

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 11/01/2023 and ending 10/31/2024	
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) _____ ☐ 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 PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1957
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 OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS C/O BENEFIT PLANS INC. PO BOX 17928 LOS ANGELES, CA 90017-0928
2b	Employer Identification Number (EIN) 13-6116950
2c	Plan Sponsor's telephone number 201-592-6800
2d	Business code (see instructions) 525100

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.	06/01/2025	RUTH CARSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/01/2025	CHRISTOPHER BROCKMEYER
	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 2200
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) 1298 6a(2) 1265 6b 205 6c 438 6d 1908 6e 13 6f 1921 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 886

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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 PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	D Employer Identification Number (EIN) 13-6116950

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

1a Enter the valuation date: Month 11 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 128680538
(2) Actuarial value of assets for funding standard account	1b(2) 142732016
c (1) Accrued liability for plan using immediate gain methods	1c(1) 139318192
(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) 123469189
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) 219021598
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 8650039
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5647168
(3) Expected plan disbursements for the plan year	1d(3) 6222168

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	06/12/2025
Signature of actuary LISSETTE ORTIZ, FCA, MAAA	Date 23-07444
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	128680538
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	207	47004491
(2) For terminated vested participants	360	59766077
(3) For active participants:		
(a) Non-vested benefits		13848423
(b) Vested benefits		98402607
(c) Total active	1214	112251030
(4) Total	1781	219021598
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.75 %

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
05/15/2024	8388283				
Totals ▶			3(b)	8388283	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	115.6 %
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		3.15 %
	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)	AP	AP
(2) Females	6c(2)	AFP	AFP
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		3.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		3.4 %
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)		555808
(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
3	550607	55740
3	434000	434000
1	-4799938	-485917

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	3602803

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)	44243561	6806670
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 702639**e** Total charges. Add lines 9a through 9d**9e** 11112112**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 32122280**g** Employer contributions. Total from column (b) of line 3**9g** 8388283**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2565305**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	15535105	2037606
9j(1)	49492222	
9j(2)	60269588	

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** 45113474**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 34001362**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****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 11/01/2023 and ending 10/31/2024		
A Name of plan PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	D Employer Identification Number (EIN) 13-6116950	

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
PACIFIC INVESTMENT MANAGEMENT CO
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HUDSON EDGE INVESTMENT PARTNERS INC
52-1296988

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

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

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

CRESCENT CAPITAL GROUP, LP

27-2698206

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

GLOBAL TRUST COMPANY

26-3761443

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

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

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

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

THE SEGAL CO. (EASTERN STATES) INC.

13-1835864

(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	NONE	104622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT PLANS, INC.

95-4654044

(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 50	NONE	102722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAYNE ANDERSON RUDNICK INVST MGMT

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	78696	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)

PROSKAUER ROSE, LLP

13-1840454

(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	78556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	75250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(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	AUDITOR	70148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INCOME RESEARCH + MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	55649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPIVAK LIPTON, LLP

13-3494495

(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	ATTORNEY	47188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK

13-4920330

(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 51 52	NONE	7637	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE NORTHERN TRUST COMPANY

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?
28 51 52 68	NONE	5390	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	5722	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
SEGAL SELECT INSURANCE SERVICES INC	53	3004

(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.
GREAT AMERICAN INSURANCE GROUP 31-0501234	INSURANCE BROKER COMMISSION & FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	2718

(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.
EUCLID 45-3957469	INSURANCE BROKER COMMISSION & FEES

(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 11/01/2023 and ending 10/31/2024		
A Name of plan PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	D Employer Identification Number (EIN) 13-6116950	

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: NT COL S&P 500 INDEX FUND - NL			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC			
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34435786	
a Name of MTIA, CCT, PSA, or 103-12 IE: COM PEN TR FD (STRAT PROP) JPMCB NA			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7532978	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL RUSSELL 2000 INDEX FUND- NL			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC			
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7238800	
a Name of MTIA, CCT, PSA, or 103-12 IE: COMGEST GLOBAL EX US EQUITY TRUST			
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY			
c EIN-PN 61-6603183-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6304712	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW CORE BOND FUND			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 13-4920330-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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 11/01/2023 and ending 10/31/2024		
A Name of plan PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	D Employer Identification Number (EIN) 13-6116950	

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	3000146	1966527
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	952000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	341855	956812
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	788616	0
(2) U.S. Government securities	1c(2)	0	4004807
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	0	31181518
(B) All other.....	1c(3)(B)	14771810	35790808
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	0
(B) Common	1c(4)(B)	14392619	17654901
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	379761	103280
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	76053052	55512276
(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)	18874576	7654894
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	32997	0

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	50041	81855
f Total assets (add all amounts in lines 1a through 1e)	1f	128985473	155859678
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	173837	278112
i Acquisition indebtedness	1i		
j Other liabilities	1j	131098	44630
k Total liabilities (add all amounts in lines 1g through 1j)	1k	304935	322742
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	128680538	155536936

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)	8388283	
(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)		8388283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	125470	
(C) Corporate debt instruments	2b(1)(C)	1450852	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1097233	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2673555
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	138131	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	658696	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		796827
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	185879068	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	185106603	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		772465
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2656387	
(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)		15528316
(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)		2131701
c Other income	2c		41
d Total income. Add all income amounts in column (b) and enter total	2d		32947575

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5070933	
(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)		5070933
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)	0	
(2) Contract administrator fees.....	2i(2)	102722	
(3) Recordkeeping fees.....	2i(3)	7148	
(4) IQPA audit fees.....	2i(4)	64000	
(5) Investment advisory and investment management fees	2i(5)	473369	
(6) Bank or trust company trustee/custodial fees	2i(6)	7637	
(7) Actuarial fees	2i(7)	104622	
(8) Legal fees	2i(8)	125844	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	3318	
(11) Other expenses	2i(11)	131584	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1020244
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6091177

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26856398
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: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

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?	☒		1000000
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?	☒		7532978
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 545174.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		
A Name of plan PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS		D Employer Identification Number (EIN) 13-6116950
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **NBC UNIVERSAL STUDIOS LLP**

b EIN **75-3052389**

c Dollar amount contributed by employer **480096**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2027**

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) **7.00**

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

a Name of contributing employer **ABC TV NETWORK**

b EIN **13-3331738**

c Dollar amount contributed by employer **362502**

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) **7.50**

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

a Name of contributing employer **CBS**

b EIN **13-0590730**

c Dollar amount contributed by employer **247247**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **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) **7.00**

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

a Name of contributing employer **MAKE-UP ARTISTS & HAIR STYLISTS, LOCAL 798 OF THE I.A.T.S.E. & SUB**

b EIN **13-1663692**

c Dollar amount contributed by employer **139861**

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 **10** 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) **7.50**

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

a Name of contributing employer **THE METROPOLITAN OPERA**

b EIN **13-1624087**

c Dollar amount contributed by employer **123565**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **7.50**

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

a Name of contributing employer **P-VALLEY- LIONSGATE TELEVISION**

b EIN **81-3311053**

c Dollar amount contributed by employer **106808**

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 **2027**

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) **52.00**

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

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 **BLACK RABBIT- YOUNGBLOOD PICTURES**

b EIN **46-3618829**

c Dollar amount contributed by employer **102565**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2025**

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

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

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

a Name of contributing employer **BLUE BLOODS- CBS STUDIOS**

b EIN **13-4168580**

c Dollar amount contributed by employer **94758**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2025**

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

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

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

a Name of contributing employer **ARTICLE TWO**

b EIN **83-2816269**

c Dollar amount contributed by employer **89967**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2025**

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

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

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

a Name of contributing employer **THE BRIDE- WARNER BROS.**

b EIN **33-1045019**

c Dollar amount contributed by employer **88377**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2025**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a 0
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b 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
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: 44.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.00 %

High-Yield Debt: 0.00 % Real Assets: 9.00 % Cash or Cash Equivalents: 0.00 % Other: 0.00 %

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 _____.



Schultheis & Panettieri LLP

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Independent Auditor's Report**Board of Trustees**

Pension Fund of Make-up Artists and Hair Stylists, Local
798, I.A.T.S.E.

Opinion

We have audited the accompanying financial statements of the Pension Fund of Make-up Artists and Hair Stylists, Local 798, I.A.T.S.E. (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 October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended October 31, 2024 and 2023, 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 October 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended October 31, 2024 and 2023 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 that 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.

Supplemental Schedules Required by ERISA

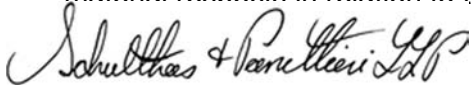
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 17 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schullhas & Panellieri LLP".

Hauppauge, New York
July 24, 2025

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		11/01/2023	and ending
			10/31/2024
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	PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	11/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan)	BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	C/O BENEFIT PLANS INC. PO BOX 17928		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	LOS ANGELES CA 90017-0928		
		2b Employer Identification Number (EIN)	13-6116950
		2c Plan Sponsor's telephone number	(201) 592-6800
		2d Business code (see instructions)	525100

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	☒	☒ 6/2/25	☒ RUTH CARSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	☒	☒ 6/2/25	☒ CHRISTOPHER BROCKMEYER
	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 2,200
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) 1,298 6a(2) 1,265 6b 205 6c 438 6d 1,908 6e 13 6f 1,921 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 886

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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 11/01/2023 and ending 10/31/2024

► 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 PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS - LOCAL 798 - IATSE	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	D Employer Identification Number (EIN) 13-6116950

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

1a Enter the valuation date: Month 11 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 128,680,538
(2) Actuarial value of assets for funding standard account.....	1b(2) 142,732,016
c (1) Accrued liability for plan using immediate gain methods	1c(1) 139,318,192
(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) 123,469,189
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) 219,021,598
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 8,650,039
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5,647,168
(3) Expected plan disbursements for the plan year	1d(3) 6,222,168

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 Lisette Ortiz LO Signature of actuary Lisette Ortiz, FCA, MAAA Type or print name of actuary Segal Firm name 66 HUDSON BLVD E, 20th Floor New York NY 10001-2192 Address of the firm	06/12/2025 Date 2307444 Most recent enrollment number 212-251-5000 Telephone number (including area code)
---	---

a Current value of assets (see instructions)		2a	128,680,538
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	207	47,004,491
(2)	For terminated vested participants	360	59,766,077
(3)	For active participants:		
(a)	Non-vested benefits		13,848,423
(b)	Vested benefits		98,402,607
(c)	Total active.....	1,214	112,251,030
(4)	Total.....	1,781	219,021,598
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	58.75 %

(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	
05/15/2024	8,388,283					
			Totals ►	3(b)	8,388,283	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	0
					3(d)	0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	115.6 %
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	

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):						
i 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	3.15 %
	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)	AP
(2) Females	6c(2)	AFP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.4 %
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)	555,808
(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
3	550,607	55,740
3	434,000	434,000
1	-4,799,938	-485,917

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

3,602,803

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

44,243,561

6,806,670

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

702,639

e Total charges. Add lines 9a through 9d

9e

11,112,112

Credits to funding standard account:

f Prior year credit balance, if any

9f

32,122,280

g Employer contributions. Total from column (b) of line 3

9g

8,388,283

Outstanding balance

h Amortization credits as of valuation date

9h

15,535,105

2,037,606

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

2,565,305

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

49,492,222

(2) "RPA '94" override (90% current liability FFL)

9j(2)

60,269,588

(3) FFL credit

9j(3)

0

k **(1)** Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

45,113,474

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

9m

34,001,362

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

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes ☐ No

Section 2: Actuarial Valuation Results

Schedule MB, line 6f(1) - Description of Withdrawal Liability Interest Rate

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending October 31, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of October 31, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of October 31, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$9,063,359	-	\$9,063,359
2024	\$9,063,359	-	\$9,063,359
2025	\$9,063,359	-	\$9,063,359
2026	\$9,063,359	-	\$9,063,359
2027	\$9,063,359	-	\$9,063,359
2028	\$9,063,359	-	\$9,063,359
2029	\$9,063,359	-	\$9,063,359
2030	\$9,063,359	-	\$9,063,359
2031	\$9,063,359	-	\$9,063,359
2032	\$9,063,359	-	\$9,063,359

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy: RP-2006 Employee and Healthy Annuitant Mortality Tables with generational projection using Scale MP-2017 from 2006.

Disabled: RP-2006 Disabled Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006.

The underlying tables projected to the measurement date reflect the mortality experience of the Plan as of the measurement date. These resulting mortality tables were then adjusted to future years using the generational projection under Scale MP-2017 to reflect future mortality improvement between the measurement date and those years.

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

Annuitant mortality rates

Age	Healthy Male ¹	Healthy Female ¹	Disabled Male ¹	Disabled Female ¹
55	0.61	0.38	2.49	1.50
60	0.82	0.59	2.81	1.95
65	1.26	0.98	3.63	2.53
70	2.03	1.56	4.88	3.43
75	3.31	2.51	6.70	4.91
80	5.50	4.14	9.43	7.26
85	9.38	7.26	13.71	10.85
90	16.07	12.81	20.46	15.86

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal ²
20	0.05	0.02	0.03	11.94
25	0.05	0.02	0.03	11.62
30	0.05	0.02	0.03	11.21
35	0.06	0.03	0.03	10.55
40	0.08	0.05	0.05	9.40
45	0.12	0.08	0.09	7.54
50	0.20	0.12	0.20	4.83
55	0.30	0.17	0.43	1.73
60	0.50	0.28	0.87	0.16

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

Retirement rates for Active Participants

Age	Annual Retirement Rates
60 – 61	1%
62 – 64	5%
65 – 67	10%
68 – 69	15%
70 and older	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

¹ Mortality rates shown for base table.

² Withdrawal rates cut out at first eligibility for an immediate pension.

Section 3: Certificate of Actuarial Valuation

Description of weighted average retirement age

Age 68, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the November 1, 2023 actuarial valuation.

Retirement age for inactive vested participants

65

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual average retirements by age and the projected average based on the prior year's assumption over the past several years.

Future benefit accruals

One pension credit per year. Future benefit accruals are assumed to remain level as in the prior credit year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be female.

Definition of active participants

Employees who worked at least 50 days, or have contributions made on their behalf of at least \$1,125 during the year and also have at least one pension credit by the end of the year.

Percent married

75% for males, 50% for females

Age of spouse

Spouses of male participants are three years younger, and spouses of female participants are three years older, if actual age unknown

Section 3: Certificate of Actuarial Valuation

Benefit election

85% of all participants are assumed to elect the single life annuity with 60-month guaranteed form of payment; 15% are assumed to elect the 50% Husband and Wife form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Delayed retirement factors

Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

6.75%

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

Annual administrative expenses

\$575,000 for the year beginning November 1, 2023 (equivalent to \$555,808 payable at the beginning of the year)

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

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

Section 3: Certificate of Actuarial Valuation

Actuarial cost method

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

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.15%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 3.5%, for the Plan Year ending October 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 3.4%, for the Plan Year ending October 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a May 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

November 1 through October 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** 10 Pension Credits
- **Amount¹:** \$94 for each pension credit earned prior to January 1, 2008, \$88 per pension credit earned on or after January 1, 2008, but prior to January 1, 2014; \$94 per pension credit earned on or after January 1, 2014 but prior to January 1, 2019; and on or after January 1, 2019, 2.25% of the annual contributions up to \$5,000 and 1% of annual contributions greater than \$5,000 but less than \$7,500
- **Delayed Retirement Amount:** Normal pension accrued at age 65, increased by 1.0% for each month for the first 60 months and 1.5% for each month thereafter.

Early retirement

- **Age Requirement:** 55

¹ The portion of a participant's benefit attributable to pension credits earned from January 1, 2008 to December 31, 2014 is increased by 7.00%

Section 3: Certificate of Actuarial Valuation

- **Service Requirement:** 10 Pension Credits
- **Amount:** Normal pension accrued, reduced by $\frac{1}{2}\%$ for each month of age less than 65.

Disability

- **Age Requirement:** 50
- **Service Requirement:** 10 Pension Credits
- **Amount:** Normal pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Credits
- **Amount:** Normal pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65, or if later, age on the fifth anniversary of participation

Pro rata pension

- **Age Requirement:** Same as for Regular or Early Retirement Pension.
- **Service Requirement:** 10 years of Pension Credit under this Plan and other pension plans recognized by this Plan, including at least two future service credits under this Plan and eligible for a Partial Pension from a Reciprocal Plan.
- **Amount:** Calculated in the same manner as Regular, Early, Disability or Vested Pension.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Credits
- **Amount:** 50% of the benefit employee would have received had he or she retired the day before death and elected the Spousal option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the earliest age employee would have been eligible for a benefit under the plan.
- **Charge for Coverage:** None

Section 3: Certificate of Actuarial Valuation

Pre-retirement lump-sum death benefit (if not eligible for spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** 15 Pension Credits
- **Amount:** \$160 per year of Pension Credit to a maximum of \$4,000.

Post-retirement death benefit

- **Spousal:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with 5 years of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- 50% Spousal Pension for married participants
- 50% Spousal Pension with Pop-up Option for married participants
- 75% Spousal Pension for married participants
- Single Life annuity with 60 months guaranteed

Participation

On the earliest November 1st or May 1st following completion of 85 days during a 12 consecutive month period.

Pension credit

Days of Covered Employment in Calendar Year	Contributions made on behalf of Employee in Calendar Year	Future Service Credit for Calendar Year
0-49	\$0 - \$1,124	0
50-99	\$1,125 - \$2,249	2/5
100-149	\$2,250 - \$3,374	3/5
150-199	\$3,375 - \$4,499	4/5
200 and over	\$4,500 and over	1

Vesting credit

One year of vesting service for each credit year in which the employee works 85 days.

Section 3: Certificate of Actuarial Valuation

Changes in plan provisions

The Trustees adopted the following:

- Adopted on December 19, 2023, a Participant would be credited with additional vesting and pension credits for eligibility purposes only for the 2023 calendar year, if the Participant met certain employment criteria in 2021 and 2022 calendar years.
- Adopted on March 15, 2024, pensioners and beneficiaries on the pension roll as of May 1, 2024 received a one-time check of \$2,000.

These changes were reflected in the Funding Standard Account for the year beginning November 1, 2023.

9997319v2/00509.001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$336,256	\$1,261,246	\$4,048,801	\$5,646,303
2024	592,664	1,496,897	3,920,885	6,010,446
2025	935,192	1,625,507	3,792,172	6,352,871
2026	1,238,196	1,799,585	3,669,288	6,707,069
2027	1,549,666	2,076,997	3,538,298	7,164,961
2028	1,862,707	2,235,229	3,400,436	7,498,372
2029	2,208,173	2,347,873	3,269,120	7,825,166
2030	2,482,766	2,467,985	3,133,753	8,084,504
2031	2,813,166	2,682,088	2,994,359	8,489,613
2032	3,095,353	2,761,395	2,851,055	8,707,803
2033	3,418,138	2,798,935	2,704,077	8,921,150
2034	3,734,299	2,842,683	2,553,791	9,130,773
2035	4,119,241	2,962,640	2,400,712	9,482,593
2036	4,468,153	3,017,628	2,245,559	9,731,340
2037	4,772,287	3,174,371	2,089,217	10,035,875
2038	5,061,376	3,145,148	1,932,694	10,139,218
2039	5,378,376	3,122,584	1,777,072	10,278,032
2040	5,688,814	3,084,893	1,623,463	10,397,170

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$5,989,199	\$3,084,707	\$1,473,011	\$10,546,917
2042	6,186,511	3,058,424	1,326,919	10,571,854
2043	6,449,558	3,058,447	1,186,410	10,694,415
2044	6,650,039	3,070,737	1,052,613	10,773,389
2045	6,848,908	3,054,735	926,482	10,830,125
2046	7,044,486	3,012,597	808,755	10,865,838
2047	7,158,963	2,994,259	699,973	10,853,195
2048	7,301,842	2,942,461	600,521	10,844,824
2049	7,403,936	2,901,376	510,611	10,815,923
2050	7,465,780	2,801,407	430,266	10,697,453
2051	7,492,177	2,734,747	359,311	10,586,235
2052	7,451,953	2,653,729	297,400	10,403,082
2053	7,408,590	2,550,341	244,009	10,202,940
2054	7,343,183	2,450,027	198,510	9,991,720
2055	7,249,236	2,340,811	160,225	9,750,272
2056	7,102,706	2,229,817	128,429	9,460,952
2057	6,885,374	2,099,532	102,363	9,087,269
2058	6,632,372	1,972,433	81,273	8,686,078

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$6,386,220	\$1,854,867	\$64,426	\$8,305,513
2060	6,119,217	1,739,933	51,133	7,910,283
2061	5,849,019	1,623,818	40,768	7,513,605
2062	5,573,927	1,512,632	32,766	7,119,325
2063	5,284,932	1,406,029	26,631	6,717,592
2064	4,996,722	1,303,968	21,945	6,322,635
2065	4,702,722	1,206,740	18,364	5,927,826
2066	4,413,400	1,114,457	15,613	5,543,470
2067	4,129,423	1,026,890	13,477	5,169,790
2068	3,851,580	943,842	11,791	4,807,213
2069	3,580,625	865,122	10,429	4,456,176
2070	3,317,447	790,600	9,299	4,117,346
2071	3,062,683	720,138	8,335	3,791,156
2072	2,816,850	653,599	7,488	3,477,937

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	8	7	1	—	—	—	—	—	—	—
25 - 29	56	45	11	—	—	—	—	—	—	—
	\$303	\$250	—	—	—	—	—	—	—	—
30 - 34	126	64	59	3	—	—	—	—	—	—
	\$506	\$283	\$718	—	—	—	—	—	—	—
35 - 39	193	88	83	22	—	—	—	—	—	—
	\$593	\$309	\$739	\$1,183	—	—	—	—	—	—
40 - 44	199	67	78	37	17	—	—	—	—	—
	\$780	\$324	\$768	\$1,211	—	—	—	—	—	—
45 - 49	181	50	63	44	19	5	—	—	—	—
	\$865	\$268	\$723	\$1,205	—	—	—	—	—	—
50 - 54	179	40	59	31	26	16	7	—	—	—
	\$1,066	\$292	\$766	\$1,206	\$1,673	—	—	—	—	—
55 - 59	128	23	28	23	24	19	9	2	—	—
	\$1,318	\$284	\$748	\$1,220	\$1,660	—	—	—	—	—
60 - 64	78	11	13	13	14	10	10	6	—	1
	\$1,573	—	—	—	—	—	—	—	—	—
65 - 69	35	2	5	8	7	3	6	2	—	2
	\$1,788	—	—	—	—	—	—	—	—	—
70 & over	10	3	3	—	1	—	1	2	—	—
	—	—	—	—	—	—	—	—	—	—
Unknown	21	21	—	—	—	—	—	—	—	—
	\$140	\$140	—	—	—	—	—	—	—	—
Totals	1,214	421	403	181	108	53	33	12	—	3
	\$881	\$281	\$737	\$1,202	\$1,702	\$2,188	\$2,656	—	—	—

Note: Excludes 83 participants with less than one pension credit.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	11/01/1994	\$87,688	1	\$87,688
Plan amendment	11/01/1994	94,730	1	94,730
Plan amendment	11/01/1995	204,291	2	105,480
Assumption change	11/01/1997	135,983	4	37,395
Plan amendment	11/01/1997	187,692	4	51,616
Plan amendment	11/01/1998	288,625	5	65,501
Plan amendment	11/01/1999	601,880	6	117,376
Plan amendment	11/01/2000	520,680	7	89,717
Plan amendment	11/01/2002	747,180	9	106,291
Assumption change	11/01/2006	177,728	13	19,639
Investment loss subject to relief	11/01/2008	3,378,138	14	356,442
Assumption change	11/01/2009	11,253	1	11,253
Investment loss subject to relief	11/01/2009	64,882	14	6,846
Plan amendment	11/01/2011	2,734	3	971
Actuarial loss	11/01/2011	332,898	3	118,288
Actuarial loss	11/01/2012	542,024	4	149,057
Plan amendment	01/01/2013	1,298,063	4.17	344,238
Actuarial loss	11/01/2014	426,351	6	83,145
Assumption change	11/01/2014	536,536	6	104,633
Plan amendment	11/01/2014	661,457	6	128,995
Actuarial loss	11/01/2015	357,114	7	61,534
Assumption change	11/01/2015	2,133,654	7	367,646
Plan amendment	11/01/2015	3,975,105	7	684,944
Actuarial loss	11/01/2016	1,408,758	8	218,867

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	11/01/2017	113,441	9	16,138
Actuarial loss	11/01/2017	2,009,629	9	285,882
Actuarial loss	11/01/2018	1,437,588	10	189,528
Plan amendment	01/01/2019	2,968,264	10.17	386,696
Actuarial loss	11/01/2019	1,903,577	11	234,851
Plan amendment	11/01/2021	552,392	13	61,040
Actuarial loss	11/01/2021	6,388,968	13	705,995
Assumption change	11/01/2022	1,614,386	14	170,341
Plan amendment	11/01/2022	3,429,578	14	361,870
Actuarial loss	11/01/2022	4,665,687	14	492,297
Plan amendment	11/01/2023	434,000	1	434,000
Plan amendment	11/01/2023	550,607	15	55,740
Total		\$44,243,561		\$6,806,670

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	11/01/2000	\$13,223	7	\$2,278
Plan amendment	01/01/2008	2,607,546	14.17	273,117
Actuarial gain	11/01/2009	254,158	1	254,158
Actuarial gain	11/01/2010	237,764	2	122,763
Actuarial gain	11/01/2013	111,340	5	25,268
Actuarial gain	11/01/2020	7,511,136	12	874,105
Actuarial gain	11/01/2023	4,799,938	15	485,917
Total		\$15,535,105		\$2,037,606

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.44% to 3.15% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed:
 - Administrative expenses, previously \$545,000

**PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798,
I.A.T.S.E.**

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

YEARS ENDED OCTOBER 31, 2024 AND 2023

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Independent Auditor's Report**Board of Trustees**

Pension Fund of Make-up Artists and Hair Stylists, Local
798, I.A.T.S.E.

Opinion

We have audited the accompanying financial statements of the Pension Fund of Make-up Artists and Hair Stylists, Local 798, I.A.T.S.E. (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 October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended October 31, 2024 and 2023, 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 October 31, 2024 and 2023, and the changes in net assets available for benefits for the years ended October 31, 2024 and 2023 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 that 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 17 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 29 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, appearing to read "Schullhas & Panellieri LLP".

Hauppauge, New York
July 24, 2025

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
U.S. government securities	\$ 3,802,492	\$ -
Corporate debt instruments	66,972,326	-
Corporate stock	9,434,085	7,484,861
Partnership/joint venture interests	8,518,481	23,039,506
Common/collective trust funds	55,512,276	76,053,052
Registered investment companies	<u>7,654,894</u>	<u>18,874,576</u>
Total investments	151,894,554	125,451,995
Receivables		
Employers' contributions	952,000	300,000
Accrued interest/dividends	889,231	3,019
Cash	1,966,527	3,000,146
Other assets	<u>81,855</u>	<u>49,996</u>
Total assets	<u>155,784,167</u>	<u>128,805,156</u>
Liabilities		
Accounts payable	202,601	124,618
Net trades pending settlement	<u>44,630</u>	<u>-</u>
Total liabilities	<u>247,231</u>	<u>124,618</u>
Net assets available for benefits	<u>\$ 155,536,936</u>	<u>\$ 128,680,538</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation in fair value of investments	\$ 21,088,812	\$ 1,918,923
Interest/dividends	<u>3,470,480</u>	<u>2,685,018</u>
Total investment income	24,559,292	4,603,941
Less investment expenses	<u>(481,006)</u>	<u>(461,332)</u>
Net investment income	24,078,286	4,142,609
Contributions		
Employers'	<u>8,388,283</u>	<u>6,645,310</u>
Total additions	<u>32,466,569</u>	<u>10,787,919</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	5,070,933	4,306,994
Administrative expenses	<u>539,238</u>	<u>687,527</u>
Total deductions	<u>5,610,171</u>	<u>4,994,521</u>
Net increase	26,856,398	5,793,398
Net assets available for benefits		
Beginning of year	<u>128,680,538</u>	<u>122,887,140</u>
End of year	\$ <u><u>155,536,936</u></u>	\$ <u><u>128,680,538</u></u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Pension Fund of Make-up Artists and Hair Stylists, Local 798, I.A.T.S.E. (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective November 1, 1957 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Alliance of Theatrical Stage Employees Local 798 (the "Union") and various employers, primarily in the film, television, live theatrical, commercials, and digital media industries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual who has completed 12 consecutive months beginning on the first day of covered employment if during such period the participant worked at least 85 days in covered employment. Initial participation begins on either May 1st or November 1st.

Benefits

In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at normal retirement age 65. The Plan permits early retirement at age 55 and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on either days worked in covered employment or contributions received in a calendar year. A participant may accumulate up to a maximum of 1 credit per year at varying fractional credit increments.

A participant's monthly normal pension benefit is determined based on the plan rules in effect in the year the participant left covered employment. Each year of pension credit earned prior to January 1, 2019 has an accrual rate ranging from \$42 to \$94 depending on when it was earned.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Benefits (cont'd)

For work in covered employment in calendar years beginning January 1, 2019, the pension benefit earned is equal to 2.25% of employer contributions between \$1 and \$5,000, plus 1% of employer contributions between \$5,001 and \$7,500, made to the Plan on the participant's behalf in the calendar year. No more than \$7,500 in annual employer contributions will be considered in calculating the value of such benefit.

Pre and post-retirement death benefits are also available.

The Board of Trustees approved the following plan amendment on March 3, 2023:

Benefit improvements for all current and future pensioners and beneficiaries:

Effective for benefit payments due on or after January 1, 2023, the monthly benefit payment shall be increased by taking that portion of the benefit attributable to Pension Credits (full or partial) earned from 2008 through 2014, if any, and increasing that portion of the benefit by 7%.

In response to the combined WGA and SAG-AFTRA strikes, the Board of Trustees approved the following plan amendments on December 19, 2023:

A participant who (a) earned a full or partial future service credit in both calendar years 2021 and 2022 and (b) did not earn a full or partial future service credit in calendar year 2023, will be awarded future service credit for calendar year 2023 equal to the higher of the future service credit they earned in 2021 or 2022. This 2023 future service credit will be considered for eligibility purposes only and will not be counted in any manner toward benefit accruals for calendar year 2023.

A participant who (a) earned a vesting credit in both calendar years 2021 and 2022 and (b) did not earn a vesting credit in calendar year 2023, will be awarded a vesting credit for calendar year 2023.

Calendar year 2023 will be ignored for purposes of determining whether a participant who otherwise would have had a one-year break in service in that calendar year has incurred a permanent break in service.

The Board of Trustees approved the following plan amendment on March 15, 2024:

A one-time special distribution of \$2,000 to each participant in pay status as of May 1, 2024, excluding those who, on or after May 1, 2024, received a benefit payment retroactive to that date or earlier.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Basis of accounting

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' contributions receivable

Employers' contributions receivable is estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 2 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: The partnerships/joint venture interests' and common/collective trust funds' values are estimated by the management of the investment entities.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of October 31, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
U.S. government securities	\$ 3,802,492	\$ 3,802,492	\$ -	\$ -
Corporate debt instruments	66,972,326	-	66,972,326	-
Corporate stock	9,434,085	9,434,085	-	-
Registered investment companies	<u>7,654,894</u>	<u>7,654,894</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	87,863,797	\$ <u>20,891,471</u>	\$ <u>66,972,326</u>	\$ <u>-</u>
Investments measured at net asset value	<u>64,030,757</u>			
Investments at fair value	\$ <u>151,894,554</u>			

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of October 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Corporate stock	\$ 7,484,861	\$ 7,484,861	\$ -	\$ -
Registered investment companies	<u>18,874,576</u>	<u>18,874,576</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	26,359,437	<u>\$ 26,359,437</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>99,092,558</u>			
Investments at fair value	<u>\$ 125,451,995</u>			

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Partnerships/joint venture interests

The Plan is a limited partner or investor in private placement investment partnerships and investment companies. The fair value of the investments were determined by the management of the investment entity and are generally based on the estimated fair value of the underlying assets of the investment entity. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual K-1 Forms or available audited financial statements. The entities generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, partnership investments may be subject to withdrawal restrictions. Individually significant investments in partnerships/joint venture interests held by the Plan are as follows:

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 4 - Partnerships/joint venture interests (cont'd)

HGK Trinity Street International Equity Fund, LP ("HGK Fund") is a Delaware limited partnership. The HGK Fund's investment objective is to produce superior long term returns over the course of both bull and bear market cycles. The HGK Fund aims to achieve this objective by investing primarily in publicly-traded equity securities of undervalued companies where there is a pricing discrepancy, with an emphasis on capital preservation. Generally, limited partners of the HGK Fund may, upon at least 30 days written notice to the General Partner, withdraw a minimum of \$10,000 dollars as of the last day of each month and at such other times and in such other amounts with the consent of the General Partner in its sole discretion. Unless the General Partner consents, partial withdrawals may not be made if they would reduce a Limited Partner's Capital Account balance below \$250,000. The net asset value of the HGK Fund is determined on a monthly basis, and net profits or net losses are allocated to each partner's capital account in proportion to which their capital account balance bears to the sum of all capital account balances of all partners. The estimated fair value of the Plan's investment as of October 31, 2024 and 2023 was \$8,518,481 and \$7,349,785, respectively.

Crescent Capital High Income Fund B, L.P. ("Crescent Fund") is an open-end Delaware limited partnership. The Crescent Fund's primary investment objective is to seek to provide high current income consistent with reasonable risk, through investment in a multi-asset class, diversified portfolio of primarily below investment grade debt securities. Limited partners of the Crescent Fund may voluntarily withdraw all or any part of its capital account as of the close of business on the last business day of any February, May, August or November and at such other times as the General Partner may determine in its sole discretion. Such withdrawals may be made upon 60 days advanced written notice prior to the desired withdrawal date. The net asset value of the Crescent Fund is determined on a monthly basis, and net profits or net losses are allocated to each partner's capital account in proportion to which their capital account balance bears to the sum of all capital account balances of all partners. As of October 31, 2024, the plan fully liquidated its investment in the Crescent Fund. The estimated fair value of the Plan's investment as of October 31, 2023 was \$15,689,721.

Note 5 - Common/collective trusts

The Plan is invested in several common/collective trust funds. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

Longview Core Bond Fund ("Longview Fund") is a tax exempt, nonregistered diversified index fund, formed by Amalgamated Bank as an investment option to private retirement trusts exempt from federal income tax. The net asset value of the Longview Fund is determined at the close of each business day, and redemptions of units may be made on such days. As of October 31, 2024, the Plan fully liquidated its investment in the Longview Fund. The estimated fair value of the Plan's investment as of October 31, 2023 was \$26,353,700.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 5 - Common/collective trusts (cont'd)

Northern Trust Collective S&P 500 Index Fund – Non Lending ("S&P 500 Fund") is one of a variety of collective trust funds that comprise the Northern Trust Investments Collective Funds Trust. Northern Trust Investments Inc. serves as Trustee of the funds. The per unit net asset value of the S&P 500 Fund is determined each business day, and redemptions of units may be made on such days. The estimated fair value of the Plan's investment as of October 31, 2024 and 2023 was \$34,435,786 and \$30,561,526, respectively.

The Strategic Property Fund is an open-end investment fund that seeks to make equity and debt investments in various interests in core real estate properties located in the United States. Properties are externally valued on an annual basis and internally valued on a quarterly basis. Values are adjusted quarterly if there has been a significant change in value since the last valuation. Redemptions are generally permitted once per calendar quarter subject to available cash. The estimated fair value of the Plan's investment as of October 31, 2024 and 2023 was \$7,532,978 and \$8,483,324, respectively.

Northern Trust Collective Russell 2000 Index Fund Non Lending ("Russell 2000 Fund") is one of a variety of collective trust funds that comprise the Northern Trust Investments Collective Funds Trust. Northern Trust Investments Inc. serves as Trustee of the funds. The per unit net asset value of the Russell 2000 Fund is determined each business day, and redemptions of units may be made on such days. The estimated fair value of the Plan's investment as of October 31, 2024 and 2023 was \$7,238,800 and \$5,399,518, respectively.

Comgest Global ex US Equity Trust ("Comgest Fund") is one of a variety of collective trust funds that comprise the Comgest Equity Collective Investment Trust. Global Trust Company, a related party of the Trust, serves as Trustee of the funds. The investment valuation policy of the Comgest Fund is to value investments at fair value, which is generally defined as the price that could reasonably be expected to be received from an orderly transaction to sell an asset or paid to transfer a liability between market participants. Where market quotes are readily available on a specific valuation date, fair value is generally determined on the basis of official closing prices or the last reported sales prices, or if no sales are reported, based on quotes obtained from pricing services or established market makers. Where market quotations are not readily available on a specific valuation date, or if an available market quotation is determined not to reflect fair value, a security will be valued based on its fair value in accordance with the valuation procedures approved by the Trustee. The estimated fair value of the Plan's investment as of October 31, 2024 and 2023 was \$6,304,712 and \$5,254,984, respectively.

Note 6 - Risks and uncertainties

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

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 6 - Risks and uncertainties (cont'd)

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

Note 7 - Employers' contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employers' contributions are based on either a fixed daily amount per day, a percentage of gross wages, or a rate per hour worked.

There were work stoppages in the industry that negatively impacted the Plan's employers' contribution income for the years ended October 31, 2024 and 2023.

Note 8 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 24,078,286	\$ 481,006	\$ 24,559,292
Contributions	<u>8,388,283</u>	<u>-</u>	<u>8,388,283</u>
Total additions	<u>32,466,569</u>	<u>481,006</u>	<u>32,947,575</u>
Benefits paid directly to participants or beneficiaries	5,070,933	-	5,070,933
Administrative expenses	<u>539,238</u>	<u>481,006</u>	<u>1,020,244</u>
Total deductions	<u>5,610,171</u>	<u>481,006</u>	<u>6,091,177</u>
Net increase	<u>\$ 26,856,398</u>	<u>\$ -</u>	<u>\$ 26,856,398</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 27.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 9 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of November 1, 2023 and 2022. Details of accumulated plan benefit information as of such dates are as follows:

	<u>November 1, 2023</u>	<u>November 1, 2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 36,124,223	\$ 31,533,841
Other vested participants	<u>81,757,072</u>	<u>72,932,512</u>
Total vested benefits	117,881,295	104,466,353
Nonvested benefits	<u>5,587,894</u>	<u>7,857,632</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 123,469,189</u></u>	<u><u>\$ 112,323,985</u></u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	<u>November 1, 2023</u>	<u>November 1, 2022</u>
Actuarial present value of accumulated plan benefits - Beginning of year	<u>\$ 112,323,985</u>	<u>\$ 99,263,801</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains or losses	7,257,091	5,993,160
Interest due to the decrease in the discount period	7,424,395	6,797,843
Benefits paid	(4,306,994)	(3,972,486)
Plan amendments	770,712	3,574,590
Change of assumptions	<u>-</u>	<u>667,077</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>11,145,204</u>	<u>13,060,184</u>
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 123,469,189</u></u>	<u><u>\$ 112,323,985</u></u>

Through November 1, 2023, the Plan met minimum funding standard requirements under ERISA.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

Note 9 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Entry age normal
Assumed rate of return on investments	6.75%
Mortality rates - Healthy lives	RP-2006 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Mortality rates - Disabled lives	RP-2006 Disabled Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Normal retirement age	65
Retirement rates	2023: 60 to 61 - 1%; 62 to 64 - 5%; 65 to 67 - 10%; 68 to 69 - 15%; 70 - 100% 2022: 60 to 61 - 1%; 62 to 64 - 5%; 65 to 66 - 25%; 67 to 69 - 20%; 70 - 100%
Percent married	75% for males; 50% for females
Annual administrative expenses	2023: \$575,000 2022: \$545,000

As of November 1, 2023 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

Note 10 - Tax status

The Plan has received a determination letter from the IRS dated January 25, 2016, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF U.S. GOVERNMENT SECURITIES

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY BOND	4.00%	02/15/2034	\$ 1,891,000	\$ 1,885,031	\$ 1,850,231
UNITED STATES TREASURY BOND	3.88%	08/15/2034	47,000	46,225	45,473
UNITED STATES TREASURY BOND	4.63%	05/15/2044	1,897,000	2,016,980	1,906,789
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - US GOVERNMENT SECURITIES			-	185,862	202,314
			<u>\$ 3,835,000</u>	<u>\$ 4,134,098</u>	<u>\$ 4,004,807</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PACCAR FINANCIAL CORP	5.00%	03/22/2034	\$ 255,000	\$ 254,698	\$ 258,973
PRUDENTIAL FINANCIAL INC	5.70%	12/14/2036	170,000	175,984	178,420
HOME DEPOT INC	5.88%	12/16/2036	265,000	283,732	284,255
NORTHERN STATES POWER CO	6.20%	07/01/2037	590,000	637,051	640,197
ASTRAZENECA PLC	6.45%	09/15/2037	235,000	263,172	263,527
JOHNSON & JOHNSON	3.40%	01/15/2038	380,000	322,515	324,007
CISCO SYSTEMS INC	5.90%	02/15/2039	420,000	452,431	452,529
PFIZER INC	3.90%	03/15/2039	380,000	326,751	330,444
DUKE ENERGY CAROLINAS	5.30%	02/15/2040	610,000	598,940	611,653
FLORIDA POWER & LIGHT	5.69%	03/01/2040	700,000	736,515	732,424
VISA INC	2.70%	04/15/2040	610,000	450,476	457,988
RIO TINTO FINANCE	5.20%	11/02/2040	470,000	464,229	467,542
LSEGA FING PLC	3.20%	04/06/2041	400,000	299,872	302,476
JOHNSON & JOHNSON	4.85%	05/15/2041	340,000	335,481	337,059
DEERE & CO	3.90%	06/09/2042	377,000	320,540	323,146
CATERPILLAR INC	3.80%	08/15/2042	460,000	381,909	383,750
NORTHERN STATES POWER CO	3.40%	08/15/2042	570,000	446,336	446,561
ALABAMA POWER CO	3.85%	12/01/2042	660,000	542,037	542,355
COMMONWEALTH EDISON CO	4.70%	01/15/2044	210,000	190,733	189,074
BURLINGTON NORTH SANTA FE	4.90%	04/01/2044	740,000	706,398	698,923
CONNECTICUT LIGHT & PWR	4.30%	04/15/2044	565,000	485,228	489,143
PFIZER INC	4.40%	05/15/2044	890,000	803,043	803,964
KKR GROUP FIN CO III LLC	5.13%	06/01/2044	270,000	247,907	251,035
PPL ELECTRIC UTILITIES	4.13%	06/14/2044	565,000	477,147	478,871
BLACKSTONE HOLDINGS FINANCIAL	5.00%	06/15/2044	213,000	195,811	199,692
ONCOR ELECTRIC DELIVERY	3.75%	04/01/2045	655,000	516,280	518,131
ACE INA HOLDINGS	4.35%	11/03/2045	305,000	264,808	266,970
ASTRAZENECA PLC	4.38%	11/16/2045	305,000	267,780	271,712
EXXON MOBIL CORP	4.11%	03/01/2046	420,000	355,741	353,695
HOME DEPOT INC	4.25%	04/01/2046	650,000	565,838	559,611
APPLE INC	3.85%	08/04/2046	720,000	595,654	597,744
SHELL FIN US INC	3.75%	09/12/2046	740,000	581,118	575,624
APPLIED MATERIALS INC	4.35%	04/01/2047	220,000	195,624	191,957
TEACHERS INSUR & ANNUITY	4.27%	05/08/2047	230,000	187,511	190,047
PPL ELECTRIC UTILITIES B CLASS	3.95%	06/01/2047	233,000	187,933	189,117
ALABAMA POWER CO	3.70%	12/01/2047	295,000	228,060	227,976
FLORIDA POWER & LIGHT	3.70%	12/01/2047	190,000	147,720	147,630
PRUDENTIAL FINANCIAL INC	3.91%	12/07/2047	325,000	254,477	256,165
CME GROUP INC	4.15%	06/15/2048	195,000	167,738	167,606
UNITEDHEALTH GROUP INC	4.45%	12/17/2048	935,000	821,905	808,990
TTX COMPANY	4.60%	02/01/2049	500,000	459,915	448,820
TRAVELERS COS INC	4.10%	03/04/2049	295,000	245,402	243,794
AMEREN ILLINOIS COMPANY	4.50%	03/15/2049	365,000	317,647	321,908
MARS INC	3.95%	04/01/2049	235,000	188,658	188,061
MIDAMERICAN ENERGY CO	4.25%	07/15/2049	825,000	691,148	700,689
BRISTOL MYERS SQUIBB CO	4.25%	10/26/2049	970,000	809,786	812,753
MASTERCARD INC	3.85%	03/26/2050	175,000	141,443	141,435
GENERAL DYNAMICS CORP	4.25%	04/01/2050	235,000	201,635	202,398
ALPHABET INC	2.05%	08/15/2050	205,000	119,575	120,712
PROLOGIS LP	2.13%	10/15/2050	275,000	150,485	150,312
BERKSHIRE HATHAWAY FINANCIAL	2.85%	10/15/2050	490,000	322,792	322,038
HOME DEPOT INC	2.38%	03/15/2051	650,000	380,861	384,001
PECO ENERGY CO	3.05%	03/15/2051	500,000	335,382	338,355
EXXON MOBIL CORP	3.45%	04/15/2051	635,000	467,489	466,255

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ASTRAZENECA PLC	3.00%	05/28/2051	205,000	142,028	141,971
CONSUMERS ENERGY CO	3.50%	08/01/2051	135,000	101,578	103,918
SHELL INTL FIN	3.00%	11/25/2051	405,000	268,235	268,936
EMERSON ELECTRIC CO	2.80%	12/21/2051	400,000	256,643	260,460
MICROSOFT CORP	2.92%	03/17/2052	645,000	447,090	445,992
AMAZON COM INC	3.95%	04/13/2052	590,000	486,066	485,588
BURLINGTON NORTH SANTA FE	2.88%	06/15/2052	715,000	460,981	465,823
PEPSICO INC	4.20%	07/18/2052	525,000	449,507	447,311
UNITEDHEALTH GROUP INC	5.88%	02/15/2053	780,000	826,072	820,498
UNITED PARCEL SERVICE	5.05%	03/03/2053	325,000	311,417	310,440
WALMART INC	4.50%	04/15/2053	665,000	608,795	605,981
PROLOGIS LP	5.25%	06/15/2053	205,000	197,537	199,352
DUKE ENERGY FLORIDA LLC	6.20%	11/15/2053	130,000	142,204	142,804
CUMMINS ENGINE CO	5.45%	02/20/2054	265,000	265,584	268,257
HONEYWELL INTERNATIONAL INC	5.25%	03/01/2054	545,000	544,679	544,962
ROCHE HOLDINGS INC	5.22%	03/08/2054	212,000	219,797	212,282
ENTERGY ARKANSAS LLC	5.75%	06/01/2054	115,000	116,735	118,978
NORTHERN STATES POWER	5.65%	06/15/2054	175,000	175,586	182,136
FLORIDA POWER & LIGHT	5.60%	06/15/2054	100,000	100,689	103,377
HEALTH CARE SVCS CORP HEALTH	5.88%	06/15/2054	213,000	214,230	213,703
HOME DEPOT INC	5.30%	06/25/2054	109,000	107,294	108,398
META PLATFORMS INC	5.40%	08/15/2054	268,000	268,637	269,750
PECO ENERGY CO	5.25%	09/15/2054	159,000	158,617	156,116
NOVARTIS CAPITAL CORP	4.70%	09/18/2054	187,000	186,521	173,237
AMAZON COM INC	3.25%	05/12/2061	1,035,000	708,140	704,266
APPLE INC	2.85%	08/05/2061	865,000	547,826	547,874
MERCK & CO INC	2.90%	12/10/2061	255,000	156,339	154,800
CHUBB INA HOLDINGS INC	3.05%	12/15/2061	210,000	138,341	133,993
MICROSOFT CORP	3.04%	03/17/2062	920,000	623,397	614,983
TEXAS INSTRUMENT INC	5.05%	05/18/2063	470,000	446,741	444,653
ELI LILLY & CO	5.10%	02/09/2064	455,000	439,460	437,387
UNITEDHEALTH GROUP INC	5.75%	07/15/2064	262,000	265,027	267,271
ELI LILLY & CO	5.20%	08/14/2064	218,000	217,781	213,507
			<u>\$ 36,881,000</u>	<u>\$ 31,168,915</u>	<u>\$ 31,181,518</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS - OTHER

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ENTERPRISE PRODUCTS OPERATING	5.55%	02/16/2025	\$ 526,000	\$ 526,029	\$ 522,597
NIAGARA MOHAWK PWR CORP	4.28%	10/01/2034	415,000	368,448	374,251
CINCINNATI FINANCIAL CORP	6.13%	11/01/2034	400,000	423,050	425,884
EOG RESOURCES INC	3.90%	04/01/2035	190,000	171,616	172,207
BERKSHIRE HATHAWAY ENERGY	6.13%	04/01/2036	305,000	322,173	325,517
CANADIAN NATIONAL RAILWAY CC	6.20%	06/01/2036	295,000	321,925	323,317
CONSOLIDATED EDISON CO OF NY INC	6.75%	04/01/2038	450,000	513,864	511,308
FLORIDA POWER CORP	6.40%	06/15/2038	845,000	913,991	927,886
JPMORGAN CHASE CO	3.88%	07/24/2038	1,370,000	1,177,443	1,192,969
VIRGINIA ELECTRIC & POWER CO	8.88%	11/15/2038	195,000	258,364	258,139
CITIGROUP INC	3.88%	01/24/2039	800,000	682,724	680,160
MORGAN STANLEY VARIABLE RATE	4.46%	04/22/2039	400,000	361,311	368,012
SEMPRA ENERGY	6.00%	10/15/2039	235,000	242,964	241,296
SALES TAX SECURITIZATION CORP IL	4.64%	01/01/2040	135,000	128,436	130,372
BANK OF AMERICA CORP	2.68%	06/19/2041	1,740,000	1,231,335	1,244,048
NORFOLK SOUTHERN CORP	4.84%	10/01/2041	375,000	348,679	351,514
ENTERPRISE PRODUCTS OPERATING	5.70%	02/15/2042	585,000	600,628	594,799
BANK OF AMERICA CORP	3.31%	04/22/2042	1,105,000	843,002	853,900
MORGAN STANLEY	3.22%	04/22/2042	915,000	698,323	705,035
UNITED TECHNOLOGIES CORP	4.50%	06/01/2042	300,000	264,618	266,991
GOLDMAN SACHS GROUP INC VARIABLE	2.91%	07/21/2042	1,025,000	736,594	741,444
LOCKHEED MARTIN CORPORATION	4.07%	12/15/2042	915,000	782,883	785,756
AMERICAN MUN PWR-OHIO INC	6.05%	02/15/2043	140,000	145,389	147,626
CARLYLE HLDGS II FIN LLC	5.63%	03/30/2043	215,000	209,382	210,001
BHP BILLITON FINANCE	5.00%	09/30/2043	440,000	419,130	422,796
STATOIL ASA	4.80%	11/08/2043	195,000	183,066	184,472
XLIT LTD	5.25%	11/21/2043	270,000	253,606	255,236
VIRGINIA ELECTRIC & POWER CO	4.45%	02/15/2044	380,000	328,443	334,879
CMS ENERGY CORP	4.88%	03/01/2044	380,000	348,223	348,692
HSBC HOLDINGS PLC VARIABLE RATE	6.33%	03/09/2044	400,000	422,092	432,832
GOLDMAN SACHS GROUP INC	4.80%	07/08/2044	230,000	210,094	212,651
MORGAN STANLEY	4.30%	01/27/2045	190,000	164,827	165,992
WELLS FARGO & CO	3.90%	05/01/2045	705,000	567,479	572,368
EXELON CORPORATION	5.10%	06/15/2045	295,000	270,403	275,766
PUBLIC SERVICE ELECTRIC	4.15%	11/01/2045	555,000	454,066	462,975
ANHEUSER BUSCH	4.90%	02/01/2046	1,260,000	1,192,476	1,176,197
RAYMOND JAMES FINANCIAL INC	4.95%	07/15/2046	210,000	191,609	194,418
ORACLE CORP	4.00%	07/15/2046	335,000	260,264	263,866
SIMON PROPERTY GROUP LP	4.25%	11/23/2046	505,000	411,608	424,387
AEP TRANSMISSION CO LLC	4.00%	12/01/2046	250,000	203,059	203,273
CONSOLIDATED EDISON CO OF NY INC	3.88%	06/15/2047	555,000	435,002	438,056
PG&E WILDFIRE RECOVERY	4.45%	12/01/2047	457,000	401,330	407,333
SEMPRA ENERGY	4.00%	02/01/2048	340,000	259,512	266,159
CVS HEALTH CORPORATION	5.05%	03/25/2048	215,000	190,389	185,926
SECURIAN FINL GROUP INC	4.80%	04/15/2048	155,000	126,876	133,846
CITIGROUP INC	4.28%	04/24/2048	245,000	206,612	206,969
JPMORGAN CHASE CO	3.96%	11/15/2048	1,100,000	887,064	898,645
MOODY'S CORPORATION	4.88%	12/17/2048	150,000	137,505	138,705
BERKSHIRE HATHAWAY ENERGY	4.45%	01/15/2049	165,000	147,041	140,115
NATIONAL RURAL UTILITY COOP	4.30%	03/15/2049	385,000	322,739	323,088
PG&E ENERGY RECOVERY FND	5.53%	06/01/2049	206,000	205,992	209,144
WALT DISNEY CO	2.75%	09/01/2049	460,000	298,487	297,827
ABBVIE INC	4.25%	11/21/2049	925,000	796,513	787,351
S&P GLOBAL INC	3.25%	12/01/2049	275,000	196,658	197,634
SNAP-ON INC	3.10%	05/01/2050	380,000	265,542	265,479

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LAM RESEARCH CORP	2.88%	06/15/2050	410,000	273,203	272,535
BAE SYSTEMS PLC-SP ADR	3.00%	09/15/2050	400,000	261,646	267,508
BERKSHIRE HATHAWAY ENERGY	4.25%	10/15/2050	505,000	404,758	413,868
WALT DISNEY CO	3.60%	01/13/2051	405,000	307,913	306,411
WELLS FARGO & CO	5.01%	04/04/2051	1,060,000	986,835	991,418
HORMEL FOODS CORP	3.05%	06/03/2051	195,000	130,503	133,390
AEP TRANSMISSION CO LLC	2.75%	08/15/2051	295,000	181,530	184,587
ANALOG DEVICES INC	2.95%	10/01/2051	385,000	255,865	256,433
PG&E WILDFIRE RECOVERY	4.67%	12/01/2051	110,000	101,822	99,810
MARSH & MCLENNAN COMPANIES INC	2.90%	12/15/2051	485,000	305,339	312,165
VERIZON COMMUNICATIONS	3.88%	03/01/2052	255,000	197,333	196,121
CSL FINANCE PLC	4.75%	04/27/2052	250,000	225,092	226,175
VIRGINIA ELECTRIC & POWER CO	4.63%	05/15/2052	305,000	262,688	266,655
INTERCONTINENTAL EXCHANGE INC	4.95%	06/15/2052	405,000	378,214	381,413
KLA CORPORATION	4.95%	07/15/2052	405,000	382,285	380,655
METLIFE INC	5.00%	07/15/2052	625,000	580,027	585,344
UNION PACIFIC CORP	3.50%	02/14/2053	590,000	433,036	434,966
SIMON PROPERTY GROUP LP	5.85%	03/08/2053	285,000	288,311	295,146
LOWES COS INC	5.63%	04/15/2053	195,000	193,821	193,493
MARSH & MCLENNAN COMPANIES INC	5.70%	09/15/2053	145,000	150,143	149,678
NIAGARA MOHAWK PWR CORP	5.66%	01/17/2054	75,000	73,451	74,640
ABBVIE INC	5.40%	03/15/2054	255,000	257,173	257,142
DIAMONDBACK ENERGY INC	5.75%	04/18/2054	173,000	170,694	168,108
ELEVANCE HEALTH INC	5.65%	06/15/2054	292,000	292,865	291,495
WISCONSIN ELECTRIC POWER	5.05%	10/01/2054	249,000	247,767	237,880
EASTERN ENERGY GAS	5.65%	10/15/2054	74,000	73,946	72,387
WASTE MANAGEMENT INC	5.35%	10/15/2054	195,000	195,209	195,209
T-MOBILE USA INC	5.50%	01/15/2055	225,000	220,869	221,810
CSX CORP	4.90%	03/15/2055	358,000	357,137	332,603
COMCAST CORP	2.94%	11/01/2056	1,795,000	1,112,268	1,110,531
ANHEUSER BUSCH	4.75%	04/15/2058	655,000	593,040	592,113
UNION PACIFIC CORP	3.84%	03/20/2060	690,000	517,309	518,597
MOODYS CORPORATION	2.55%	08/18/2060	107,000	58,472	57,500
BP CAP MARKETS AMERICA	3.38%	02/08/2061	750,000	505,328	497,903
CONOCOPHILLIPS COMPANY	4.03%	03/15/2062	695,000	533,665	527,873
COMCAST CORP	2.99%	11/01/2063	1,475,000	883,654	881,608
CANADIAN PAC RY	4.20%	11/15/2069	290,000	224,457	223,532
			<u>\$ 42,552,000</u>	<u>\$ 35,648,546</u>	<u>\$ 35,790,808</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
ACUSHNET HOLDINGS CORP	6,135	\$ 298,472	\$ 376,074
ARTISAN PARTNERS ASSET MANAGEMENT INC CL A	5,701	248,643	251,414
ASPEN TECHNOLOGY INC	820	73,317	192,479
BANCFIRST CORPORATION	1,850	133,226	201,113
CLEARWATER ANALYTICS HOLDINGS INC CLASS A	8,898	189,907	232,327
CORVEL CORPORATION	1,648	312,154	490,807
DONALDSON COMPANY INC	1,618	96,514	118,373
EMCOR GROUP INC	2,246	266,589	1,001,873
FACTSET RESEARCH SYSTEMS INC	597	234,745	271,074
FIRST HAWAIIAN INC	11,449	338,458	283,248
FTI CONSULTING INC	2,821	380,944	550,321
GRACO INC	4,016	290,433	327,103
JACK HENRY & ASSOCIATES INC	792	132,375	144,089
KADANT INC	1,141	252,652	380,021
KFORCE INC	1,929	119,105	111,477
LANDSTAR SYSTEM INC	1,968	319,914	345,915
LCI INDUSTRIES	1,738	224,512	193,405
MANHATTAN ASSOCIATES INC	1,121	171,426	295,227
MOELIS & CO CL A	5,554	307,705	368,786
PRIMERICA INC	2,400	359,993	664,344
RBC BEARINGS INC	1,160	248,021	325,206
RIGHTMOVE PLC ADR	18,991	341,957	290,752
RLI CORP	1,444	147,892	225,221
SIMPSON MANUFACTURING CO INC	3,858	405,007	693,630
TORO COMPANY	5,199	481,730	418,416
UFP INDUSTRIES INC	2,820	280,612	344,999
WATTS WATER TECHNOLOGIES INC	1,765	308,684	336,391
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - CORPORATE STOCK - COMMON	-	7,552,250	8,220,816
		<u>\$ 14,517,237</u>	<u>\$ 17,654,901</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF NON-PARTICIPANT LOANS

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
<u>ISSUER</u>					
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - LOANS (OTHER THAN PARTICIPANT LOANS)			-	\$ <u>94,881</u>	\$ <u>103,280</u>
				\$ <u>94,881</u>	\$ <u>103,280</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
COMGEST GLOBAL EX US EQUITY TRUST	456,209	\$ 5,098,730	\$ 6,304,712
JP MORGAN CHASE BANK STRATEGIC PROPERTY FUND	698,670	5,792,242	7,532,978
NORTHERN TRUST S&P 500 INDEX FUND NL	1,570	7,826,891	34,435,786
NORTHERN TRUST RUSSELL 2000 INDEX FUND NL	119,628	4,819,570	7,238,800
		\$ 23,537,433	\$ 55,512,276

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
		ISSUER	NO. OF SHARES	COST	CURRENT VALUE
		GOLDMAN SACHS GOVERNMENT FUND	969,126	\$ 969,126	\$ 969,126
		VANGUARD REIT INDEX FUND ADM	50,129	5,600,611	6,685,768
				\$ 6,569,737	\$ 7,654,894

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	CRESCENT CAPITAL HIGH INCOME FUND B, L.P.	\$ -	\$ 17,084,798	\$ -	\$ -	\$ 16,886,909	\$ 17,084,798	\$ 197,889
N/A	LONGVIEW CORE BOND FUND	-	28,198,622	-	-	26,353,663	28,198,622	1,844,959
N/A	NORTHERN TRUST S&P 500 INDEX FUND NL	-	7,750,000	-	-	1,759,250	7,750,000	5,990,750
N/A	PIMCO ALL ASSET FUND	-	12,037,863	-	-	13,230,830	12,037,863	(1,192,967)
N/A	GOLDMAN FINANCIAL SQAURE GOVT-A	114,237,649	-	-	-	-	114,237,649	-
N/A	GOLDMAN FINANCIAL SQAURE GOVT-A	-	113,991,399	-	-	113,991,399	113,991,399	-
N/A	U.S. TREASURY 4.25% DUE 2/15/2054	15,192,038	-	-	-	-	15,192,038	-
N/A	U.S. TREASURY 4.25% DUE 2/15/2054	-	15,026,318	-	-	15,192,038	15,026,318	(165,720)
N/A	U.S. TREASURY 4.50% DUE 2/15/2044	20,271,642	-	-	-	-	20,271,642	-
N/A	U.S. TREASURY 4.50% DUE 2/15/2044	-	20,151,327	-	-	20,271,642	20,151,327	(120,315)
N/A	U.S. TREASURY 4.63% DUE 5/15/2044	8,010,137	-	-	-	-	8,010,137	-
N/A	U.S. TREASURY 4.63% DUE 5/15/2044	-	5,951,297	-	-	5,993,157	5,951,297	(41,860)
N/A	U.S. TREASURY 4.00% DUE 2/15/2034	11,135,045	-	-	-	-	11,135,045	-
N/A	U.S. TREASURY 4.00% DUE 2/15/2034	-	9,267,934	-	-	9,250,014	9,267,934	17,920

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

OCTOBER 31, 2024

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
U.S. government securities	\$ 3,802,492	\$ 202,315	\$ 4,004,807
Corporate debt instruments	66,972,326	-	66,972,326
Corporate stock	9,434,085	8,220,816	17,654,901
Partnership/joint venture interests	8,518,481	(8,518,481)	-
Loans (other than participant loans)	-	103,280	103,280
Common/collective trust funds	55,512,276	-	55,512,276
Registered investment companies	7,654,894	-	7,654,894
Receivables	1,841,231	67,581	1,908,812
Cash	1,966,527	-	1,966,527
Other assets	<u>81,855</u>	<u>-</u>	<u>81,855</u>
Total assets	<u>155,784,167</u>	<u>75,511</u>	<u>155,859,678</u>
Liabilities			
Operating payables	202,601	75,511	278,112
Other liabilities	<u>44,630</u>	<u>-</u>	<u>44,630</u>
Total liabilities	<u>247,231</u>	<u>75,511</u>	<u>322,742</u>
Net assets available for benefits	<u>\$ 155,536,936</u>	<u>\$ -</u>	<u>\$ 155,536,936</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amalgamated Bank	\$ 7,637	\$ 15,987
Kayne Anderson Rudnick Investment Management, LLC	78,696	72,907
Crescent Capital Group, LP	58,107	103,819
HGK Asset Management, Inc.	80,045	73,980
JP Morgan Chase Bank NA	79,847	93,263
The Northern Trust Company	5,390	17,979
Investment Research + Management	55,649	-
Global Trust Company	40,385	24,806
Amalgamated Bank of Chicago	-	3,591
Segal Marco Advisors	<u>75,250</u>	<u>55,000</u>
Total investment expenses	<u>\$ 481,006</u>	<u>\$ 461,332</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED OCTOBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Third party administration	\$ 102,722	\$ 112,846
Office	8,531	19,347
Legal	125,844	171,733
Accounting	64,000	60,000
Payroll audits	7,148	18,728
Actuarial consulting	104,622	181,914
Insurance	123,053	122,959
Conferences and meetings	<u>3,318</u>	<u>-</u>
Total administrative expenses	<u>\$ 539,238</u>	<u>\$ 687,527</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF U.S. GOVERNMENT SECURITIES

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
UNITED STATES TREASURY BOND	4.00%	02/15/2034	\$ 1,891,000	\$ 1,885,031	\$ 1,850,231
UNITED STATES TREASURY BOND	3.88%	08/15/2034	47,000	46,225	45,473
UNITED STATES TREASURY BOND	4.63%	05/15/2044	1,897,000	2,016,980	1,906,789
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - US GOVERNMENT SECURITIES			-	185,862	202,314
			<u>\$ 3,835,000</u>	<u>\$ 4,134,098</u>	<u>\$ 4,004,807</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PACCAR FINANCIAL CORP	5.00%	03/22/2034	\$ 255,000	\$ 254,698	\$ 258,973
PRUDENTIAL FINANCIAL INC	5.70%	12/14/2036	170,000	175,984	178,420
HOME DEPOT INC	5.88%	12/16/2036	265,000	283,732	284,255
NORTHERN STATES POWER CO	6.20%	07/01/2037	590,000	637,051	640,197
ASTRAZENECA PLC	6.45%	09/15/2037	235,000	263,172	263,527
JOHNSON & JOHNSON	3.40%	01/15/2038	380,000	322,515	324,007
CISCO SYSTEMS INC	5.90%	02/15/2039	420,000	452,431	452,529
PFIZER INC	3.90%	03/15/2039	380,000	326,751	330,444
DUKE ENERGY CAROLINAS	5.30%	02/15/2040	610,000	598,940	611,653
FLORIDA POWER & LIGHT	5.69%	03/01/2040	700,000	736,515	732,424
VISA INC	2.70%	04/15/2040	610,000	450,476	457,988
RIO TINTO FINANCE	5.20%	11/02/2040	470,000	464,229	467,542
LSEGA FING PLC	3.20%	04/06/2041	400,000	299,872	302,476
JOHNSON & JOHNSON	4.85%	05/15/2041	340,000	335,481	337,059
DEERE & CO	3.90%	06/09/2042	377,000	320,540	323,146
CATERPILLAR INC	3.80%	08/15/2042	460,000	381,909	383,750
NORTHERN STATES POWER CO	3.40%	08/15/2042	570,000	446,336	446,561
ALABAMA POWER CO	3.85%	12/01/2042	660,000	542,037	542,355
COMMONWEALTH EDISON CO	4.70%	01/15/2044	210,000	190,733	189,074
BURLINGTON NORTH SANTA FE	4.90%	04/01/2044	740,000	706,398	698,923
CONNECTICUT LIGHT & PWR	4.30%	04/15/2044	565,000	485,228	489,143
PFIZER INC	4.40%	05/15/2044	890,000	803,043	803,964
KKR GROUP FIN CO III LLC	5.13%	06/01/2044	270,000	247,907	251,035
PPL ELECTRIC UTILITIES	4.13%	06/14/2044	565,000	477,147	478,871
BLACKSTONE HOLDINGS FINANCIAL	5.00%	06/15/2044	213,000	195,811	199,692
ONCOR ELECTRIC DELIVERY	3.75%	04/01/2045	655,000	516,280	518,131
ACE INA HOLDINGS	4.35%	11/03/2045	305,000	264,808	266,970
ASTRAZENECA PLC	4.38%	11/16/2045	305,000	267,780	271,712
EXXON MOBIL CORP	4.11%	03/01/2046	420,000	355,741	353,695
HOME DEPOT INC	4.25%	04/01/2046	650,000	565,838	559,611
APPLE INC	3.85%	08/04/2046	720,000	595,654	597,744
SHELL FIN US INC	3.75%	09/12/2046	740,000	581,118	575,624
APPLIED MATERIALS INC	4.35%	04/01/2047	220,000	195,624	191,957
TEACHERS INSUR & ANNUITY	4.27%	05/08/2047	230,000	187,511	190,047
PPL ELECTRIC UTILITIES B CLASS	3.95%	06/01/2047	233,000	187,933	189,117
ALABAMA POWER CO	3.70%	12/01/2047	295,000	228,060	227,976
FLORIDA POWER & LIGHT	3.70%	12/01/2047	190,000	147,720	147,630
PRUDENTIAL FINANCIAL INC	3.91%	12/07/2047	325,000	254,477	256,165
CME GROUP INC	4.15%	06/15/2048	195,000	167,738	167,606
UNITEDHEALTH GROUP INC	4.45%	12/17/2048	935,000	821,905	808,990
TTX COMPANY	4.60%	02/01/2049	500,000	459,915	448,820
TRAVELERS COS INC	4.10%	03/04/2049	295,000	245,402	243,794
AMEREN ILLINOIS COMPANY	4.50%	03/15/2049	365,000	317,647	321,908
MARS INC	3.95%	04/01/2049	235,000	188,658	188,061
MIDAMERICAN ENERGY CO	4.25%	07/15/2049	825,000	691,148	700,689
BRISTOL MYERS SQUIBB CO	4.25%	10/26/2049	970,000	809,786	812,753
MASTERCARD INC	3.85%	03/26/2050	175,000	141,443	141,435
GENERAL DYNAMICS CORP	4.25%	04/01/2050	235,000	201,635	202,398
ALPHABET INC	2.05%	08/15/2050	205,000	119,575	120,712
PROLOGIS LP	2.13%	10/15/2050	275,000	150,485	150,312
BERKSHIRE HATHAWAY FINANCIAL	2.85%	10/15/2050	490,000	322,792	322,038
HOME DEPOT INC	2.38%	03/15/2051	650,000	380,861	384,001
PECO ENERGY CO	3.05%	03/15/2051	500,000	335,382	338,355
EXXON MOBIL CORP	3.45%	04/15/2051	635,000	467,489	466,255

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ASTRAZENECA PLC	3.00%	05/28/2051	205,000	142,028	141,971
CONSUMERS ENERGY CO	3.50%	08/01/2051	135,000	101,578	103,918
SHELL INTL FIN	3.00%	11/25/2051	405,000	268,235	268,936
EMERSON ELECTRIC CO	2.80%	12/21/2051	400,000	256,643	260,460
MICROSOFT CORP	2.92%	03/17/2052	645,000	447,090	445,992
AMAZON COM INC	3.95%	04/13/2052	590,000	486,066	485,588
BURLINGTON NORTH SANTA FE	2.88%	06/15/2052	715,000	460,981	465,823
PEPSICO INC	4.20%	07/18/2052	525,000	449,507	447,311
UNITEDHEALTH GROUP INC	5.88%	02/15/2053	780,000	826,072	820,498
UNITED PARCEL SERVICE	5.05%	03/03/2053	325,000	311,417	310,440
WALMART INC	4.50%	04/15/2053	665,000	608,795	605,981
PROLOGIS LP	5.25%	06/15/2053	205,000	197,537	199,352
DUKE ENERGY FLORIDA LLC	6.20%	11/15/2053	130,000	142,204	142,804
CUMMINS ENGINE CO	5.45%	02/20/2054	265,000	265,584	268,257
HONEYWELL INTERNATIONAL INC	5.25%	03/01/2054	545,000	544,679	544,962
ROCHE HOLDINGS INC	5.22%	03/08/2054	212,000	219,797	212,282
ENTERGY ARKANSAS LLC	5.75%	06/01/2054	115,000	116,735	118,978
NORTHERN STATES POWER	5.65%	06/15/2054	175,000	175,586	182,136
FLORIDA POWER & LIGHT	5.60%	06/15/2054	100,000	100,689	103,377
HEALTH CARE SVCS CORP HEALTH	5.88%	06/15/2054	213,000	214,230	213,703
HOME DEPOT INC	5.30%	06/25/2054	109,000	107,294	108,398
META PLATFORMS INC	5.40%	08/15/2054	268,000	268,637	269,750
PECO ENERGY CO	5.25%	09/15/2054	159,000	158,617	156,116
NOVARTIS CAPITAL CORP	4.70%	09/18/2054	187,000	186,521	173,237
AMAZON COM INC	3.25%	05/12/2061	1,035,000	708,140	704,266
APPLE INC	2.85%	08/05/2061	865,000	547,826	547,874
MERCK & CO INC	2.90%	12/10/2061	255,000	156,339	154,800
CHUBB INA HOLDINGS INC	3.05%	12/15/2061	210,000	138,341	133,993
MICROSOFT CORP	3.04%	03/17/2062	920,000	623,397	614,983
TEXAS INSTRUMENT INC	5.05%	05/18/2063	470,000	446,741	444,653
ELI LILLY & CO	5.10%	02/09/2064	455,000	439,460	437,387
UNITEDHEALTH GROUP INC	5.75%	07/15/2064	262,000	265,027	267,271
ELI LILLY & CO	5.20%	08/14/2064	218,000	217,781	213,507
			<u>\$ 36,881,000</u>	<u>\$ 31,168,915</u>	<u>\$ 31,181,518</u>

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS - OTHER

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
ENTERPRISE PRODUCTS OPERATING	5.55%	02/16/2025	\$ 526,000	\$ 526,029	\$ 522,597
NIAGARA MOHAWK PWR CORP	4.28%	10/01/2034	415,000	368,448	374,251
CINCINNATI FINANCIAL CORP	6.13%	11/01/2034	400,000	423,050	425,884
EOG RESOURCES INC	3.90%	04/01/2035	190,000	171,616	172,207
BERKSHIRE HATHAWAY ENERGY	6.13%	04/01/2036	305,000	322,173	325,517
CANADIAN NATIONAL RAILWAY CC	6.20%	06/01/2036	295,000	321,925	323,317
CONSOLIDATED EDISON CO OF NY INC	6.75%	04/01/2038	450,000	513,864	511,308
FLORIDA POWER CORP	6.40%	06/15/2038	845,000	913,991	927,886
JPMORGAN CHASE CO	3.88%	07/24/2038	1,370,000	1,177,443	1,192,969
VIRGINIA ELECTRIC & POWER CO	8.88%	11/15/2038	195,000	258,364	258,139
CITIGROUP INC	3.88%	01/24/2039	800,000	682,724	680,160
MORGAN STANLEY VARIABLE RATE	4.46%	04/22/2039	400,000	361,311	368,012
SEMPRA ENERGY	6.00%	10/15/2039	235,000	242,964	241,296
SALES TAX SECURITIZATION CORP IL	4.64%	01/01/2040	135,000	128,436	130,372
BANK OF AMERICA CORP	2.68%	06/19/2041	1,740,000	1,231,335	1,244,048
NORFOLK SOUTHERN CORP	4.84%	10/01/2041	375,000	348,679	351,514
ENTERPRISE PRODUCTS OPERATING	5.70%	02/15/2042	585,000	600,628	594,799
BANK OF AMERICA CORP	3.31%	04/22/2042	1,105,000	843,002	853,900
MORGAN STANLEY	3.22%	04/22/2042	915,000	698,323	705,035
UNITED TECHNOLOGIES CORP	4.50%	06/01/2042	300,000	264,618	266,991
GOLDMAN SACHS GROUP INC VARIABLE	2.91%	07/21/2042	1,025,000	736,594	741,444
LOCKHEED MARTIN CORPORATION	4.07%	12/15/2042	915,000	782,883	785,756
AMERICAN MUN PWR-OHIO INC	6.05%	02/15/2043	140,000	145,389	147,626
CARLYLE HLDGS II FIN LLC	5.63%	03/30/2043	215,000	209,382	210,001
BHP BILLITON FINANCE	5.00%	09/30/2043	440,000	419,130	422,796
STATOIL ASA	4.80%	11/08/2043	195,000	183,066	184,472
XLIT LTD	5.25%	11/21/2043	270,000	253,606	255,236
VIRGINIA ELECTRIC & POWER CO	4.45%	02/15/2044	380,000	328,443	334,879
CMS ENERGY CORP	4.88%	03/01/2044	380,000	348,223	348,692
HSBC HOLDINGS PLC VARIABLE RATE	6.33%	03/09/2044	400,000	422,092	432,832
GOLDMAN SACHS GROUP INC	4.80%	07/08/2044	230,000	210,094	212,651
MORGAN STANLEY	4.30%	01/27/2045	190,000	164,827	165,992
WELLS FARGO & CO	3.90%	05/01/2045	705,000	567,479	572,368
EXELON CORPORATION	5.10%	06/15/2045	295,000	270,403	275,766
PUBLIC SERVICE ELECTRIC	4.15%	11/01/2045	555,000	454,066	462,975
ANHEUSER BUSCH	4.90%	02/01/2046	1,260,000	1,192,476	1,176,197
RAYMOND JAMES FINANCIAL INC	4.95%	07/15/2046	210,000	191,609	194,418
ORACLE CORP	4.00%	07/15/2046	335,000	260,264	263,866
SIMON PROPERTY GROUP LP	4.25%	11/23/2046	505,000	411,608	424,387
AEP TRANSMISSION CO LLC	4.00%	12/01/2046	250,000	203,059	203,273
CONSOLIDATED EDISON CO OF NY INC	3.88%	06/15/2047	555,000	435,002	438,056
PG&E WILDFIRE RECOVERY	4.45%	12/01/2047	457,000	401,330	407,333
SEMPRA ENERGY	4.00%	02/01/2048	340,000	259,512	266,159
CVS HEALTH CORPORATION	5.05%	03/25/2048	215,000	190,389	185,926
SECURIAN FINL GROUP INC	4.80%	04/15/2048	155,000	126,876	133,846
CITIGROUP INC	4.28%	04/24/2048	245,000	206,612	206,969
JPMORGAN CHASE CO	3.96%	11/15/2048	1,100,000	887,064	898,645
MOODY'S CORPORATION	4.88%	12/17/2048	150,000	137,505	138,705
BERKSHIRE HATHAWAY ENERGY	4.45%	01/15/2049	165,000	147,041	140,115
NATIONAL RURAL UTILITY COOP	4.30%	03/15/2049	385,000	322,739	323,088
PG&E ENERGY RECOVERY FND	5.53%	06/01/2049	206,000	205,992	209,144
WALT DISNEY CO	2.75%	09/01/2049	460,000	298,487	297,827
ABBVIE INC	4.25%	11/21/2049	925,000	796,513	787,351
S&P GLOBAL INC	3.25%	12/01/2049	275,000	196,658	197,634
SNAP-ON INC	3.10%	05/01/2050	380,000	265,542	265,479

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LAM RESEARCH CORP	2.88%	06/15/2050	410,000	273,203	272,535
BAE SYSTEMS PLC-SP ADR	3.00%	09/15/2050	400,000	261,646	267,508
BERKSHIRE HATHAWAY ENERGY	4.25%	10/15/2050	505,000	404,758	413,868
WALT DISNEY CO	3.60%	01/13/2051	405,000	307,913	306,411
WELLS FARGO & CO	5.01%	04/04/2051	1,060,000	986,835	991,418
HORMEL FOODS CORP	3.05%	06/03/2051	195,000	130,503	133,390
AEP TRANSMISSION CO LLC	2.75%	08/15/2051	295,000	181,530	184,587
ANALOG DEVICES INC	2.95%	10/01/2051	385,000	255,865	256,433
PG&E WILDFIRE RECOVERY	4.67%	12/01/2051	110,000	101,822	99,810
MARSH & MCLENNAN COMPANIES INC	2.90%	12/15/2051	485,000	305,339	312,165
VERIZON COMMUNICATIONS	3.88%	03/01/2052	255,000	197,333	196,121
CSL FINANCE PLC	4.75%	04/27/2052	250,000	225,092	226,175
VIRGINIA ELECTRIC & POWER CO	4.63%	05/15/2052	305,000	262,688	266,655
INTERCONTINENTAL EXCHANGE INC	4.95%	06/15/2052	405,000	378,214	381,413
KLA CORPORATION	4.95%	07/15/2052	405,000	382,285	380,655
METLIFE INC	5.00%	07/15/2052	625,000	580,027	585,344
UNION PACIFIC CORP	3.50%	02/14/2053	590,000	433,036	434,966
SIMON PROPERTY GROUP LP	5.85%	03/08/2053	285,000	288,311	295,146
LOWES COS INC	5.63%	04/15/2053	195,000	193,821	193,493
MARSH & MCLENNAN COMPANIES INC	5.70%	09/15/2053	145,000	150,143	149,678
NIAGARA MOHAWK PWR CORP	5.66%	01/17/2054	75,000	73,451	74,640
ABBVIE INC	5.40%	03/15/2054	255,000	257,173	257,142
DIAMONDBACK ENERGY INC	5.75%	04/18/2054	173,000	170,694	168,108
ELEVANCE HEALTH INC	5.65%	06/15/2054	292,000	292,865	291,495
WISCONSIN ELECTRIC POWER	5.05%	10/01/2054	249,000	247,767	237,880
EASTERN ENERGY GAS	5.65%	10/15/2054	74,000	73,946	72,387
WASTE MANAGEMENT INC	5.35%	10/15/2054	195,000	195,209	195,209
T-MOBILE USA INC	5.50%	01/15/2055	225,000	220,869	221,810
CSX CORP	4.90%	03/15/2055	358,000	357,137	332,603
COMCAST CORP	2.94%	11/01/2056	1,795,000	1,112,268	1,110,531
ANHEUSER BUSCH	4.75%	04/15/2058	655,000	593,040	592,113
UNION PACIFIC CORP	3.84%	03/20/2060	690,000	517,309	518,597
MOODYS CORPORATION	2.55%	08/18/2060	107,000	58,472	57,500
BP CAP MARKETS AMERICA	3.38%	02/08/2061	750,000	505,328	497,903
CONOCOPHILLIPS COMPANY	4.03%	03/15/2062	695,000	533,665	527,873
COMCAST CORP	2.99%	11/01/2063	1,475,000	883,654	881,608
CANADIAN PAC RY	4.20%	11/15/2069	290,000	224,457	223,532
			\$ 42,552,000	\$ 35,648,546	\$ 35,790,808

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF CORPORATE STOCK - COMMON

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ACUSHNET HOLDINGS CORP	6,135	\$ 298,472	\$ 376,074
ARTISAN PARTNERS ASSET MANAGEMENT INC CL A	5,701	248,643	251,414
ASPEN TECHNOLOGY INC	820	73,317	192,479
BANCFIRST CORPORATION	1,850	133,226	201,113
CLEARWATER ANALYTICS HOLDINGS INC CLASS A	8,898	189,907	232,327
CORVEL CORPORATION	1,648	312,154	490,807
DONALDSON COMPANY INC	1,618	96,514	118,373
EMCOR GROUP INC	2,246	266,589	1,001,873
FACTSET RESEARCH SYSTEMS INC	597	234,745	271,074
FIRST HAWAIIAN INC	11,449	338,458	283,248
FTI CONSULTING INC	2,821	380,944	550,321
GRACO INC	4,016	290,433	327,103
JACK HENRY & ASSOCIATES INC	792	132,375	144,089
KADANT INC	1,141	252,652	380,021
KFORCE INC	1,929	119,105	111,477
LANDSTAR SYSTEM INC	1,968	319,914	345,915
LCI INDUSTRIES	1,738	224,512	193,405
MANHATTAN ASSOCIATES INC	1,121	171,426	295,227
MOELIS & CO CL A	5,554	307,705	368,786
PRIMERICA INC	2,400	359,993	664,344
RBC BEARINGS INC	1,160	248,021	325,206
RIGHTMOVE PLC ADR	18,991	341,957	290,752
RLI CORP	1,444	147,892	225,221
SIMPSON MANUFACTURING CO INC	3,858	405,007	693,630
TORO COMPANY	5,199	481,730	418,416
UFP INDUSTRIES INC	2,820	280,612	344,999
WATTS WATER TECHNOLOGIES INC	1,765	308,684	336,391
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - CORPORATE STOCK - COMMON	-	7,552,250	8,220,816
		<u>\$ 14,517,237</u>	<u>\$ 17,654,901</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF NON-PARTICIPANT LOANS

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ISSUER					
HGK TRINITY STREET INTERNATIONAL EQUITY FUND LP - LOANS (OTHER THAN PARTICIPANT LOANS)			-	\$ <u>94,881</u>	\$ <u>103,280</u>
				\$ <u>94,881</u>	\$ <u>103,280</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
COMGEST GLOBAL EX US EQUITY TRUST	456,209	\$ 5,098,730	\$ 6,304,712
JP MORGAN CHASE BANK STRATEGIC PROPERTY FUND	698,670	5,792,242	7,532,978
NORTHERN TRUST S&P 500 INDEX FUND NL	1,570	7,826,891	34,435,786
NORTHERN TRUST RUSSELL 2000 INDEX FUND NL	119,628	4,819,570	7,238,800
		\$ 23,537,433	\$ 55,512,276

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE		(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
		ISSUER	NO. OF SHARES	COST	CURRENT VALUE
		GOLDMAN SACHS GOVERNMENT FUND	969,126	\$ 969,126	\$ 969,126
		VANGUARD REIT INDEX FUND ADM	50,129	5,600,611	6,685,768
				\$ 6,569,737	\$ 7,654,894

PENSION FUND OF MAKE-UP ARTISTS AND HAIR STYLISTS, LOCAL 798, I.A.T.S.E.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED OCTOBER 31, 2024

EIN 13-6116950, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	CRESCENT CAPITAL HIGH INCOME FUND B, L.P.	\$ -	\$ 17,084,798	\$ -	\$ -	\$ 16,886,909	\$ 17,084,798	\$ 197,889
N/A	LONGVIEW CORE BOND FUND	-	28,198,622	-	-	26,353,663	28,198,622	1,844,959
N/A	NORTHERN TRUST S&P 500 INDEX FUND NL	-	7,750,000	-	-	1,759,250	7,750,000	5,990,750
N/A	PIMCO ALL ASSET FUND	-	12,037,863	-	-	13,230,830	12,037,863	(1,192,967)
N/A	GOLDMAN FINANCIAL SQAURE GOVT-A	114,237,649	-	-	-	-	114,237,649	-
N/A	GOLDMAN FINANCIAL SQAURE GOVT-A	-	113,991,399	-	-	113,991,399	113,991,399	-
N/A	U.S. TREASURY 4.25% DUE 2/15/2054	15,192,038	-	-	-	-	15,192,038	-
N/A	U.S. TREASURY 4.25% DUE 2/15/2054	-	15,026,318	-	-	15,192,038	15,026,318	(165,720)
N/A	U.S. TREASURY 4.50% DUE 2/15/2044	20,271,642	-	-	-	-	20,271,642	-
N/A	U.S. TREASURY 4.50% DUE 2/15/2044	-	20,151,327	-	-	20,271,642	20,151,327	(120,315)
N/A	U.S. TREASURY 4.63% DUE 5/15/2044	8,010,137	-	-	-	-	8,010,137	-
N/A	U.S. TREASURY 4.63% DUE 5/15/2044	-	5,951,297	-	-	5,993,157	5,951,297	(41,860)
N/A	U.S. TREASURY 4.00% DUE 2/15/2034	11,135,045	-	-	-	-	11,135,045	-
N/A	U.S. TREASURY 4.00% DUE 2/15/2034	-	9,267,934	-	-	9,250,014	9,267,934	17,920

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 and ending		
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

Part I	Distributions
--------	---------------

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

Plan Name	PENSION FUND OF MAKE-UP ARTISTS & HAIR STYLISTS UNION - LOCAL 798 - IATSE	EIN:	13-6116950
Plan Sponsor's Name	BOARD OF TRUSTEES OF PENSION FUND OF MAKEUP ARTISTS & HAIR STYLISTS	PN:	001

[illegible]