

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

<p>1a Name of plan <u>I.A.T.S.E. ATLANTA ANNUITY TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IATSE ATLANTA ANNUITY TRUST BOARD OF TRUSTEES</u></p> <p><u>ADMINISTRATIVE CONSULTING SERVICE</u></p> <p><u>661 N. ERICSON ROAD</u> <u>CORDOVA, TN 38018-0006</u></p>	<p>1c Effective date of plan <u>07/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>58-2436601</u></p> <p>2c Plan Sponsor's telephone number <u>901-758-3000</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	05/23/2025	CORINTHIA F. HARPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/23/2025	DOBSON HARRIS
	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 <input checked="" type="checkbox"/> 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	661
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)	661
	6a(2)	581
	6b	
	6c	
	6d	581
	6e	
	6f	581
	6g(1)	
6g(2)	581	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	13

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan I.A.T.S.E. ATLANTA ANNUITY TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IATSE ATLANTA ANNUITY TRUST BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-2436601	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JENKINS & ASSOCIATES

1299 BATTLECREEK ROAD STE 200
JONESBORO, GA 30236

58-1596154

(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	CONTRACT ADMINISTRATOR	40500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

ONE 10TH STREET STE 600
AUGUSTA, GA 30901

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 72	INVESTMENT ADVISORY	19556	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN D. EISENBERG CPA, P.A.

7700 CONGRESS AVENUE 1128
BOCA RATON, FL 33487

65-0140643

(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	10576	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ADMINISTRATIVE CONSULTING SERVICES

661 N. ERICSON ROAD
CORDOVA, TN 38018

(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	CONTRACT ADMINISTRATOR	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan I.A.T.S.E. ATLANTA ANNUITY TRUST	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 IATSE ATLANTA ANNUITY TRUST BOARD OF TRUSTEES	D Employer Identification Number (EIN) 58-2436601	

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 44063	207336
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 46588	28595
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 8719	13402
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1294979	1367145
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 1524761	1799627
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 359659	401994
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3278769	3818099
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1845	82
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1845	82
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3276924	3818017

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)	525051	
(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)		525051
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	53671	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	22663	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14128	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		36791
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2831167	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2722290	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		108877
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	241009	
(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)		
(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)		-12045
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		953354

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	326482	
(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)		326482
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	49500	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	10576	
(5) Investment advisory and investment management fees	2i(5)	19556	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6147	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		85779
j Total expenses. Add all expense amounts in column (b) and enter total	2j		412261

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		541093
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: **STEVEN D EISENBERG CPA P.A.**

(2) EIN: **65-0140643**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>I.A.T.S.E. ATLANTA ANNUITY TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IATSE ATLANTA ANNUITY TRUST BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>58-2436601</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>525051</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>525051</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	<u>0</u>	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____.

I.A.T.S.E. ATLANTA ANNUITY TRUST
Financial Statements
with Independent Auditors' Report
June 30, 2024 and 2023

I.A.T.S.E. ATLANTA ANNUITY TRUST
FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To: Board of Trustees
I.A.T.S.E. Atlanta Annuity Trust

Opinion

We have audited the accompanying financial statements of I.A.T.S.E. Atlanta Annuity Trust, 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 June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of I.A.T.S.E. Atlanta Annuity Trust as of June 30, 2024 and 2023 and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of I.A.T.S.E. Atlanta Annuity Trust 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.

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
MEMBER FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

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 I.A.T.S.E. Atlanta Annuity Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 I.A.T.S.E. Atlanta Annuity Trust'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 I.A.T.S.E. Atlanta Annuity Trust'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.

INDEPENDENT AUDITORS' REPORT

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 Schedule of Assets Held at End of Year is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with generally accepted auditing standards.

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

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Employer Contributions and Operating Expenses is presented for the purpose 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 generally accepted auditing standards. 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.



Steven D. Eisenberg C.P.A., P.A.
August 25, 2025

I.A.T.S.E. ATLANTA ANNUITY TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	2024	2023
<u>ASSETS</u>		
Investments		
Equity Securities	\$ 1,799,627	\$ 1,524,761
Certificates of Deposit	1,194,645	1,064,862
Mutual Funds	401,994	359,659
Money Market and Short Term Reserves	172,500	230,117
	3,568,766	3,179,399
Total Investments		
Cash	207,336	44,063
Receivables		
Contributions	28,595	46,588
Interest and Other	13,402	8,719
	41,997	55,307
Total Assets	3,818,099	3,278,769
<u>LIABILITIES</u>		
Due to Brokers for Purchases of Investments	82	1,845
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	\$ 3,818,017	\$ 3,276,924

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

I.A.T.S.E. ATLANTA ANNUITY TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
<u>ADDITIONS TO NET ASSETS:</u>		
Investment Income		
Interest and Dividends	\$ 90,462	\$ 59,749
Gain on Sales of Investments	108,877	20,343
Net Appreciation in Fair Value of Investments	228,964	201,545
	428,303	281,637
Less: Investment Expenses	(19,556)	(16,546)
Net Investment Gain	408,747	265,091
Employer Contributions	525,051	497,268
Total Additions	933,798	762,359
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Benefits Paid	326,482	347,328
Operating Expenses	66,223	71,529
Total Deductions	392,705	418,857
<u>NET ADDITIONS (DEDUCTIONS)</u>	541,093	343,502
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning	3,276,924	2,933,422
Ending	\$ 3,818,017	\$ 3,276,924

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

NOTE 1 DESCRIPTION

The following description of the I.A.T.S.E. Atlanta Annuity Trust is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

General – The Plan is a multi-employer (non-contributory) defined contribution plan covering substantially all eligible members of signatory employers that are parties to collective bargaining agreement with Atlanta Exhibition & Display Employees Local Union No. 834 of the International Alliance of Theatrical Stage Employees and Moving Picture Machine Operators of the United States and Canada, AFL-CIO.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Operations of the Plan are under the control of the Board of Trustees composed of union-designated and employer designated individuals.

Funding Policy – Plan benefits are funded by contributions from employers who are signatory to a collective bargaining agreement. Contributions are based on the gross earnings of each member they employ. The current contribution rate is 6.7% of gross earnings.

Individual Participant Accounts – Contributions are credited to individual accounts maintained for each participant. Each participant's account is adjusted to reflect the gains and losses resulting from the change in the value of the Plan, as well as reflecting the expense of administration.

Vesting – A member who has worked 250 hours or more in any plan year (July through June) becomes 100% vested in the Plan. A non-vested member will incur a "Break-in-Service" for any year that they do not work at least 250 hours. A "Permanent Break-in-Service" occurs after five consecutive Break-in-Service years. A non-vested member forfeits their account balance if they incur a Permanent Break-in-Service.

Forfeitures – Forfeited account balances are retained by the Plan to defray the cost of administration. Forfeitures utilized during the years ended June 30, 2024 and 2023, were \$0 and \$9,240 respectively.

Benefits – Benefits are payable to participants at normal retirement age 62. The Plan also allows for early, late and disability retirement. The benefit payable is equal to the total value of the participant's individual account. A participant can elect to have benefits paid either in a lump sum payment or in annual installments over a ten- year period.

Death Benefits – If a participant dies prior to retirement, the value of the account is paid to the participant's designated beneficiary.

Plan Termination – Although they have not expressed any intention to do so, the parties to the collective bargaining agreement and the Trustees have the right under the plan to discontinue contributions at any time and terminate the Plan. In the event of termination, each member becomes 100% vested in the amount that has been credited to the participant's account.

NOTE 2 SUMMARY OF ACCOUNTING POLICIES

This summary of accounting policies of the I.A.T.S.E. Atlanta Annuity Trust is presented to assist in understanding the Plan's financial statements.

Method of Accounting – The accounts of the Plan are maintained on the modified cash basis of accounting. Memorandum entries have been applied to the modified cash basis accounts to present them on the accrual basis for financial reporting purposes.

Use of Estimates – The preparation of financial statements in conformity with United States of America generally accepted accounting principles requires the Trustees to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition – Investments are valued as fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments. See Note 3 for discussion of fair value measurements.

Investment policies, guidelines and procedures have been established by the Board and may be modified or amended only at the direction of the Board. In establishing and determining the reasonableness of investment valuations, the Plan enlists the assistance of fiduciaries and investment managers who review the performance of investments to ensure adherence to those policies, guidelines and procedures.

Security transactions are accounted for on the date the order to buy or sell is executed. Realized and unrealized gains and losses from security transactions are calculated on the cost basis.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions Receivable – Employer contributions receivable totaled \$28,595 and \$46,588 for 2024 and 2023 respectively and were determined by a review of collections in subsequent periods.

Delinquent contributions receivable may exist at June 30, 2024 and 2023, however due to the uncertainty of the amount and collectability no receivable has been recorded. Accordingly, an allowance for uncollectible contributions is not considered necessary.

Concentration Risk – For the year ended June 30, 2024, approximately 94% or \$492,000 of total contributions was received from four employers. As of June 30, 2024, amounts due from these employers totaled \$27,201.

For the year ended June 30, 2023, approximately 95% or \$472,559 of total contributions was received from four employers. As of June 30, 2023, amounts due from these employers totaled \$46,011.

NOTE 2 SUMMARY OF ACCOUNTING POLICIES (continued)

Income Taxes – The Plan is exempt from income taxes under the Internal Revenue Code. The Plan has been amended since receiving a determination letter. The plan administrator and legal counsel believe that the plan is currently designed and being operated in compliance with applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Fund and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 3 INVESTMENTS

Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (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 Fair Value Measurements

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

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

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

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

NOTE 3 **INVESTMENTS** (continued)

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The Plan has entered into an agreement with Morgan Stanley Smith Barney to serve as custodian, investment monitor and manager.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Investment measured at Fair Value

Common Stock: Valued at the closing price reported on the active market on which the individual security is traded.

Certificates of Deposit: Valued by the custodians of the securities using pricing models based upon credit quality, time to maturity, stated interest rates and market rate assumptions

The fair values of certificates of deposit are based upon period ending amounts. The certificates of deposit bear interest at rates averaging 4.91%, maturing at various dates through June 2027.

Registered Investment Companies (Mutual Funds): The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Fund are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Fund are considered to be actively traded.

Short Term Reserves: Valued at period ending amounts.

The Plan's assets at fair value as of June 30, 2024 and 2023 by level are as follows:

Fair Value Measurements at June 30, 2024:

	<u>(LEVEL 1)</u>	<u>(LEVEL 2)</u>	<u>(LEVEL 3)</u>	<u>TOTAL</u>
Equity Securities	\$ 1,799,627	\$ -	\$ -	\$ 1,799,627
Certificates of Deposits	-	1,194,645	-	1,194,645
Mutual Funds	401,994	-	-	401,994
Short Term Reserves	<u>172,500</u>	<u>-</u>	<u>-</u>	<u>172,500</u>
Investments Measured at Fair Value	<u>\$ 2,374,121</u>	<u>\$ 1,194,645</u>	<u>\$ -</u>	<u>\$ 3,568,766</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

Fair Value Measurements at June 30, 2023:

	<u>(LEVEL 1)</u>	<u>(LEVEL 2)</u>	<u>(LEVEL 3)</u>	<u>TOTAL</u>
Equity Securities	\$ 1,524,761	\$ -	\$ -	\$ 1,524,761
Certificates of Deposits	-	1,064,862	-	1,064,862
Mutual Funds	359,659	-	-	359,659
Short Term Reserves	<u>230,117</u>	<u>-</u>	<u>-</u>	<u>230,117</u>
Investments Measured at Fair Value	<u>\$ 2,114,537</u>	<u>\$ 1,064,862</u>	<u>\$ -</u>	<u>\$ 3,179,399</u>

NOTE 4 RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan pays investment and operating expenses directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 5 RISK AND UNCERTAINTIES

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

NOTE 6 SUBSEQUENT EVENTS

In preparing these financial statements, the impact of events and transactions for potential recognition or disclosure through August 25, 2025 were evaluated.

SUPPLEMENTAL INFORMATION

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
Common Stock:			
Abbvie, Inc	181	\$ 15,456	\$ 31,046
Accenture PLC	48	13,936	14,472
Adobe Inc	25	4,945	13,768
AES Corp	904	12,713	15,883
Air Liquide	299	9,553	10,337
AirBNB Inc	81	9,805	12,351
Alaska Air Group Inc	229	10,959	9,252
Alcon, Inc	111	6,685	9,888
Alphabet Inc	40	6,459	7,228
Amazon.Com Inc	270	4,427	52,177
American Intl Group Inc	344	14,462	25,539
American Homes 4 Rent	258	4,345	9,587
American Tower Corp	75	14,683	14,664
Apple Inc	111	1,623	23,379
Aptiv Plc	57	4,673	4,014
ASML Holdings NV NY	12	4,750	12,273
Atlas Energy Solutions Inc	362	6,024	7,215
Atlassian Corp	34	7,220	6,014
AutoDesk Inc	68	3,825	16,948
Baker Hughes Co	441	14,085	15,510
Bank of America	647	23,969	25,731
Biogen Inc	64	8,174	14,936
Block Inc	207	10,985	13,349
Boeing Co	38	6,488	6,922
Broadcom Inc	19	829	29,784
Builders Firstsource Inc	15	2,624	2,111
Canadian Pacific Kansas City	106	8,257	8,345
Capital One Financial Corp	85	9,072	11,791
Charles River Labs Intl, Inc	26	8,791	5,371
Cintas Corp	8	3,856	5,419
Clean Harbors	58	8,454	13,008
Comcast Corp	223	1,624	8,733
Conocophillips	123	13,358	14,069
Constellation Energy Corp	63	1,825	12,536
CoreBridge Finl Inc	433	8,723	12,609
Corteva Inc	202	7,001	10,896
Coty Inc	899	8,484	9,008
Crowdstrike Hldgs Inc	70	12,145	26,818
Diageo Plc	25	4,342	3,133

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
DocuSign Inc	72	12,551	3,852
Dolby Cla	80	2,435	6,338
Doximity Inc	106	4,369	2,965
ELF Beauty Inc	24	4,330	5,157
Eaton Corp	37	4,904	11,700
Eli Lilly & Co	12	4,661	10,861
EQT Corp	371	3,804	13,720
Equinix Inc	13	5,346	9,836
Estee Lauder Co Inc	50	9,620	5,327
Etsy Inc	49	8,500	2,861
Euronet Worldwide Inc	81	10,068	8,379
Everest Group Ltd	22	7,989	8,481
Exelon Corp	355	9,818	12,287
Fairfax Fin Hldg Sub Vtg	19	5,007	21,589
Fiserv Inc	159	16,703	23,697
Freeport McMoran	587	14,967	28,528
GATX Corp	47	2,090	6,221
GE Vernova Inc	48	6,524	8,200
Gen Digital	439	8,875	10,966
Gilead Science	229	15,805	15,712
Goldman Sachs Grp Inc	35	13,398	15,890
Haleon Health Inc	1,118	7,836	9,235
Hess Corp	92	12,093	13,538
Hillman Soutions Corp	570	4,775	5,044
Hubspot Inc	25	13,605	14,745
ICON PLC	30	9,468	9,308
Ilex Labs	10	4,664	4,656
Insulet Corp	19	4,485	3,834
Intercontinental Exchange Inc	23	2,508	3,125
Intuit Inc	13	5,946	8,791
Intuitive Surgical Inc	32	9,878	14,235
Ionis Pharmaceuticals Inc	77	707	3,663
Johnson & Johnson	149	12,815	21,778
Johnson Ctls Intl	136	3,368	9,040
L3Harris Technologies Inc	46	2,458	10,331
Liberty Media Corp Ser A	11	8	707
Liberty Media Corp Ser C	51	2,040	3,632
Lithia Mtrs Inc	26	6,536	6,495
M&T Bank Corp	76	11,286	11,462
Marsh & McLennan	43	6,835	8,999
Marvell Technology Group Ltd	136	5,613	9,506
Medtronic Plc	136	11,321	10,705
Meta Platforms Inc	96	4,114	48,326
MGIC Invt Corp	631	5,408	13,598

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
Micron Tech Inc	174	10,055	22,886
Microsoft Corp	101	6,045	45,142
Mongoob Inc	13	5,177	3,313
Monster Beverage Corp	152	4,682	7,592
Murphy USA Inc	40	2,237	18,883
Nestle	131	13,623	13,371
Netflix Inc	30	10,978	20,137
Nextera Energy Inc	100	7,012	7,081
Noble Corp	392	16,837	17,503
Nvidia Corp	492	1,742	60,814
Old Dominion Freight Line	27	5,864	4,839
Olin Corp	95	4,504	4,477
OneMain Holdings Inc	313	6,343	15,177
Oracle Corp	191	11,252	26,969
Palo Alto Networks Inc	37	1,372	12,418
Paylocity Holding Corp	13	2,067	1,727
Paypal Hldgs Inc	115	15,391	6,673
Performance Food Group Co	96	5,767	6,349
PG&E Corp	387	7,262	6,757
Pinterest Inc	180	4,760	7,933
PPL Corp	247	7,183	6,830
RTX Corp	84	5,232	8,446
S&P Global Inc	21	4,062	9,292
Salesforce Inc	47	7,876	12,091
Seagate Technology Hldgs Plc	129	6,081	13,322
ServiceNow Inc	11	6,333	8,401
Sherwin Williams Company	32	8,293	9,613
Shopify Inc	28	1,835	1,850
Six Flags Entmt Corp	437	11,524	14,482
Skyworks Solutions Inc	77	8,328	8,150
SnowFlake Inc	45	6,573	6,079
Starbucks Corp Washington	46	4,641	3,611
Stryker Corp	28	6,243	9,456
T Mobile US Inc	95	12,518	16,758
Taiwan Smncndctr Mfg Co Ltd	48	7,799	8,426
Target Corp	142	19,816	21,022
TE Connectivity Ltd	116	6,694	17,450
Tesla Inc	20	3,190	3,997
Thermo Fisher Scientific	22	2,419	12,055
TJX Cos Inc	101	8,663	11,120
TKO Group Holdings Inc	45	4,357	4,849
TotalEnergies SE	259	11,295	17,270
Tractor Supply Co	15	3,748	3,972
UBER Technologies Inc	366	18,260	26,601

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
Union Pacific Corp	32	7,241	7,127
United Health Gp Inc	72	2,702	36,457
Vertex Pharmaceuticals	60	1,915	28,224
Vertiv Holdings LLC	29	2,673	2,499
Visa Inc	92	1,641	24,098
Vistra Corp	208	4,945	17,884
Vulcan Materials Co	72	11,223	17,864
WW Grainger Inc	20	8,892	18,413
Walmart Inc	164	8,683	11,078
Wesco Intl Inc	40	7,150	6,345
Western Digital Corp	52	1,956	3,957
Wheaton Precious Metals Corp	161	4,486	8,440
Wolf Speed Inc	111	4,433	2,526
Workday Inc	34	7,623	7,644
Zebra Tech	32	9,057	9,885
Zoetis Inc	49	2,259	8,568
		<u>\$ 1,051,972</u>	<u>\$ 1,799,627</u>

<u>Issuer</u> <u>Borrower</u>	<u>Rate</u>	<u>Maturity</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Certificates of Deposit</u>					
Wells Fargo Bk NA Sioux Falls SD	4.60%	7/1/2024	\$ 100,000	\$ 100,000	\$ 99,994
Sofo Bank Nat Cottonwood Heights UT	5.30%	9/6/2024	100,000	100,000	99,943
Pacific Westn Bk Beverly Hills	5.25%	11/29/2024	100,000	100,000	99,947
First Tennessee Bk NA Memphis TN	5.15%	12/9/2024	100,000	100,000	99,903
UBS Bk USA Salt Lake City Utah	4.50%	1/21/2025	100,000	100,000	99,558
Bank Haposlim B M New York	5.20%	2/18/2025	100,000	100,000	99,965
Wells Fargo Bk NA Sioux Falls SD	5.10%	8/22/2025	100,000	100,000	99,943
UBS Bk USA Salt Lake City Utah	4.80%	12/22/2025	100,000	100,000	99,655
JP Morgan Chase Columbus Ohio	4.80%	12/26/2025	100,000	100,000	97,020
Valley Natl Bank Passaic NJ	4.80%	4/2/2026	100,000	100,000	99,698
Valley Natl Bank Passaic NJ	4.60%	4/2/2027	100,000	100,000	99,241
Popular Bank NY	4.80%	6/7/2027	100,000	100,000	99,778
				<u>\$ 1,200,000</u>	<u>\$ 1,194,645</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
Mutual Funds:			
ISHARES Edge MSCI MIN VOL Eafe (EFAV)	2,867	\$ 207,051	\$ 198,841
ISHARES Edge MSCI MIN VOL Emer (EEMV)	3,551	208,653	203,153
		<u>415,704</u>	<u>401,994</u>

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
<u>Money Market and Short Term Reserves</u>	n/a	<u>\$ 172,500</u>	<u>\$ 172,500</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
EMPLOYERS CONTRIBUTIONS
YEAR ENDED JUNE 30, 2024

<u>EMPLOYERS</u>	<u>CONTRIBUTION</u>	<u>%</u>
BES Enterprises	\$ 116	0.02%
Employco	3,308	0.63%
Fern Exposition	56,965	10.85%
Freeman	246,078	46.87%
GES	95,130	18.12%
GES EAC	9,461	1.80%
Local 834	9,669	1.84%
NPI- RPMXPO	2,661	0.51%
Right Brain	318	0.06%
Shepard Exposition	93,378	17.78%
Union Payroll Agency	7,870	1.50%
UTP Productions	37	0.01%
Veterans Exposition	60	0.01%
	<hr/>	<hr/>
Total Contributions	<u>\$ 525,051</u>	<u>100.00%</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
OPERATING EXPENSES
YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administration Fees and Costs	\$ 49,500	\$ 54,000
Audit Fees	10,576	10,520
Insurance	3,802	3,891
Office Expenses and Other Costs	2,135	2,993
Bank Charges	210	125
	<u>\$ 66,223</u>	<u>\$ 71,529</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
Common Stock:			
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Medtronic Plc	136	11,321	10,705
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MGIC Invt Corp	631	5,408	13,598

FORM 5500
SCHEDULE H, PART IV

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
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TE Connectivity Ltd	116	6,694	17,450
Tesla Inc	20	3,190	3,997
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TKO Group Holdings Inc	45	4,357	4,849
TotalEnergies SE	259	11,295	17,270
Tractor Supply Co	15	3,748	3,972
UBER Technologies Inc	366	18,260	26,601

FORM 5500
SCHEDULE H, PART IV

I.A.T.S.E. ATLANTA ANNUITY TRUST
ASSETS HELD AT END OF YEAR
JUNE 30, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
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United Health Gp Inc	72	2,702	36,457
Vertex Pharmaceuticals	60	1,915	28,224
Vertiv Holdings LLC	29	2,673	2,499
Visa Inc	92	1,641	24,098
Vistra Corp	208	4,945	17,884
Vulcan Materials Co	72	11,223	17,864
WW Grainger Inc	20	8,892	18,413
Walmart Inc	164	8,683	11,078
Wesco Intl Inc	40	7,150	6,345
Western Digital Corp	52	1,956	3,957
Wheaton Precious Metals Corp	161	4,486	8,440
Wolf Speed Inc	111	4,433	2,526
Workday Inc	34	7,623	7,644
Zebra Tech	32	9,057	9,885
Zoetis Inc	49	2,259	8,568
		<u>\$ 1,051,972</u>	<u>\$ 1,799,627</u>

Issuer Borrower	Rate	Maturity	Face Value	Cost	Current Value
<u>Certificates of Deposit</u>					
Wells Fargo Bk NA Sioux Falls SD	4.60%	7/1/2024	\$ 100,000	\$ 100,000	\$ 99,994
Sofa Bank Nat Cottonwood Heights UT	5.30%	9/6/2024	100,000	100,000	99,943
Pacific Westn Bk Beverly Hills	5.25%	11/29/2024	100,000	100,000	99,947
First Tennessee Bk NA Memphis TN	5.15%	12/9/2024	100,000	100,000	99,903
UBS Bk USA Salt Lake City Utah	4.50%	1/21/2025	100,000	100,000	99,558
Bank Haposlim B M New York	5.20%	2/18/2025	100,000	100,000	99,965
Wells Fargo Bk NA Sioux Falls SD	5.10%	8/22/2025	100,000	100,000	99,943
UBS Bk USA Salt Lake City Utah	4.80%	12/22/2025	100,000	100,000	99,655
JP Morgan Chase Columbus Ohio	4.80%	12/26/2025	100,000	100,000	97,020
Valley Natl Bank Passaic NJ	4.80%	4/2/2026	100,000	100,000	99,698
Valley Natl Bank Passaic NJ	4.60%	4/2/2027	100,000	100,000	99,241
Popular Bank NY	4.80%	6/7/2027	100,000	100,000	99,778
				<u>\$ 1,200,000</u>	<u>\$ 1,194,645</u>

I.A.T.S.E. ATLANTA ANNUITY TRUST
 ASSETS HELD AT END OF YEAR
 JUNE 30, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
Mutual Funds:			
ISHARES Edge MSCI MIN VOL Eafe (EFAV)	2,867	\$ 207,051	\$ 198,841
ISHARES Edge MSCI MIN VOL Emer (EEMV)	3,551	208,653	203,153
		<u>415,704</u>	<u>401,994</u>

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Money Market and Short Term Reserves</u>	n/a	<u>\$ 172,500</u>	<u>\$ 172,500</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 4085 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 No. 1510 - 0110
1210 - 0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

- 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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVG program
 special extension (enter description) **FEDERALLY DECLARED DISASTER**
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan I.A.T.S.E. ATLANTA ANNUITY TRUST	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IATSE ATLANTA ANNUITY TRUST BOARD OF TRUSTEES 661 N. ERICSON ROAD CORDOVA TN 38018-0006	1c Effective date of plan 07/01/1998 2b Employer Identification Number (EIN) 58-2436601 2c Plan Sponsor's telephone number 901-758-3000 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	<i>Corinthia F. Harper</i>	5/23/25	CORINTHIA F. HARPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Doan Harris</i>	5/23/25	DOBSON HARRIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728