources Index Fund	2,271,266	None	Daily	3 Days
	<u>\$ 192,226,084</u>			

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

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

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

- ⁵ The fund's investment strategy is to commit to investing as a limited partner in Harbourvest 2023 Global Investment L.P. (the "Aggregating Partnership"). The Aggregating Partnership shall make investments in limited partnerships or other pooled investment vehicles which in turn, make private equity investments and to invest directly in private equity transactions.
- ⁶ The fund's investment strategy is to invest as a limited partner in various Harbourvest Feeder Funds.
- ⁷ The fund's investment strategy is to invest in core infrastructure assets in North America and Europe.
- ⁸ The fund's investment strategy is to invest in private equity partnerships in companies with principal operations in North America.
- ⁹ The fund's investment strategy is to invest in private equity funds and engage in leveraged buyouts of middle market companies located in or having a principal place of business in North America.
- ¹⁰ The fund's investment strategy is to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine and venture capital funds primarily through secondary market transactions.
- ¹¹ The fund's investment strategy is to outperform the Bloomberg Capital U.S. Aggregate Index.
- ¹² The fund's investment strategy is to acquire, own, hold for investment and ultimately dispose of investments in real estate and real estate related assets with the intention of achieving current income, capital appreciation or both.
- ¹³ The fund's investment strategy is to provide liquidity solutions to institutional investors through the acquisition of interests in private equity funds as well as interests in private companies.
- ¹⁴ The fund's investment strategy is to achieve long-term returns through investment or private equity partnerships in the buyout, venture capital, special situations, co-investment and secondaries private equity industry sectors.
- ¹⁵ The fund's investment strategy is to maximize total returns by investing primarily in debt securities issued by highly leveraged companies of U.S. and non-U.S. corporate issuers that are U.S. dollar denominated.

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

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Tax-Exempt Status

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

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

G. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by Milliman and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used at January 1, 2023 (2022) are:

1. Mortality Rates

Healthy Lives: Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020

Post-Disability: Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020

2. Percent Married

75% of non-retirees are assumed to be married.

3. Interest Rate

7.25% (7.00%) per annum.

4. Administrative Expenses

\$750,000 per year.

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

5. Actuarial Cost Method

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

6. Other Assumptions

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

The latest actuarial review of the Plan was prepared by Milliman as of January 1, 2023. As of that date, the Plan had an unfunded actuarial accrued liability of \$82,115,787.

The liability for unfunded vested benefits as of January 1, 2023 (the date of the last actuarial review) was \$77,107,117 for employer withdrawal.

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

H. Reclassification

Certain 2022 balances have been reclassified to conform to the 2023 financial statement presentation.

NOTE 3 - FUNDING POLICY

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

NOTE 4 - PLAN TERMINATION

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

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 - PLAN TERMINATION (Continued)

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

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

NOTE 5 - RISKS AND UNCERTAINTIES

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

NOTE 6 - PLAN AMENDMENTS

Amendment No. 46 - Carryover of Excess Hours, effective May 25, 2022. Beginning January 1, 1992, if a Participant earns more than 870 hours in Covered Employment in a calendar year, the excess hours may be carried over and added to the hours worked in a prior calendar year during which the Participant earned fewer than 870 hours in order to bring such prior year's hours total to 870. However, for a given year with excess hours available to allocate, the excess hours must be allocated first to the prior year for which the fewest number of hours is needed to reach 870 hours. Furthermore, excess hours earned in one calendar year may not be divided and applied to more than one prior calendar year, and no excess hours may be allocated to any prior year in which the Participant had less than \$1,000 in earnings.

The following will apply if a Participant would not earn a Pension Credit for 2020, 2021, or both, by applying the foregoing carryover provision. If a Participant earned fewer than 870 hours in 2020, 2021, or both, excess hours earned in a calendar year 2018 or 2019, or both may be carried over and added to hours worked in 2020 or 2021, or both, in order to bring the total hours for 2020 or 2021, or both, to 870 each. No excess hours may be allocated to 2020 unless the Participant had at least \$1,000 in earnings in 2020, and no excess hours may be allocated to 2021 unless the Participant had at least \$1,000 in earnings in 2021. Furthermore, excess hours earned in 2018 or 2019 may not be divided and applied to more than one calendar year.

NOTE 7 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 4, 2024, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

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

FORM 5500

SCHEDULE H, PART IV, LINE 4

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

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



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

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

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 4, 2024

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

FORM 5500

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

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

DECEMBER 31, 2023

No. of Shares	Common Stocks	Fair Value	Cost
2,010	AGREE RLTY CORP	\$ 126,529	\$ 132,147
340	ALEXANDRIA REAL ESTATE EQUITIES INC	43,102	41,198
230	AMERICAN TOWER CORP	49,652	44,727
925	AVALONBAY COMMUNITIES REIT	173,178	157,442
1,868	BOSTON PROPERTIES INCL	131,078	119,460
716	CAMDEN PRPERTY TR SH BEN INT	71,092	76,753
2,219	CARETRUST REIT INC	49,661	47,168
3,570	COUSINS PROPERTIES INC	86,929	69,835
1,936	CTO REALTY GROWTH INC	33,551	34,979
1,052	DIGITAL REALTY TR INC	141,578	121,229
896	EQUITY RESIDENTIAL EFF	54,799	60,391
503	EQUINIX INC	405,111	360,583
2,556	ESSENTIAL PROPERTIES REALTY TR	65,331	62,083
1,491	EXTRA SPACE STORAGE INC	239,052	189,113
558	FEDERAL REALTY INVT TR	57,502	51,904
3,395	HEALTHPEAK OP LLC	167,543	171,800
6,866	INVITATION HOMES INC	135,947	112,247
5,999	INVITATION HOMES INC	204,626	190,637
1,870	IRON MTN INC	130,863	117,999
108,538	KIMCO REALTY CORPORATION	224,565	212,629
6,046	KITE REALTY GROUP TR	138,212	124,909
3,645	MEDICAL PROPERTIES TR INC REIT	17,897	36,335
5,569	NETSTREIT CORP	99,407	107,195
4,116	PROLOGIS INC	548,663	452,640
389	PUB STORAGE	118,645	106,664
2,678	REALTY INCOME CORP	153,771	182,314
3,000	REXFORD INDL REALTY INC	168,300	151,428
1,717	RYMAN HOSPITALITY PROPERTYS INC	188,973	154,905
1,120	SAFEHOLD INC	26,208	24,278
150	SBA COMMUNICATIONS CORP	38,053	37,447
412	SIMON PROPERTY GROUP INC	58,768	48,627
2,187	STAG INDL INC	85,862	83,638
380	SUN COMMUNITIES INC	50,787	48,216
8,820	TRICON RESIDENTIAL INC	80,262	76,414
4,270	UDR INC	163,498	144,684
2,707	VENTAS INC REIT	134,917	139,546
1,195	VICI PROPERTIES INC	38,097	39,271
3,059	WELLTOWER INC REIT	275,830	207,865
	TOTALS - COMMON STOCKS	\$ 4,977,839	\$ 4,540,700
Face Value	<u>Short Term Investment Fund</u>		
\$ 1,226,952	COLLECTIVE SHORT TERM INVESTMENT FUND*	\$ 1,226,952	\$ 1,226,952
No. of Shares	<u>Mutual Funds</u>		
620,841	ARTISAN GLOBAL VALUE FUND	\$ 13,006,629	\$ 11,390,986
197,744	FIRST EAGLE GLOBAL FUND	12,546,847	11,677,559
	TOTALS - MUTUAL FUNDS	\$ 25,553,476	\$ 23,068,545

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6377503; PLAN NO. 001
DECEMBER 31, 2023

No. of Shares	<u>Common/Collective Trusts</u>	Fair Value	Cost
351,873	ARTISAN GLOBAL OPPORTUNITIES TRUST FUND	\$ 12,716,682	\$ 8,385,128
4,347	BEACH POINT LOAN FUND (CAYMAN) LTD	7,506,787	3,997,357
698,345	GQG PARTNERS GLOBAL EQUITY CIT CLASS B	13,443,149	7,241,842
86,659	NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*	12,854,192	12,494,489
233,360	NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING*	50,823,666	33,425,619
60,802	NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*	9,935,640	6,794,100
310,087	PAYDEN & RYSEL CIT EMERGING MARKETS BOND FUND	4,418,982	4,666,309
132,004	SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND	2,271,266	1,561,528
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 113,970,364</u>	<u>\$ 78,566,372</u>
	<u>Limited Liability Company</u>		
402	MORGAN STANLEY PRIME PROPERTY FUND	\$ 8,128,146	\$ 7,724,023
	<u>Partnerships</u>		
	ABERDEEN ENERGY & RESOURCES PARTNERS V, LP	\$ 5,408,141	\$ 4,021,433
	AEW PARTNERS REAL ESTATE FUND IX, LP	4,737,977	4,395,062
	DOVER STREET VIII CAYMAN FUND, LP	371,371	664,416
	EQUUS INVESTMENT PARTNERSHIP X, LP	1,041,036	263,586
	HARBOURVEST 2023 GLOBAL FEEDER FUND, LP	835,066	760,000
	HARBOURVEST PARTNERS XII, LP	3,155,680	2,719,029
	IFM GLOBAL INFRASTRUCTURE (US), LP	7,502,835	3,253,789
	IRONSIDES DIRECT INVESTMENT FUND V, LP	8,876,525	5,138,910
	IRONSIDES PARTNERSHIP FUND V, LP	5,955,745	3,920,910
	LEXINGTON CAPITAL PARTNERS VII OFFSHORE FUND	535,826	1,596,853
	LOOMIS SAYLES CORE FIXED INCOME TRUST FUND	14,374,111	12,665,698
	PAUL CAPITAL PARTNERS IX, LP	310,566	3,434,767
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP	8,074,732	4,234,661
	PRIMUS HIGH YIELD BOND FUND	8,947,963	4,600,000
	<u>TOTALS - PARTNERSHIPS</u>	<u>\$ 70,127,574</u>	<u>\$ 51,669,114</u>
	<u>TOTALS</u>	<u>\$ 223,984,351</u>	<u>\$ 166,795,706</u>

* Party in interest

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6377503; PLAN NO. 001
JANUARY 1, 2023 TO DECEMBER 31, 2023

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Northern Trust:	Collective Short Term Investment Fund	Var.	N/A	\$ 9,681,177 -	\$ - 9,579,244	\$ 9,681,177 9,579,244	\$ - -
	NTGI-QM Collective Daily All Country World Index Fund Non-Lending	Var.	N/A	1,612,966 -	- 12,419,154	1,612,966 8,971,246	- 3,447,908

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503
Plan Number: 001

Form 5500 for 2023 Plan Year

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

Sch MB, line 8(b)2 – Schedule of Active Participant Data															
YEARS OF CREDITED SERVICE															
Attained Age	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	Average			Average			Average			Average			Average		
	Accrued			Accrued			Accrued			Accrued			Accrued		
No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.
Under 25	0		5			1			0			0			
25 - 29	0		16			34			0			0			
30 - 34	0		73			47			18			3			
35 - 39	0		27			56			17			21			
40 - 44	0		10			26			33			20			
45 - 49	0		9			23			23			32			
50 - 54	0		8			23			24			18			
55 - 59	0		5			10			16			20			
60 - 64	0		8			6			6			10			
65 – 69	0		2			4			1			1			
70 & Up	0		0			0			0			0			

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

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503
Plan Number: 001

Form 5500 for 2023 Plan Year

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

Sch MB, line 8(b)2 – Schedule of Active Participant Data																
YEARS OF CREDITED SERVICE																
Attained Age	20 to 24			25 to 29			30 to 34			No.	35 to 39			40 & Up		
	Average		Mon. Ben.*	Average		Mon. Ben.*	Average		Mon. Ben.*		Average		Mon. Ben.*	Average		Mon. Ben.*
	Comp.*	Accrued		Comp.*	Accrued		Comp.*	Accrued			Comp.*	Accrued		Comp.*	Accrued	
No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	Comp.*	Mon. Ben.*	No.	
Under 25	0			0			0			0				0		
25 - 29	0			0			0			0				0		
30 - 34	0			0			0			0				0		
35 - 39	5			0			0			0				0		
40 - 44	25			3			0			0				0		
45 - 49	23			18			1			0				0		
50 - 54	32			15			7			4				0		
55 - 59	13			25			13			9				4		
60 - 64	16			16			7			13				11		
65 – 69	5			3			2			1				7		
70 & Up	0			0			0			1				0		

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

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503
Plan Number: 001

Form 5500 for 2023 Plan Year

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

	January 1, 2023	January 1, 2022
Actuarial Cost Method	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
Interest Rate	7.25%	7.00%
RPA '94 Current Liability	2.55%	2.22%
Salary Increases	5.0% in 2024 then 3.0% per year to retirement	2.0% per year to retirement
Total Payroll Growth (for projections)	5.0% in 2024 then 3.0% per year to retirement	2.0% per year
Mortality		
Healthy Lives	Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020	Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020
Post-disability mortality	Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020	Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020
Current Liability	RP-2014 with prescribed projection	RP-2014 with prescribed projection
Disability		
Incidence	See next page for rates	See next page for rates
Withdrawal Rates	See next page for rates	See next page for rates
Retirement Rates	See next page for rates	See next page for rates
Marital Status	➤ Retiree data included spouse information ➤ 75% of non-retirees are assumed to be married	➤ Retiree data included spouse information ➤ 75% of non-retirees are assumed to be married
Employer Contributions	\$12,772,000 per year	\$11,664,000 per year
Administrative Expenses	\$750,000 per year	\$750,000 per year
Asset Valuation Method	5-Year Amortization of Gains/losses with phase-in	5-Year Amortization of Gains/losses with phase-in
Unknown Date of Birth	If no birth date is provided, the participant is assumed to be age 30 at date of entry.	If no birth date is provided, the participant is assumed to be age 30 at date of entry.

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

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

Probabilities of Separation from Active Service – Sample Rates

MALE			FEMALE		
Age	Death	Disability	Age	Death	Disability
20	0.07%	0.06%	20	0.02%	0.06%
25	0.08	0.09	25	0.03	0.09
30	0.09	0.11	30	0.04	0.11
35	0.11	0.15	35	0.06	0.15
40	0.13	0.22	40	0.08	0.22
45	0.14	0.54	45	0.10	0.54
50	0.19	0.92	50	0.13	0.92
55	0.30	1.52	55	0.22	1.52
60	0.50	2.45	60	0.35	2.45

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

Retirement Rates

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

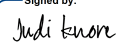
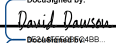
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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 and ending	
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 I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND 1200 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 90017	2b Employer Identification Number (EIN) 95-6377503 2c Plan Sponsor's telephone number 213-406-2330 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	Signed by:  OF4F7FF9E8EB441...	10/7/2024	Judi Knore
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by:  D004F5666548B...	10/7/2024	David Dawson
	Signature of employer plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 95-6377503; PLAN NO. 001
JANUARY 1, 2023 TO DECEMBER 31, 2023

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
Northern Trust:	Collective Short Term Investment Fund	Var.	N/A	\$ 9,681,177 -	\$ - 9,579,244	\$ 9,681,177 9,579,244	\$ - -
	NTGI-QM Collective Daily All Country World Index Fund Non-Lending	Var.	N/A	1,612,966 -	- 12,419,154	1,612,966 8,971,246	- 3,447,908

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

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

B Three-digit
plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFBOARD OF TRUSTEES, I.A.T.S.E. LOCAL
NO. 33 PENSION TRUST**D** Employer Identification Number (EIN)

95-6377503

E Type of plan:(1) ☒

Multiemployer Defined Benefit

(2) ☐

Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2023**b** Assets

(1) Current value of assets

1b(1) 218,669,675

(2) Actuarial value of assets for funding standard account

1b(2) 241,202,619**c** (1) Accrued liability for plan using immediate gain methods**1c(1)** 323,318,406

(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) 323,318,406**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) 580,305,425

(b) Expected increase in current liability due to benefits accruing during the plan year

1d(2)(b) 4,390,572

(c) Expected release from "RPA '94" current liability for the plan year

1d(2)(c) 28,291,235

(3) Expected plan disbursements for the plan year

1d(3) 28,180,194**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**
Signature of actuary

10/4/24

Date

JOHN R. BOTSFORD, FSA

23-06305

Type or print name of actuary

Most recent enrollment number

MILLIMAN, INC.

(415) 403-1333

Firm name

Telephone number (including area code)

500 YGNACIO VALLEY ROAD, SUITE 498

WALNUT CREEK

CA 94596

Address of the firm

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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	218,669,675
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	841	358,697,051
(2) For terminated vested participants	356	57,846,525
(3) For active participants:		
(a) Non-vested benefits		5,455,645
(b) Vested benefits		158,306,204
(c) Total active	935	163,761,849
(4) Total	2,132	580,305,425
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.68%

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
06/30/2023	11,958,460	0			
Totals ▶				3(b)	11,958,460
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)
					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.6%
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: • 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."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:**a** Interest rate for "RPA '94" current liability.....**6a** 2.55 %**b** Rates specified in insurance or annuity contracts.....

Pre-retirement		Post-retirement	
☐ Yes	☐ No	☒ N/A	☐ Yes ☐ No ☒ N/A

c Mortality table code for valuation purposes:

(1) Males

6c(1) 9P+1 9P+1

(2) Females

6c(2) 9FP+1 9FP+1**d** Valuation liability interest rate**6d** 7.25 % 7.25 %**e** Salary scale.....**6e** 3.00 % ☐ 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) 7.25 %**g** Estimated investment return on actuarial value of assets for year ending on the valuation date.....**6g** 5.6 %**h** Estimated investment return on current value of assets for year ending on the valuation date**6h** -10.6 %**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) 724,207

(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	3,492,035	363,154
4	-7,050,788	-733,247

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)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?

☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))

8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension

8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?

☐ Yes ☐ No**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)**8e****9** Funding standard account statement for this plan year:**Charges to funding standard account:****a** Prior year funding deficiency, if any**9a**

0

b Employer's normal cost for plan year as of valuation date.....**9b**

2,274,801

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)	142,907,360	20,334,539
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1,639,177**e** Total charges. Add lines 9a through 9d.....**9e** 24,248,517**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 15,768,403**g** Employer contributions. Total from column (b) of line 3.....**9g** 11,958,460**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	45,023,170	12,756,774

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 2,493,985**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	131,587,100	
9j(2)	285,304,578	
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** 42,977,622**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 18,729,105**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
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0

of the Code:

9o(2)(a) 0**9o(2)(b)** 0**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



500 Ygnacio Valley Road
Suite 498
Walnut Creek, CA 94596
USA

Tel +1 888 881 4015

milliman.com

October 7, 2024

Ms. Judi Knore
Vice President
Benefit Programs Administration
1200 Wilshire Boulevard, 5th Floor
Los Angeles, California 90017

2023 Schedule MB for IATSE Local 33 Pension Trust Fund

Dear Judi:

Enclosed is the following completed schedule for the Plan Year ending December 31, 2023, for the above named Plan.

✓ Schedule MB and attachments

This Schedule MB must be included with your 2023 Form 5500 filing, which must be filed on the Department of Labor's EFAST2 website by October 15, 2024, assuming an extension of time Form 5558 has been filed. If you have any questions, please call me at (415) 394-3740.

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Botsford".

John R. Botsford, FSA

Enclosure

cc: Kevin Houston (Miller, Kaplan, Arase LLP)

IATSE Local No. 33 Pension Trust Fund**EIN: 95-6377503
Plan Number: 001****Form 5500 for 2023 Plan Year****Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$607,451	\$704,434	\$26,864,379	\$28,176,265
2024	1,564,571	1,152,338	25,935,496	28,652,405
2025	2,412,615	1,367,457	25,060,139	28,840,211
2026	3,138,229	1,477,078	24,214,360	28,829,668
2027	3,833,005	1,586,401	23,351,151	28,770,557
2028	4,481,026	1,735,600	22,461,001	28,677,627
2029	5,057,994	1,830,405	21,544,776	28,433,175
2030	5,591,184	1,968,728	20,603,637	28,163,549
2031	6,056,957	2,096,820	19,638,837	27,792,614
2032	6,450,553	2,279,786	18,651,940	27,382,278
2033	6,770,457	2,408,465	17,645,088	26,824,009
2034	7,056,880	2,444,376	16,621,222	26,122,477
2035	7,316,209	2,622,231	15,584,132	25,522,572
2036	7,545,706	2,677,804	14,538,466	24,761,976
2037	7,679,452	2,719,771	13,489,661	23,888,883
2038	7,772,778	2,705,830	12,443,833	22,922,441
2039	7,872,724	2,716,239	11,407,525	21,996,489
2040	7,935,332	2,663,464	10,387,611	20,986,407
2041	7,971,465	2,708,896	9,391,332	20,071,693
2042	7,931,072	2,669,029	8,426,139	19,026,240
2043	7,920,922	2,671,086	7,499,455	18,091,463
2044	7,843,361	2,605,572	6,618,333	17,067,266
2045	7,757,073	2,607,644	5,789,236	16,153,953
2046	7,612,164	2,586,582	5,017,675	15,216,421
2047	7,422,484	2,501,688	4,307,933	14,232,105
2048	7,206,664	2,422,327	3,662,961	13,291,951
2049	6,963,076	2,308,163	3,084,271	12,355,510
2050	6,692,210	2,213,920	2,571,706	11,477,835
2051	6,428,135	2,114,270	2,123,481	10,665,886
2052	6,137,138	2,038,723	1,736,491	9,912,351
2053	5,847,753	1,949,926	1,406,549	9,204,229
2054	5,543,046	1,868,451	1,128,732	8,540,230
2055	5,230,792	1,762,103	897,653	7,890,548
2056	4,903,173	1,650,234	707,702	7,261,109
2057	4,607,928	1,531,083	553,313	6,692,323
2058	4,301,072	1,415,015	429,173	6,145,260
2059	3,997,695	1,309,747	330,367	5,637,808

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

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

2060	3,699,968	1,206,454	252,474	5,158,896
2061	3,424,240	1,110,930	191,597	4,726,767
2062	3,155,925	1,018,667	144,380	4,318,972
2063	2,897,085	929,353	108,016	3,934,454
2064	2,648,382	845,379	80,192	3,573,953
2065	2,412,676	766,734	59,042	3,238,452
2066	2,190,930	693,295	43,078	2,927,303
2067	1,982,544	624,815	31,114	2,638,473
2068	1,787,684	561,088	22,219	2,370,991
2069	1,605,703	501,903	15,664	2,123,270
2070	1,436,484	447,053	10,883	1,894,420
2071	1,279,701	396,365	7,440	1,683,507
2072	1,135,044	349,698	4,996	1,489,737

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and
Withdrawal Liability Payments**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$12,366,000	\$ 0	\$12,366,000
2024	12,737,000	0	12,737,000
2025	13,119,000	0	13,119,000
2026	13,512,000	0	13,512,000
2027	13,918,000	0	13,918,000
2028	14,335,000	0	14,335,000
2029	14,765,000	0	14,765,000
2030	15,208,000	0	15,208,000
2031	15,664,000	0	15,664,000
2032	16,134,000	0	16,134,000

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

Schedule MB, line 6 – Summary of Plan Provisions

Plan Effective Date: January 1, 1965.

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

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

Vesting: 5 years of Pension Credits

Normal Retirement:

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

Early Retirement:

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

Disability Retirement:

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

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

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

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

FORM 5500

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

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

DECEMBER 31, 2023

No. of Shares	Common Stocks	Fair Value	Cost
2,010	AGREE RLTY CORP	\$ 126,529	\$ 132,147
340	ALEXANDRIA REAL ESTATE EQUITIES INC	43,102	41,198
230	AMERICAN TOWER CORP	49,652	44,727
925	AVALONBAY COMMUNITIES REIT	173,178	157,442
1,868	BOSTON PROPERTIES INCL	131,078	119,460
716	CAMDEN PRPERTY TR SH BEN INT	71,092	76,753
2,219	CARETRUST REIT INC	49,661	47,168
3,570	COUSINS PROPERTIES INC	86,929	69,835
1,936	CTO REALTY GROWTH INC	33,551	34,979
1,052	DIGITAL REALTY TR INC	141,578	121,229
896	EQUITY RESIDENTIAL EFF	54,799	60,391
503	EQUINIX INC	405,111	360,583
2,556	ESSENTIAL PROPERTIES REALTY TR	65,331	62,083
1,491	EXTRA SPACE STORAGE INC	239,052	189,113
558	FEDERAL REALTY INVT TR	57,502	51,904
3,395	HEALTHPEAK OP LLC	167,543	171,800
6,866	INVITATION HOMES INC	135,947	112,247
5,999	INVITATION HOMES INC	204,626	190,637
1,870	IRON MTN INC	130,863	117,999
108,538	KIMCO REALTY CORPORATION	224,565	212,629
6,046	KITE REALTY GROUP TR	138,212	124,909
3,645	MEDICAL PROPERTIES TR INC REIT	17,897	36,335
5,569	NETSTREIT CORP	99,407	107,195
4,116	PROLOGIS INC	548,663	452,640
389	PUB STORAGE	118,645	106,664
2,678	REALTY INCOME CORP	153,771	182,314
3,000	REXFORD INDL REALTY INC	168,300	151,428
1,717	RYMAN HOSPITALITY PROPERTYS INC	188,973	154,905
1,120	SAFEHOLD INC	26,208	24,278
150	SBA COMMUNICATIONS CORP	38,053	37,447
412	SIMON PROPERTY GROUP INC	58,768	48,627
2,187	STAG INDL INC	85,862	83,638
380	SUN COMMUNITIES INC	50,787	48,216
8,820	TRICON RESIDENTIAL INC	80,262	76,414
4,270	UDR INC	163,498	144,684
2,707	VENTAS INC REIT	134,917	139,546
1,195	VICI PROPERTIES INC	38,097	39,271
3,059	WELLTOWER INC REIT	275,830	207,865
	TOTALS - COMMON STOCKS	\$ 4,977,839	\$ 4,540,700
Face Value	<u>Short Term Investment Fund</u>		
\$ 1,226,952	COLLECTIVE SHORT TERM INVESTMENT FUND*	\$ 1,226,952	\$ 1,226,952
No. of Shares	<u>Mutual Funds</u>		
620,841	ARTISAN GLOBAL VALUE FUND	\$ 13,006,629	\$ 11,390,986
197,744	FIRST EAGLE GLOBAL FUND	12,546,847	11,677,559
	TOTALS - MUTUAL FUNDS	\$ 25,553,476	\$ 23,068,545

I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6377503; PLAN NO. 001
DECEMBER 31, 2023

No. of Shares	<u>Common/Collective Trusts</u>	Fair Value	Cost
351,873	ARTISAN GLOBAL OPPORTUNITIES TRUST FUND	\$ 12,716,682	\$ 8,385,128
4,347	BEACH POINT LOAN FUND (CAYMAN) LTD	7,506,787	3,997,357
698,345	GQG PARTNERS GLOBAL EQUITY CIT CLASS B	13,443,149	7,241,842
86,659	NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*	12,854,192	12,494,489
233,360	NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING*	50,823,666	33,425,619
60,802	NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*	9,935,640	6,794,100
310,087	PAYDEN & RYGEL CIT EMERGING MARKETS BOND FUND	4,418,982	4,666,309
132,004	SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND	2,271,266	1,561,528
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 113,970,364</u>	<u>\$ 78,566,372</u>
	<u>Limited Liability Company</u>		
402	MORGAN STANLEY PRIME PROPERTY FUND	\$ 8,128,146	\$ 7,724,023
	<u>Partnerships</u>		
	ABERDEEN ENERGY & RESOURCES PARTNERS V, LP	\$ 5,408,141	\$ 4,021,433
	AEW PARTNERS REAL ESTATE FUND IX, LP	4,737,977	4,395,062
	DOVER STREET VIII CAYMAN FUND, LP	371,371	664,416
	EQUUS INVESTMENT PARTNERSHIP X, LP	1,041,036	263,586
	HARBOURVEST 2023 GLOBAL FEEDER FUND, LP	835,066	760,000
	HARBOURVEST PARTNERS XII, LP	3,155,680	2,719,029
	IFM GLOBAL INFRASTRUCTURE (US), LP	7,502,835	3,253,789
	IRONSIDES DIRECT INVESTMENT FUND V, LP	8,876,525	5,138,910
	IRONSIDES PARTNERSHIP FUND V, LP	5,955,745	3,920,910
	LEXINGTON CAPITAL PARTNERS VII OFFSHORE FUND	535,826	1,596,853
	LOOMIS SAYLES CORE FIXED INCOME TRUST FUND	14,374,111	12,665,698
	PAUL CAPITAL PARTNERS IX, LP	310,566	3,434,767
	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP	8,074,732	4,234,661
	PRIMUS HIGH YIELD BOND FUND	8,947,963	4,600,000
	<u>TOTALS - PARTNERSHIPS</u>	<u>\$ 70,127,574</u>	<u>\$ 51,669,114</u>
	<u>TOTALS</u>	<u>\$ 223,984,351</u>	<u>\$ 166,795,706</u>

* Party in interest

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

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

AMORTIZATION CHARGES – MINIMUM CONTRIBUTION

Description	Date Established	Initial Amortization Base	Outstanding Balance	Remaining Period	Annual Amortization
Assumption change	1/1/1994	\$ 949,432	\$ 79,508	1	\$ 79,508
Amendment	1/1/1995	1,165,762	187,061	2	96,802
Assumption change	1/1/1996	2,206,632	509,683	3	181,914
Amendment	1/1/1997	1,085,649	321,296	4	88,943
Amendment	1/1/1998	5,590,985	1,989,957	5	455,557
Assumption change	1/1/1999	2,295,492	944,269	6	186,140
Amendment	1/1/2000	336,601	155,724	7	27,177
Assumption change	1/1/2000	1,324,654	612,849	7	106,955
Amendment	1/1/2001	761,871	388,676	8	61,280
Assumption change	1/1/2001	1,420,764	724,809	8	114,276
Amendment	1/1/2002	336,474	186,469	9	26,970
Assumption change	1/1/2002	1,487,343	824,251	9	119,217
Assumption change	1/1/2003	8,089,692	4,813,305	10	646,384
Assumption	1/1/2004	1,526,661	966,148	11	121,633
Assumption	1/1/2006	879,693	616,048	13	69,705
Assumption change	1/1/2007	929,000	678,419	14	73,418
Amendment	1/1/2007	2,007,814	1,466,236	14	158,675
Experience loss	1/1/2009	5,359,205	598,788	1	598,788
Experience loss (2008 inv)	1/1/2009	48,383,163	36,603,118	15	3,806,542
Experience loss	1/1/2012	13,513,912	5,136,603	5	1,421,946
Amendment	1/1/2012	4,987,746	1,895,828	5	524,815
Experience loss	1/1/2013	3,357,264	1,540,216	6	352,599
Assumption change	1/1/2013	3,899,770	1,789,102	6	409,576
Experience loss	1/1/2015	8,562,547	5,134,627	8	896,100
Experience loss	1/1/2016	18,253,057	12,095,439	9	1,907,006
Experience loss	1/1/2017	14,795,172	10,669,500	10	1,543,201
Experience loss	1/1/2018	13,707,907	10,630,029	11	1,427,519
Experience loss	1/1/2019	12,762,106	10,540,352	12	1,326,977
Assumption change	1/1/2020	13,568,844	11,842,270	13	1,408,758
Experience loss	1/1/2020	2,806,711	2,449,569	13	291,401
Assumption change	1/1/2021	7,080,625	6,497,359	14	735,167
Assumption change	1/1/2022	6,798,355	6,527,817	15	706,436
Experience loss	1/1/2023	3,492,035	<u>3,492,035</u>	15	<u>363,154</u>
Total Charges			\$ 142,907,360		\$ 20,334,539

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503
Plan Number: 001

Form 5500 for 2023 Plan Year

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)

AMORTIZATION CREDITS – MINIMUM CONTRIBUTION

Description	Date Established	Initial Amortization Base	Outstanding Balance	Remaining Period	Annual Amortization
Combined base	1/1/2022	47,479,402	37,972,382	3.431078	12,023,527
Assumption change	1/1/2023	7,050,788	<u>7,050,788</u>	15	<u>733,247</u>
Total Credits			\$ 45,023,170		\$ 12,756,774

IATSE Local No. 33 Pension Trust Fund

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

Form 5500 for 2023 Plan Year

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

Interest rate

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

Salary Increases

The assumed long-term rate of salary increases was increased from 2.0% per year to 3.0% per year to more closely reflect recent experience and to be more in line with expected future increases.

RPA Interest Assumption

The RPA interest assumption was changed from 2.22% to 2.55% in order to remain within the permitted range.