

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 04/01/1970
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU FILM EDITORS LOCAL 780 PENSION FUND 6141 N COURTENAY PKWY SUITE D MERRITT ISLAND, FL 32953	2b Employer Identification Number (EIN) 23-7345671 2c Plan Sponsor's telephone number 2d Business code (see instructions) 713900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	JAROSLAW LIPSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	GILBERT PATTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2247
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) 1176 6a(2) 1290 6b 313 6c 732 6d 2335 6e 66 6f 2401 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 28

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 28712231
(2) Actuarial value of assets for funding standard account	1b(2) 32852045
c (1) Accrued liability for plan using immediate gain methods	1c(1) 31302233
(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) 31302233
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) 56944362
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3928133
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2254966
(3) Expected plan disbursements for the plan year	1d(3) 2254966

Statement by Enrolled Actuary

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

SIGN HERE	09/26/2025
Signature of actuary TED W WINDSOR	Date 23-04110
Type or print name of actuary TED WINDSOR & ASSOCIATES	Most recent enrollment number 847-867-9514
Firm name 435 N MICHIGAN AVE UNIT 307 CHICAGO, IL 60611	Telephone number (including area code)
Address of the firm	

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	28712331
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	372	21716291
(2) For terminated vested participants	699	15643081
(3) For active participants:		
(a) Non-vested benefits		2021732
(b) Vested benefits		17563258
(c) Total active	1176	19584990
(4) Total	2247	56944362
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.42 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	5115312				
Totals ►			3(b)	5115312	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.0 %
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		3.14 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	6	6
(2) Females	6c(2)	6F	6F
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	1.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.1 %	
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)	329948	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1539617	168696

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2212487

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)	11651075	2286534
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 152635**e** Total charges. Add lines 9a through 9d.....**9e** 4651656**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 11624762**g** Employer contributions. Total from column (b) of line 3.....**9g** 5115312**h** Amortization credits as of valuation date.....

Outstanding balance

9h 1576125 264205**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1054364**j** Full funding limitation (FFL) and credits:

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

9j(1)	17227278
9j(2)	38357797

9j(3)**k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 18058643**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 13406987**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU	D Employer Identification Number (EIN) 23-7345671	

Part I	Service Provider Information (see instructions)
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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
HAND BENEFITS AND TRUST CO
74-1977743

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CHARLES SCHWAB	430 N MICHIGAN AVE CHICAGO, IL 60611

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

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

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

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

IAITSE LOCAL UNION 780

6301 N NORTHWEST HIGHWAY
CHICAGO, IL 60631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RELATED UNION	99767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TED WINDSOR AND ASSOCIATES

36-4374704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	42033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH

33 W MONROE ST
CHICAGO, IL 60603

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	27089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GARY E. GROSS LAW OFFICES

201 BLACKSTONE AVENUE
LAGRANGE, IL 60525

32-0462156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	21600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP PLLC

566 W LAKE ST, STE 300
CHICAGO, IL 60661

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYLOCITY

3850 N WILKE RD
ARLINGTON HEIGHTS, IL 60004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US BANK

136 S WASHINGTON
NAPERVILLE, IL 60566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	11226	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU				D Employer Identification Number (EIN) 23-7345671	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): HAND BENEFITS AND TRUST					
c EIN-PN 52-6328901-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2058858		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	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		

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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	766901	866354
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	766163	744887
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	8729	7609
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	370371	495688
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2051051	2058858
(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)	24770827	29919713
(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	26588	16961
f Total assets (add all amounts in lines 1a through 1e)	1f	28760630	34110070
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	48399	43809
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48399	43809
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28712231	34066261

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)	5115312	
(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)		5115312
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20369	
(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)		20369
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	776115	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		776115
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7807
(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)		1988255
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7907858

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2183061	
(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)		2183061
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17500	
(5) Investment advisory and investment management fees	2i(5)	27088	
(6) Bank or trust company trustee/custodial fees	2i(6)	11226	
(7) Actuarial fees	2i(7)	42033	
(8) Legal fees	2i(8)	21600	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9055	
(11) Other expenses	2i(11)	242265	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		370767
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2553828

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5354030
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559740.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS LOCAL 780 PENSION FU				D Employer Identification Number (EIN) 23-7345671	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **TRAINING REHABILITATION AND CAREER**

b EIN **82-0460224**

c Dollar amount contributed by employer **621787**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **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) **3.50**

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

a Name of contributing employer **ROTHE**

b EIN **74-1606784**

c Dollar amount contributed by employer **126561**

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

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

(1) Contribution rate (in dollars and cents) **3.76**

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

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

b EIN **20-3066294**

c Dollar amount contributed by employer **331902**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

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

b EIN **36-4711837**

c Dollar amount contributed by employer **196343**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **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) **5.25**

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

a Name of contributing employer **CSSI**

b EIN **82-0504614**

c Dollar amount contributed by employer **99538**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **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) **4.00**

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

a Name of contributing employer **CASSILLAS**

b EIN **81-2109690**

c Dollar amount contributed by employer **162350**

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 **2029**

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

(1) Contribution rate (in dollars and cents) **4.75**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **DMSI**

b EIN **73-0973133**

c Dollar amount contributed by employer **254643**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **01** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

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

b EIN **82-0371553**

c Dollar amount contributed by employer **471825**

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 **2029**

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

(1) Contribution rate (in dollars and cents) **4.85**

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

a Name of contributing employer **PONDERFUL**

b EIN **46-3829223**

c Dollar amount contributed by employer **224824**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **11** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **4.25**

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

a Name of contributing employer **COMMUNICATIONS METHODS**

b EIN **26-2188611**

c Dollar amount contributed by employer **492592**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **11** Day **30** Year **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) **4.65**

(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

1.04

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

15b

1.07

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: 61.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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

FINANCIAL STATEMENTS

DECEMBER 31, 2024



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

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund as of December 31, 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 the Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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





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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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



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

Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplemental Information

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

Calibre CPA Group, PLLC

Chicago, IL
May 28, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value		
Mutual funds	\$ 29,919,713	\$ 24,770,827
Common collective trust	2,058,858	2,051,051
Money market fund	495,688	370,371
Total investments	<u>32,474,259</u>	<u>27,192,249</u>
Receivables		
Employer contributions	744,887	766,163
Interest	1,767	2,457
Total receivables	<u>746,654</u>	<u>768,620</u>
Prepaid expenses		
Insurance	<u>5,842</u>	<u>6,272</u>
Property and equipment		
Office furniture	64,382	79,851
Office improvements	10,466	10,466
Computer software	9,727	12,080
	<u>84,575</u>	<u>102,397</u>
Less: accumulated depreciation and amortization	<u>(67,614)</u>	<u>(75,809)</u>
Net property and equipment	<u>16,961</u>	<u>26,588</u>
Cash	<u>866,354</u>	<u>766,901</u>
Total assets	<u>34,110,070</u>	<u>28,760,630</u>
Liabilities		
Accounts payable	30,000	30,000
Due to related organization	13,809	18,399
Total liabilities	<u>43,809</u>	<u>48,399</u>
Net assets available for benefits	<u>\$ 34,066,261</u>	<u>\$ 28,712,231</u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,996,062	\$ 1,725,044
Dividends	<u>796,484</u>	<u>592,829</u>
	2,792,546	2,317,873
Less: investment fees and expenses	<u>(38,314)</u>	<u>(29,994)</u>
Investment income - net	2,754,232	2,287,879
Employer contributions	<u>5,115,312</u>	<u>4,705,735</u>
Total additions	<u>7,869,544</u>	<u>6,993,614</u>
Deductions		
Pension benefits	<u>2,183,061</u>	<u>1,929,520</u>
Administrative expenses		
Paid directly by the Plan	212,863	187,329
Allocated from Local 780 Union	<u>119,590</u>	<u>142,619</u>
Total administrative expenses	<u>332,453</u>	<u>329,948</u>
Total deductions	<u>2,515,514</u>	<u>2,259,468</u>
Net change	5,354,030	4,734,146
Net assets available for benefits		
Beginning of year	<u>28,712,231</u>	<u>23,978,085</u>
End of year	<u>\$ 34,066,261</u>	<u>\$ 28,712,231</u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Contributions Receivable - The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. Employer records are subject to audit and additional revenue, if any, which may arise as a result of these audits is recognized when received. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management of the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

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

Depreciation expense was \$9,626 and \$9,006 for the years ended December 31, 2024 and 2023, respectively.

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



NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

Revenue from Contracts with Customers - All of the Plan's contract assets are considered accounts receivable and are included within the contributions receivable balance in the statements of net assets available for benefits. Balances in this account as of the beginning and end of years ended December 31, 2024 and 2023 are as follows:

	2024	2023	2022
Contributions receivable	<u>\$ 744,887</u>	<u>\$ 766,163</u>	<u>\$ 547,096</u>

NOTE 2. DESCRIPTION OF THE PLAN

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

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

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

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

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



NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by Ted Windsor & Associates as of January 1, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits	\$ 15,157,394
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Other vested benefits	<u>15,335,609</u>
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Total	30,493,003
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Nonvested benefits	<u>809,230</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 31,302,233</u>
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As reported by the actuary, the changes in the present value of accumulated plan benefits during the period were as follows:

Actuarial present value of accumulated plan benefits

at January 1, 2023	\$ 29,195,707
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Increase (decrease) during the year attributable to

Benefits accumulated and actuarial gain	\$ 1,923,889
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Interest	2,112,157
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Benefits paid	<u>(1,929,520)</u>
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Net increase	<u>2,106,526</u>
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Actuarial present value of accumulated plan benefits

at January 1, 2024	<u>\$ 31,302,233</u>
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NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

The actuarial valuation for January 1, 2024 utilized the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were:

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

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

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

Since information on the accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

NOTE 5. TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require



NOTE 5. TAX STATUS (CONTINUED)

recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At December 31, 2024, the Plan is no longer subject to income tax examinations for years prior to the fiscal year ended December 31, 2021.

NOTE 6. FUNDING POLICY

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

The following ranges of weekly and hourly employer contribution rates were in effect during the years ended December 31, 2024 and 2023:

2024		2023	
Weekly	N/A	Weekly	N/A
Hourly	\$3.00 to \$7.00	Hourly	\$2.85 to \$7.00

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2024.

NOTE 7. RELATED ORGANIZATIONS/PARTY-IN-INTEREST

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

The Plan shares office facilities and employees with the Local and Motion Picture Laboratory Technicians & Film Editors Local 780 Welfare Fund, and the I.A.T.S.E. Local 780 401(k) Plan. The operating expenses of the combined facilities, salaries, benefits, and payroll taxes of employees are paid initially by the Local and allocated monthly on a basis approved by the officers of the Local and the Trustees of the funds. The Plan reimbursed the Local \$119,590 and \$142,619 for the years ended December 31, 2024 and 2023, respectively. The Plan currently owes the Local \$13,809 and \$18,399 for the years ended December 31, 2024 and 2023, respectively, that was paid after year end.

NOTE 8. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described on the next page:



NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

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

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

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	12/31/24 Total	Fair Value Measurements		
		Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 29,919,713	\$ 29,919,713	\$ -	\$ -
Money market fund	495,688	495,688	-	-
Total	30,415,401	<u>\$ 30,415,401</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value *	2,058,858			
Investments at fair value	<u>\$ 32,474,259</u>			

	12/31/23 Total	Fair Value Measurements		
		Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 24,770,827	\$ 24,770,827	\$ -	\$ -
Money market fund	370,371	370,371	-	-
Total	25,141,198	<u>\$ 25,141,198</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value *	2,051,051			
Investments at fair value	<u>\$ 27,192,249</u>			

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

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

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

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

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

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

The following tables summarize the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 2,058,858	N/A	Quarterly	1 Year

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

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

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the values of investment securities could be different at the reporting date and those changes could materially affect the fair value of Plan investments reported in the statements of net assets available for benefits.

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

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Total additions per the financial statements	\$ 7,869,544	\$ 6,993,614
Add - investment expenses	<u>38,314</u>	<u>29,994</u>
Total income per the Form 5500	<u>\$ 7,907,858</u>	<u>\$ 7,023,608</u>
	2024	2023
Total deductions per the financial statements	\$ 2,515,514	\$ 2,259,468
Add - investment expenses	<u>38,314</u>	<u>29,994</u>
Total expenses per the Form 5500	<u>\$ 2,553,828</u>	<u>\$ 2,289,462</u>

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 28, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Paid directly by the plan		
Actuarial fees	\$ 42,033	\$ 29,300
Audit and accounting fees	17,500	20,434
Depreciation	9,626	9,006
Insurance	12,250	11,569
Legal fees	21,600	20,000
Office expense	2,516	5,477
Pension benefit processing fee	15,144	13,667
Plan termination insurance	83,139	69,230
Trustee meeting expenses	<u>9,055</u>	<u>8,646</u>
	212,863	187,329
Allocated from Local 780 Union	<u>119,590</u>	<u>142,619</u>
Total	<u>\$ 332,453</u>	<u>\$ 329,948</u>

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(l)

EIN 23-7345671
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Fair Value
	Money market fund			
	First American Government Obligation Fund	Money market fund	\$ 495,688	\$ 495,688
	Registered Investment Companies			
	Invesco Emerging Markets ETF	Registered investment companies	134,318	139,335
	Invesco Preferred ETF	Registered investment companies	178,866	184,895
	Ishares 20 Year Treasury Bond ETF	Registered investment companies	1,378,987	1,293,532
	Ishares Core MSCI Eafe ETF	Registered investment companies	2,586,378	2,691,513
	Ishares Core MSCI Emerging Markets ETF	Registered investment companies	1,664,277	1,748,326
	Ishares Mbs ETF	Registered investment companies	3,351,101	3,388,126
	Ishares Tips Bond ETF	Registered investment companies	215,170	216,723
	Schwab Short Term US ETF	Registered investment companies	1,853,506	1,857,890
	Vanguard Growth Index Fund ETF	Registered investment companies	3,807,905	5,375,943
	Vanguard Intermediate-Term Corporate Bond Index Fund ETF	Registered investment companies	1,308,585	1,330,637
	Vanguard Intermediate-Term Treasury Index Fund ETF	Registered investment companies	793,522	795,760
	Vanguard Short Term Corporate ETF	Registered investment companies	1,465,895	1,491,083
	Vanguard Small Cap Growth Index ETF	Registered investment companies	787,973	934,560
	Vanguard Small Cap Value Index ETF	Registered investment companies	1,044,191	1,188,882
	Vanguard Total Bond Market Index Adm	Registered investment companies	1,038	1,070
	Vanguard Total International ETF	Registered investment companies	724,288	728,343
	Vanguard Value Index Fund ETF	Registered investment companies	5,609,640	6,553,095
			<u>26,905,640</u>	<u>29,919,713</u>
	Common collective trust			
	AFL-CIO Building Investment Trust	Common collective trust	<u>1,805,473</u>	<u>2,058,858</u>
	Total investments		<u>\$ 29,206,801</u>	<u>\$ 32,474,259</u>

(a) * Identified party-in-interest

Plan Summary

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

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

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

Provisions prior to January 1, 2010

In accordance with the following schedule:

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

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

5. Vesting Service **Effective January 1, 2010**
880 hours = 1 year
- Provisions prior to January 1, 2010**
22 weeks = 1 year
6. Accrued benefit **Effective January 1, 2010**
- Accrued Benefits as of December 31, 2009 plus,
 - 9/10ths of 1% of contributions from January 1, 2010 through December 31, 2021 plus,
 - 1.5% of contributions posted from January 1, 2022 through December 31, 2023
 - 1.75% of contributions on and after January 1, 2024
- Provisions prior to January 1, 2010**
A monthly benefit equal to \$55 multiplied by the number of Pension Credits.
7. Normal retirement
- a. Eligibility Age 65 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit.
8. Early retirement
- a. Eligibility Age 60 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit reduced 6 2/3% for each year of age less than 65.
9. Disability retirement
- a. Eligibility 10 Pension Credits (at least 5 of which are during the Contribution Period) and 22 weeks of covered employment in the 12-month period preceding disability.
- b. Benefit Accrued retirement benefit payable immediately.

10. Vested benefit

Effective January 1, 2010

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

Provisions prior to January 1, 2010

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

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

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

11. Pre-retirement death benefit

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

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

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4(f)

EIN 23-7345671
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Fair Value
	Money market fund			
	First American Government Obligation Fund	Money market fund	\$ 495,688	\$ 495,688
	Registered Investment Companies			
	Invesco Emerging Markets ETF	Registered investment companies	134,318	139,335
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	Ishares Mbs ETF	Registered investment companies	3,351,101	3,388,126
	Ishares Tips Bond ETF	Registered investment companies	215,170	216,723
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	Vanguard Growth Index Fund ETF	Registered investment companies	3,807,905	5,375,943
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	Vanguard Small Cap Growth Index ETF	Registered investment companies	787,973	934,560
	Vanguard Small Cap Value Index ETF	Registered investment companies	1,044,191	1,188,882
	Vanguard Total Bond Market Index Adm	Registered investment companies	1,038	1,070
	Vanguard Total International ETF	Registered investment companies	724,288	728,343
	Vanguard Value Index Fund ETF	Registered investment companies	5,609,640	6,553,095
			<u>26,905,640</u>	<u>29,919,713</u>
	Common collective trust			
	AFL-CIO Building Investment Trust	Common collective trust	<u>1,805,473</u>	<u>2,058,858</u>
	Total investments		<u>\$ 29,206,801</u>	<u>\$ 32,474,259</u>

(a) * Identified party-in-interest

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund EIN: 23-7345671
Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund PN: 001

Attained Age	Service																													
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19			20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.			Average Accrued.					
	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.	No.	Mon.	Ben.
Under 25	191		\$41.86	33		\$179.06																								
25 to 29	123		\$49.22	35		\$206.05	3		\$385.73																					
30 to 34	93		\$51.74	31		\$211.09	8		\$439.03																					
35 to 39	84		\$48.47	29		\$237.70	10		\$504.84	4		\$772.00																		
40 to 44	73		\$58.14	30		\$227.37	8		\$426.10	5		\$1,077.54	1		\$922.31															
45 to 49	48		\$45.56	35		\$226.91	5		\$418.60	4		\$762.36	3		\$896.76															
50 to 54	44		\$51.97	30		\$219.17	9		\$426.03	2		\$749.39				1		\$1,334.60												
55 to 59	32		\$63.15	30		\$229.59	17		\$494.14	8		\$760.92	5		\$1,113.43	2		\$1,377.14	1		\$1,352.79				1		\$2,880.67			
60 to 64	36		\$55.93	27		\$190.17	11		\$475.50	6		\$725.25	1		\$720.91	4		\$1,434.93	1		\$1,562.27	4		\$1,916.49				2		\$2,514.68
65 to 69	12		\$64.66	16		\$217.12	2		\$370.11	2		\$535.28																		
70 & up	6		\$61.56	6		\$221.37				1		670									1		\$2,046.23							

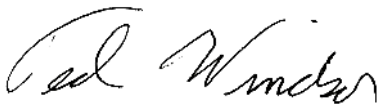
Ted Windsor & Associates
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**MOTION PICTURE LABORATORY TECHNICIANS AND FILM
EDITORS LOCAL 780 PENSION FUND**

Actuarial Certification as to Critical or Endangered Status as of
January 1, 2024



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

March 25, 2024

Plan Information

Name of Plan	Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund
EIN	23-7345671
Plan Number	001
Name, Address, and Telephone of Plan Sponsor:	Board of Trustees Motion Picture Laboratory Technicians and Film Editors Local 780 6301 N. Northwest Highway Chicago, IL 60631 Voice: (773)775-5020
Plan year of certification	January 1, 2024 through December 31, 2024

Enrolled Actuary Information

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

Information on Plan Status

The Motion Picture Laboratory Technicians and Film Editors Local 780 Pension is neither in endangered status nor in critical status. The Plan is certified in the "Green Zone" as of 1/1/2024. The Plan is not projected to enter critical status.

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



Ted Windsor
Enrollment Number 23-04110

3/25/2024

Critical and Endangered Tests

Critical Test 1

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

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

65% Funded Test

- | | |
|--|--------|
| 1. Funded percentage
[Exhibit 3 line 8] | 106.0% |
| 2. Test [is #1 <= 65%] | FALSE |

Six-Year Projection of Benefit Payments

- | | |
|--|--------------|
| 3. Present value of benefit payments and administrative expenses
from 1/1/2024 through 12/31/2030 [see exhibit 5] | \$14,947,414 |
| 4. Market value of assets plus present value of contributions
from 1/1/2024 through 12/31/2030 | |
| a. Market value of assets [from exhibit 1] | 27,428,583 |
| b. Present value of expected contributions [exhibit 5] | 18,831,753 |
| c. Total market value plus contributions | 46,260,336 |
| 5. Test [is #3 > #4c] | FALSE |

Test

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

The plan is not critical based on this test

Critical Test 2

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Short Term Funding Deficiency Test

65% Funded Test

- | | |
|---|--------|
| 1. Funded percentage [Exhibit 3 line 8] | 106.0% |
| 2. Length of Funding Standard Account testing period
3 years unless #1 <= 65% then 4 year] | 3 |

3-Year Accumulated Funding Deficiency Test

- | | |
|---|-------|
| 3. Funding deficiency without extension of amortization periods
years ending 12/31/2023 through 12/31/2026 [exhibit 8] | FALSE |
|---|-------|

The plan is not critical based on this test

Critical Test 3

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Contributions Less Than Normal Cost Plus Interest Test

Contributions Less Than Normal Cost Plus Interest on Unfunded Accrued Liability

1. Unit credit unfunded accrued liability	
a. Unit credit accrued liability as of 1/1/2024 [exhibit 3]	\$30,366,250
b. Actuarial value of assets as of 1/1/2024 [exhibit 3]	32,200,824
c. Unit credit unfunded accrued liability	(1,834,574)
2. Normal cost for the 2024 plan year [exhibit 8]	1,746,157
3. Interest on unfunded accrued liability and normal cost [#1c & #2]	(78,353)
4. Total interest on unfunded and normal cost	1,667,804
5. Expected contributions for the 2024 plan year [exhibit 8]	3,391,833
6. Test [is #4 > #5]	FALSE

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

7. Non-forfeitable inactive benefits [exhibit 3]	\$22,496,437
8. Non-forfeitable active benefits [exhibit 3]	7,403,222
9. Test [is #7 > #8]	TRUE

4-Year Accumulated Funding Deficiency Test

10. Funding deficiency without extension of amortization periods years ending 12/31/2023 through 12/31/2027 [exhibit 8]	FALSE
--	-------

Test

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

The plan is not critical based on this test

Critical Test 4

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

Current Year and Four-Year Projection of Benefit Payments Test

Four-Year Projection of Benefit Payments

1. Present value of benefit payments and administrative expenses from 1/1/2024 through 12/31/2028 [see exhibit 5]	\$11,659,896
2. Market value of assets plus present value of contributions from 1/1/2024 through 12/31/2028	
a. Market value of assets [from exhibit 1]	27,428,583
b. Present value of expected contributions [exhibit 5]	14,367,819
c. Total market value plus contributions	41,796,402
3. Test [is #1 > #2c]	FALSE

The plan is not critical based on this test

Critical and Declining Test

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

Critical and Projected to be Insolvent

Critical Test

1. The plan in critical FALSE

80% Funded Test

2. Funded percentage 106.0%
[Exhibit 3 line 8]

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

Inactive to Active Ratio Test

4. Inactive participants count 1,041

5. Active participant count 937

6. Ratio of inactive count to active count 1.1

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

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

8. Insolvency test years ending 12/31/2023 through 12/31/2042
(market value of assets < 0 in any year through 12/31/2043 - see exhibit 5) FALSE

Test

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

The plan is not critical and declining based on this test

Endangered Test

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

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

Not Critical Test

1. The plan is not critical	TRUE
-----------------------------	------

80% Funded Test

2. Funded percentage [Exhibit 3 line 8]	106.0%
3. Test [is #1 <= 80%]	FALSE

6-Year Accumulated Funding Deficiency Test

4. Funding deficiency with extension of amortization periods years ending 12/31/2023 through 12/31/2029 [exhibit 8]	FALSE
--	-------

Test

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

The plan is not endangered based on this test

Projection Exhibits

Exhibit 1

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

Projection of Changes in Net Assets for the Year Ending December 31, 2023

1. Market value of assets as of 12/31/2022	23,978,085
2. Additions	
a. Investment income	1,488,395
b. Contributions	4,026,705
c. Contributions from escrow	182,295
d. Contributions receivable	0
e. Total additions	5,697,395
3. Deductions	
a. Benefits paid	1,931,446
b. Administrative & professional fees (estimated based on explicit assumption in report)	315,451
e. Total deductions	2,246,897
4. Net increase/(decrease)	3,450,498
5. Market value of assets as of 12/31/2023	27,428,583
6. Annual return for 2023	6.00%

Exhibit 2

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

Projection of Actuarial value of Assets for the Year Ending December 31, 2023

1.	Actuarial value of assets 12/31/22*			\$29,866,201
2.	Contributions and miscellaneous income			
	a. Employer contributions			4,026,705
	b. Contributions from escrow			182,295
	c. Employer contributions receivable			0
	d. Total [(a) + (b) + (c)]			4,209,000
3.	Expenses			
	a. Pensions			1,931,446
	b. Administrative			315,451
	c. Total [(a) + (b)]			2,246,897
4.	Investment income			
	a. Expected (actuarial basis)			2,301,948
	b. Actual (market basis)			1,488,395
	c. Unrecognized gain/(loss) on assets [(b) - (a)]			(813,553)
	d. Recognized return on assets [(a)] (expected amount)			2,301,948
5.	Expected actuarial value of assets as of 12/31/23			34,130,252
	[#1 + #2(c) - #3(c) + #4(d)]			
6.	Recognition of asset gains/(losses) over five years			
		Original	Remaining	12/31/2022
		Balance	Unrecognized	Recognition
	a. Year ended 12/31/2019	0	0	0
	b. Year ended 12/31/2020	(2,263,327)	(452,667)	(452,665)
	c. Year ended 12/31/2021	(1,367,103)	(546,840)	(273,421)
	d. Year ended 12/31/2022	(5,203,154)	(3,121,892)	(1,040,631)
	e. Year ended 12/31/2023	(813,553)	(650,842)	(162,711)
	f. Total		(4,772,241)	(1,929,428)
7.	Actuarial value of assets as of 12/31/23 [#5 + #6(f)]			32,200,824
8.	Market value of assets			27,428,583
11.	Actuarial value as a percent of market value			117%

Exhibit 3

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

Present Value of Accrued and Vested Benefits Projected to January 1, 2024
FAS No. 35 Disclosure (7.50% Interest rate)

	<u>Vested Benefits</u>	<u>Total Benefits</u>
1. Retirees and beneficiaries	\$15,218,901	\$15,218,901
2. Terminated vested participants	7,277,536	7,277,536
3. Active participants	7,403,222	7,869,813
4. Total	29,899,659	30,366,250
5. Projected assets at market value on 1/1/24	27,428,583	27,428,583
6. Projected funded ratio [#5÷#4]	91.7%	90.3%
7. Projected assets at actuarial value on 1/1/24	32,200,824	32,200,824
8. Projected funded percentage [#7÷#4]	107.7%	106.0%

Exhibit 4

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Active Employees Expected Hours and Contributions Per Negotiated Collective Bargaining Agreements

		Expected Number of Employees	Expected Ongoing Employees	Expected Hours 2024 & beyond	Expected Contributions 2024	Expected Contributions 2025	Expected Contributions 2026	Expected Contributions 2027	Expected Contributions 2028 & beyond	BOY Unit Credit Normal Cost Per \$ of Contribution
		<u>1/1/2023</u>	<u>1/1/2024</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
1.	270 LCS AJV AZ - FORT HUACHUCA	19	19	16,373	\$58,943	\$58,943	\$58,943	\$58,943	\$58,943	\$0.6118
2.	ASPIRE DE - DOVER	8	8	7,371	\$33,170	\$33,170	\$33,170	\$33,170	\$33,170	\$0.6274
3.	ASRC (Vencore) FL - KSC	11	11	15,301	\$57,532	\$57,532	\$57,532	\$57,532	\$57,532	\$1.0079
4.	ASRC FL - KSC	22	22	31,194	\$101,069	\$101,069	\$101,069	\$101,069	\$101,069	\$0.7272
5.	CASILLAS CA - TWENTYNINE PALMS	18	18	15,454	\$54,089	\$54,089	\$54,089	\$54,089	\$54,089	\$0.1818
6.	COMMUNICATION METHODS MO - FT LEONARD WC	34	34	28,573	\$124,293	\$124,293	\$124,293	\$124,293	\$124,293	\$0.4074
7.	COMMUNICATION METHODS NJ - McGUIRE AFB	69	69	56,818	\$222,727	\$242,613	\$244,317	\$244,317	\$244,317	\$0.3637
8.	CRESCENT AZ - DMAFB	1	1	498	\$2,415	\$2,415	\$2,415	\$2,415	\$2,415	\$0.0077
9.	CRESCENT CO - PETERSON AFB	53	53	35,124	\$149,277	\$149,277	\$149,277	\$149,277	\$149,277	\$0.2845
10.	CRESCENT NC - NORTH BRAGG	3	3	1,080	\$5,670	\$5,670	\$5,670	\$5,670	\$5,670	\$0.2730
11.	CSSI - FL, TYNDALL AFB	31	31	19,799	\$72,266	\$72,266	\$72,266	\$72,266	\$72,266	\$0.3126
12.	DAK PROFESSIONAL CO - ACADEMY	34	34	21,623	\$104,439	\$108,115	\$108,115	\$108,115	\$108,115	\$0.2454
13.	DMSI OH - WPAFB - OPS	21	21	34,679	\$112,707	\$112,707	\$112,707	\$112,707	\$112,707	\$0.7148
14.	DMSI OH - WPAFB2 - MAINT	10	10	16,518	\$53,684	\$53,684	\$53,684	\$53,684	\$53,684	\$0.7596
15.	HARRIS AZ - DMAFB	29	29	34,949	\$169,503	\$169,503	\$169,503	\$169,503	\$169,503	\$0.3004
16.	HARRIS WA - FORT LEWIS	37	37	38,457	\$180,363	\$182,671	\$182,671	\$182,671	\$182,671	\$0.5919
17.	IMAX KS - FORT RILEY	33	33	17,448	\$69,792	\$69,792	\$69,792	\$69,792	\$69,792	\$0.4347
18.	LAMAIN CA - EDWARDS AFB	13	13	9,485	\$42,683	\$42,683	\$42,683	\$42,683	\$42,683	\$0.1493
19.	LAMAIN CO - FT CARSON	53	53	38,963	\$200,659	\$210,400	\$214,297	\$214,297	\$214,297	\$0.4181
20.	LAMAIN FL - EGLIN AFB	36	36	21,918	\$87,672	\$93,152	\$93,152	\$93,152	\$93,152	\$0.4893
21.	LAMAIN NC - NORTH BRAGG	48	48	36,334	\$190,754	\$190,754	\$190,754	\$190,754	\$190,754	\$0.3244
22.	LAMAIN NC - SOUTH BRAGG	50	50	33,503	\$122,286	\$122,286	\$122,286	\$122,286	\$122,286	\$0.3489
23.	LAMAIN NM - HOLLOMAN2	13	13	8,506	\$42,530	\$42,530	\$42,530	\$42,530	\$42,530	\$0.3876
24.	LL BROOKS ENT MO - WHITEMAN	29	29	14,530	\$47,223	\$47,223	\$47,223	\$47,223	\$47,223	\$0.0879
25.	LL BROOKS ENT. NC - SOUTH BRAGG	6	6	2,440	\$8,906	\$8,906	\$8,906	\$8,906	\$8,906	\$0.0938
26.	LOCAL 780 IL - CHICAGO	4	4	10,245	\$71,715	\$71,715	\$71,715	\$71,715	\$71,715	\$0.6101
27.	PONDERFUL FL - MACDILL AFB	53	53	38,197	\$143,239	\$143,239	\$152,788	\$152,788	\$152,788	\$0.2635
28.	R&R COMMISSARY MD - FORT MEADE	58	58	44,040	\$198,180	\$198,180	\$198,180	\$198,180	\$198,180	\$0.2781
29.	TRACE AZ - LUKE AFB	43	43	39,825	\$137,396	\$137,396	\$137,396	\$137,396	\$137,396	\$0.6193
30.	TRACE ID - GROUNDS	11	11	12,576	\$35,842	\$35,842	\$35,842	\$35,842	\$35,842	\$0.4120
31.	TRACE ID - MOUNTAIN HOME	19	19	14,199	\$46,857	\$46,857	\$46,857	\$46,857	\$46,857	\$0.3150
32.	TRACE KY - FT CAMPBELL	68	68	73,194	\$223,242	\$223,242	\$223,242	\$223,242	\$223,242	\$0.6011
32.	SAME YEAR TURNOVER CONTRUBUTIONS & HOURS				\$220,710	\$223,570	\$224,625	\$224,625	\$224,625	
	Total	937	937	789,214	\$3,391,833	\$3,435,784	\$3,451,989	\$3,451,989	\$3,451,989	\$0.4453

Exhibit 5

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection of Market Value of Assets - Actual Return on Assets Through 12/31/2023 (6.00%)

Year	Market Value of Assets	Benefit Payments	Expected Contributions	Expected Administrative Expenses	Expected Earnings	Market Value of Assets	Annual Rate of Return
Beginning	(boy)					(eoy)	
1/1/2023	\$23,978,085 *	\$1,931,446	\$4,209,000	\$315,451	\$1,488,395	\$27,428,583	6.00%
1/1/2024	27,428,583	2,212,703	3,391,833	315,451	2,072,616	30,364,878	7.50%
1/1/2025	30,364,878	2,330,690	3,435,784	315,451	2,289,589	33,444,110	7.50%
1/1/2026	33,444,110	2,508,357	3,451,989	315,451	2,513,943	36,586,234	7.50%
1/1/2027	36,586,234	2,616,675	3,451,989	315,451	2,745,250	39,851,347	7.50%
1/1/2028	39,851,347	2,698,430	3,451,989	315,451	2,986,849	43,276,304	7.50%
1/1/2029	43,276,304	2,757,878	3,451,989	315,451	3,241,333	46,896,297	7.50%
1/1/2030	46,896,297	2,829,871	3,451,989	315,451	3,509,940	50,712,904	7.50%
1/1/2031	50,712,904	3,056,670	3,451,989	315,451	3,787,073	54,579,845	7.50%
1/1/2032	54,579,845	3,144,754	3,451,989	315,451	4,073,555	58,645,184	7.50%
1/1/2033	58,645,184	3,178,113	3,451,989	315,451	4,377,115	62,980,724	7.50%
1/1/2034	62,980,724	3,287,650	3,451,989	315,451	4,697,880	67,527,492	7.50%
1/1/2035	67,527,492	3,226,466	3,451,989	315,451	5,041,346	72,478,910	7.50%
1/1/2036	72,478,910	3,192,160	3,451,989	315,451	5,414,080	77,837,368	7.50%
1/1/2037	77,837,368	3,252,704	3,451,989	315,451	5,813,532	83,534,734	7.50%
1/1/2038	83,534,734	3,243,422	3,451,989	315,451	6,241,207	89,669,057	7.50%
1/1/2039	89,669,057	3,276,663	3,451,989	315,451	6,699,946	96,228,878	7.50%
1/1/2040	96,228,878	3,259,113	3,451,989	315,451	7,192,638	103,298,941	7.50%
1/1/2041	103,298,941	3,258,828	3,451,989	315,451	7,722,904	110,899,555	7.50%
1/1/2042	110,899,555	3,295,589	3,451,989	315,451	8,291,473	119,031,977	7.50%
1/1/2043	119,031,977	3,271,351	3,451,989	315,451	8,902,379	127,799,543	7.50%
1/1/2044	127,799,543	3,375,602	3,451,989	315,451	9,555,758	137,116,237	7.50%
1/1/2045	137,116,237	3,347,659	3,451,989	315,451	10,255,632	147,160,748	7.50%
1/1/2046	147,160,748	3,344,097	3,451,989	315,451	11,009,114	157,962,303	7.50%
1/1/2047	157,962,303	3,310,448	3,451,989	315,451	11,820,582	169,608,975	7.50%
1/1/2048	169,608,975	3,275,262	3,451,989	315,451	12,695,496	182,165,747	7.50%
1/1/2049	182,165,747	3,233,482	3,451,989	315,451	13,638,933	195,707,736	7.50%
1/1/2050	195,707,736	3,189,210	3,451,989	315,451	14,656,361	210,311,425	7.50%
1/1/2051	210,311,425	3,197,023	3,451,989	315,451	15,751,323	226,002,263	7.50%
1/1/2052	226,002,263	3,260,862	3,451,989	315,451	16,925,571	242,803,510	7.50%
1/1/2053	242,803,510	3,206,524	3,451,989	315,451	18,187,848	260,921,372	7.50%

* Excludes contributions receivable of \$182,295

Exhibit 6

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Projection of Actuarial Value of Assets - Actual Market Value Return on Assets Through 12/31/2023 (6.00%)

Year	Actuarial Value of Assets	Benefit	Expected	Expected	Actuarial	Market	Total Gain/	Deferred	Recognized	Actuarial Value
Beginning	(boy)	Payments	Contributions	Administrative	Expected	Expected	(Loss)	Gain/(Loss)	Gain/(Loss)	of Assets
				Expenses	Earnings	Earnings				(eoy)
1/1/2023	\$29,866,201 *	\$1,931,446	\$4,209,000	\$315,451	\$2,301,948	\$1,488,395	(\$813,553)	(\$4,772,241)	(\$1,929,428)	\$32,200,824
1/1/2024	32,200,824	2,212,703	3,391,833	315,451	2,430,534	2,072,616	(357,918)	(3,129,145)	(2,001,014)	33,494,023
1/1/2025	33,494,023	2,330,690	3,435,784	315,451	2,524,274	2,289,589	(234,685)	(1,768,548)	(1,595,282)	35,212,658
1/1/2026	35,212,658	2,508,357	3,451,989	315,451	2,646,584	2,513,943	(132,641)	(552,799)	(1,348,390)	37,139,033
1/1/2027	37,139,033	2,616,675	3,451,989	315,451	2,786,710	2,745,250	(41,460)	(278,209)	(316,050)	40,129,556
1/1/2028	40,129,556	2,698,430	3,451,989	315,451	3,007,715	2,986,849	(20,866)	(141,563)	(157,512)	43,417,867
1/1/2029	43,417,867	2,757,878	3,451,989	315,451	3,251,950	3,241,333	(10,617)	(64,127)	(88,053)	46,960,424
1/1/2030	46,960,424	2,829,871	3,451,989	315,451	3,514,749	3,509,940	(4,809)	(26,857)	(42,079)	50,739,761
1/1/2031	50,739,761	3,056,670	3,451,989	315,451	3,789,088	3,787,073	(2,015)	(12,919)	(15,953)	54,592,764
1/1/2032	54,592,764	3,144,754	3,451,989	315,451	4,074,524	4,073,555	(969)	(6,032)	(7,856)	58,651,216
1/1/2033	58,651,216	3,178,113	3,451,989	315,451	4,377,568	4,377,115	(453)	(2,710)	(6,485)	62,980,724
1/1/2034	62,980,724	3,287,650	3,451,989	315,451	4,697,880	4,697,880	0	0	0	67,527,492
1/1/2035	67,527,492	3,226,466	3,451,989	315,451	5,041,346	5,041,346	0	0	0	72,478,910
1/1/2036	72,478,910	3,192,160	3,451,989	315,451	5,414,080	5,414,080	0	0	0	77,837,368
1/1/2037	77,837,368	3,252,704	3,451,989	315,451	5,813,532	5,813,532	0	0	0	83,534,734
1/1/2038	83,534,734	3,243,422	3,451,989	315,451	6,241,207	6,241,207	0	0	0	89,669,057
1/1/2039	89,669,057	3,276,663	3,451,989	315,451	6,699,946	6,699,946	0	0	0	96,228,878
1/1/2040	96,228,878	3,259,113	3,451,989	315,451	7,192,638	7,192,638	0	0	0	103,298,941
1/1/2041	103,298,941	3,258,828	3,451,989	315,451	7,722,904	7,722,904	0	0	0	110,899,555
1/1/2042	110,899,555	3,295,589	3,451,989	315,451	8,291,473	8,291,473	0	0	0	119,031,977
1/1/2043	119,031,977	3,271,351	3,451,989	315,451	8,902,379	8,902,379	0	0	0	127,799,543

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

Exhibit 7

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Description	Initial Information			1/1/2023 Information		
	Inception	Balance	Period	Balance	Period	Payment
1. Charges						
a. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	53,720	1	55,854
b. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,720,020	15	188,463
c. Recognized 2008 asset loss	1/1/2010	488,655	28	372,701	15	40,837
d. Plan change	1/1/2010	114,077	15	23,206	2	12,500
e. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	109,939	3	40,888
f. Recognized 2008 asset loss	1/1/2011	488,655	27	377,004	15	41,308
g. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	90,883	4	26,244
h. Recognized 2008 asset loss	1/1/2012	488,655	26	381,734	15	41,827
i. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	14,856	5	3,551
j. Recognized 2008 asset loss	1/1/2013	488,654	25	386,960	15	42,399
k. Experience loss	1/1/2016	571,525	15	379,239	8	62,622
l. Experience loss	1/1/2018	235,127	15	182,835	10	25,762
m. Experience loss	1/1/2021	632,647	15	582,386	13	69,319
n. Experience loss	1/1/2022	1,316,688	15	1,266,276	14	144,269
o. Assumption Change	1/1/2022	42,313	15	40,693	14	4,636
p. Experience loss	1/1/2023	3,255,420	15	3,255,420	15	356,696
q. Experience loss	1/1/2024	748,755	15			82,041
r. Asset loss	1/1/2025	2,001,014	15			219,251
s. Asset loss	1/1/2026	1,595,282	15			174,795
t. Asset loss	1/1/2027	1,348,390	15			147,743
u. Asset loss	1/1/2028	316,050	15			34,630
v. Asset loss	1/1/2029	157,512	15			17,259
w. Asset loss	1/1/2030	88,053	15			9,648
x. Asset loss	1/1/2031	42,079	15			4,611
y. Asset loss	1/1/2032	15,953	15			1,748
z. Asset loss	1/1/2033	7,856	15			861
aa Asset loss	1/1/2034	6,485	15			711
2. Credits						
a. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	2,602	2	1,402
b. Change in assumptions	1/1/2012	48,577	15	18,431	4	5,322
c. Experience gain	1/1/2014	170,258	15	90,537	6	18,656
d. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	128,421	1	133,523
e. Experience gain	1/1/2015	239,492	15	143,707	7	26,242
f. Experience gain	1/1/2017	158,033	15	114,201	9	17,316
g. Experience gain	1/2/2019	25,957	15	21,513	11	2,844
h. Experience gain	1/1/2020	241,589	15	211,706	12	26,471
i. Change in funding method - reset actuarial value	1/1/2020	671,271	10	517,979	7	94,586
j. Change in assumptions	1/1/2021	651,345	15	599,598	13	71,368

Exhibit 8

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Year	Normal Cost	Amortization	Interest on	Credit Balance	Contributions	Amortization	Interest on	Credit Balance
Beginning	& Expenses	Charges	Charges	(boy)		Credits	Credits	(eoy)
1/1/2023	\$1,506,354	\$1,157,175	\$90,363	\$7,185,926	\$4,209,000	\$397,730	\$695,233	\$9,733,997
1/1/2024	1,746,157	1,183,362	99,387	9,733,997	3,391,833	264,207	854,085	11,215,216
1/1/2025	1,763,057	1,390,113	106,975	11,215,216	3,435,784	262,805	966,620	12,620,280
1/1/2026	1,768,012	1,524,020	111,686	12,620,280	3,451,989	262,805	1,072,550	14,003,906
1/1/2027	1,768,012	1,645,519	115,808	14,003,906	3,451,989	257,483	1,176,141	15,360,180
1/1/2028	1,768,012	1,676,598	116,862	15,360,180	3,451,989	257,483	1,277,862	16,786,042
1/1/2029	1,768,012	1,693,857	117,448	16,786,042	3,451,989	238,827	1,384,168	18,281,709
1/1/2030	1,768,012	1,703,505	117,775	18,281,709	3,451,989	117,999	1,492,244	19,754,649
1/1/2031	1,768,012	1,645,494	115,807	19,754,649	3,451,989	117,999	1,602,715	21,398,039
1/1/2032	1,768,012	1,647,242	115,867	21,398,039	3,451,989	100,683	1,725,381	23,144,971
1/1/2033	1,768,012	1,622,341	115,022	23,144,971	3,451,989	100,683	1,856,401	25,048,669
1/1/2034	1,768,012	1,623,052	115,046	25,048,669	3,451,989	100,683	1,999,179	27,094,410
1/1/2035	1,768,012	1,623,052	115,046	27,094,410	3,451,989	71,368	2,151,615	29,263,272
1/1/2036	1,768,012	1,553,733	112,694	29,263,272	3,451,989	0	2,311,858	31,592,680
1/1/2037	1,768,012	1,404,828	107,642	31,592,680	3,451,989	0	2,486,564	34,250,751
1/1/2038	1,768,012	693,298	83,503	34,250,751	3,451,989	0	2,685,919	37,843,846
1/1/2039	1,768,012	611,257	80,719	37,843,846	3,451,989	0	2,955,401	41,791,248
1/1/2040	1,768,012	392,006	73,281	41,791,248	3,451,989	0	3,251,456	46,261,394
1/1/2041	1,768,012	217,211	67,351	46,261,394	3,451,989	0	3,586,717	51,247,526
1/1/2042	1,768,012	69,468	62,339	51,247,526	3,451,989	0	3,960,677	56,760,373
1/1/2043	1,768,012	34,838	61,164	56,760,373	3,451,989	0	4,374,141	62,722,489

Exhibit 9

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

Projected Stream of Benefit Payments

Year	Retiree	TV	Active	Total
2024	1,748,502	211,814	252,387	2,212,703
2025	1,678,135	291,582	360,973	2,330,690
2026	1,607,558	333,968	566,831	2,508,357
2027	1,536,226	397,128	683,321	2,616,675
2028	1,462,886	448,325	787,219	2,698,430
2029	1,388,244	484,568	885,066	2,757,878
2030	1,312,453	532,206	985,212	2,829,871
2031	1,235,921	555,710	1,265,039	3,056,670
2032	1,159,100	565,828	1,419,826	3,144,754
2033	1,082,467	580,560	1,515,086	3,178,113
2034	1,006,507	621,187	1,659,956	3,287,650
2035	931,705	630,515	1,664,246	3,226,466
2036	858,530	621,528	1,712,102	3,192,160
2037	787,416	632,904	1,832,384	3,252,704
2038	718,741	634,146	1,890,535	3,243,422
2039	652,805	640,289	1,983,569	3,276,663
2040	589,845	646,284	2,022,984	3,259,113
2041	530,039	655,289	2,073,500	3,258,828
2042	473,521	662,112	2,159,956	3,295,589
2043	420,394	673,815	2,177,142	3,271,351

Exhibit 10

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

Asset and Funding Percentage Projection - Actual Market ValueReturn on Assets Through 12/31/2023 (6.00%)

1.75% Accrual Beginning January 1, 2024

Year Beginning	Present Value of Accrued Benefits @ 7.5%	Unit Credit Normal Cost	Assets AV (boy)	Funded Percentage	Expected Benefit Payments	Expected Contributions	Expected Expenses	Present Value of Vested Benefits Begin of Year	Surplus or Unfunded Assets Over Vested Present Value Benefits of Vested (Withdrawal Benefits Liability)	
	Begin of Year									
1/1/2023	\$29,195,707	\$1,190,903	\$28,992,456	99.3%	\$2,163,520	\$4,026,705	\$315,451	\$ 28,622,347	0	\$370,109
1/1/2024	30,366,249	1,430,706	32,200,824	106.0%	2,212,703	3,391,833	315,451	29,899,659	0	2,301,165
1/1/2025	31,821,361	1,447,606	33,494,023	105.3%	2,330,690	3,435,784	315,451	31,196,437	0	2,297,586
1/1/2026	33,280,353	1,452,561	35,212,658	105.8%	2,508,357	3,451,989	315,451	32,626,777	0	2,585,881
1/1/2027	34,669,087	1,452,561	37,139,033	107.1%	2,616,675	3,451,989	315,451	33,988,238	0	3,150,795
1/1/2028	36,049,306	1,452,561	40,129,556	111.3%	2,698,430	3,451,989	315,451	35,341,352	0	4,788,204
1/1/2029	37,448,002	1,452,561	43,417,867	115.9%	2,757,878	3,451,989	315,451	36,712,579	0	6,705,288
1/1/2030	38,889,764	1,452,561	46,960,424	120.8%	2,829,871	3,451,989	315,451	38,126,027	0	8,834,397
1/1/2031	40,364,773	1,452,561	50,739,761	125.7%	3,056,670	3,451,989	315,451	39,572,069	0	11,167,692
1/1/2032	41,714,497	1,452,561	54,592,764	130.9%	3,144,754	3,451,989	315,451	40,895,287	0	13,697,477
1/1/2033	43,073,827	1,452,561	58,651,216	136.2%	3,178,113	3,451,989	315,451	42,227,921	0	16,423,295
1/1/2034	44,500,407	1,452,561	62,980,724	141.5%	3,287,650	3,451,989	315,451	43,626,486	0	19,354,238
1/1/2035	45,920,043	1,452,561	67,527,492	147.1%	3,226,466	3,451,989	315,451	45,018,242	0	22,509,250
1/1/2036	47,509,794	1,452,561	72,478,910	152.6%	3,192,160	3,451,989	315,451	46,576,773	0	25,902,137
1/1/2037	49,254,461	1,452,561	77,837,368	158.0%	3,252,704	3,451,989	315,451	48,287,177	0	29,550,191
1/1/2038	51,067,001	1,452,561	83,534,734	163.6%	3,243,422	3,451,989	315,451	50,064,122	0	33,470,612
1/1/2039	53,025,137	1,452,561	89,669,057	169.1%	3,276,663	3,451,989	315,451	51,983,803	0	37,685,254
1/1/2040	55,095,556	1,452,561	96,228,878	174.7%	3,259,113	3,451,989	315,451	54,013,562	0	42,215,316
1/1/2041	57,339,512	1,452,561	103,298,941	180.2%	3,258,828	3,451,989	315,451	56,213,450	0	47,085,491
1/1/2042	59,752,061	1,452,561	110,899,555	185.6%	3,295,589	3,451,989	315,451	58,578,620	0	52,320,935
1/1/2043	62,307,313	1,452,561	119,031,977	191.0%	3,271,351	3,451,989	315,451	61,083,691	0	57,948,286

Exhibit 11

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Description	Initial Information			1/1/2023 Information			Extension
	Inception	Balance	Period	Balance	Period	Payment	
1. Charges							
a. Combined charges	1/1/2007	\$13,876,484	13	\$1,807,351	2	\$973,536	5 years
b. Experience loss	1/1/2008	218,621	15	72,228	5	17,266	5 years
c. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	203,677	6	41,969	5 years
d. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,720,020	15	188,463	none
e. Recognized 2008 asset loss	1/1/2010	488,655	28	372,701	15	40,837	none
f. Plan change	1/1/2010	114,077	15	53,227	7	9,720	5 years
g. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	198,156	8	32,721	5 years
h. Recognized 2008 asset loss	1/1/2011	488,655	27	377,004	15	41,308	none
i. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	141,921	9	21,519	5 years
j. Recognized 2008 asset loss	1/1/2012	488,655	26	381,734	15	41,827	none
k. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	21,103	10	2,974	5 years
l. Recognized 2008 asset loss	1/1/2013	488,654	25	386,960	15	42,399	none
m. Experience loss	1/1/2016	571,525	15	379,239	8	62,622	none
n. Experience loss	1/1/2018	235,127	15	182,835	10	25,762	none
o. Experience loss	1/1/2021	632,647	15	582,386	13	69,319	none
p. Experience loss	1/1/2022	1,316,688	15	1,266,276	14	144,269	none
q. Change in assumptions	1/1/2022	42,313	15	40,693	14	4,636	none
r. Experience loss	1/1/2023	3,255,420	15	3,255,420	15	356,696	none
s. Experience loss	1/1/2024	748,755	15			82,041	
t. Asset loss	1/1/2025	2,001,014	15			219,251	
u. Asset loss	1/1/2026	1,595,282	15			174,795	
v. Asset loss	1/1/2027	1,348,390	15			147,743	
w. Asset loss	1/1/2028	316,050	15			34,630	
x. Asset loss	1/1/2029	157,512	15			17,259	
y. Asset loss	1/1/2030	88,053	15			9,648	
z. Asset loss	1/1/2031	42,079	15			4,611	
aa. Asset loss	1/1/2032	15,953	15			1,748	
ab. Asset loss	1/1/2033	7,856	15			861	
ac. Asset loss	1/1/2034	6,485	15			711	
2. Credits							
a. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	2,602	2	1,402	1,348
b. Change in assumptions	1/1/2012	48,577	15	18,431	4	5,322	14,311
c. Experience gain	1/1/2014	170,258	15	90,537	6	18,656	78,038
d. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	128,421	1	133,523	0
e. Experience gain	1/1/2015	239,492	15	143,707	7	26,242	127,353
f. Experience gain	1/1/2017	158,033	15	114,201	9	17,316	104,863
g. Experience gain	1/1/2019	25,957	15	21,513	11	2,844	20,186
h. Experience gain	1/1/2020	241,589	15	211,706	12	26,471	200,215
i. Change in funding method - reset actuarial value of assets to market value	1/1/2020	671,271	10	517,979	7	94,586	459,032
j. Change in assumptions	1/1/2021	651,345	15	599,598	13	71,368	570,779

Exhibit 12

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Year Beginning	Normal Cost & Expenses	Amortization Charges	Interest on Charges	Credit Balance (boy)	Contributions	Amortization Credits	Interest on Credits	Credit Balance (eoy)
1/1/2023	\$1,506,354	\$2,117,843	\$122,955	\$9,390,985	\$4,209,000	\$397,730	\$860,613	\$11,111,176
1/1/2024	1,746,157	2,199,884	133,874	11,111,176	3,391,833	264,207	957,374	11,644,675
1/1/2025	1,763,057	1,445,599	108,857	11,644,675	3,435,784	262,805	998,830	13,024,581
1/1/2026	1,768,012	1,620,394	114,956	13,024,581	3,451,989	262,805	1,102,872	14,338,885
1/1/2027	1,768,012	1,768,137	119,968	14,338,885	3,451,989	257,483	1,201,265	15,593,505
1/1/2028	1,768,012	1,785,501	120,557	15,593,505	3,451,989	257,483	1,295,361	16,924,268
1/1/2029	1,768,012	1,760,791	119,719	16,924,268	3,451,989	238,827	1,394,535	18,361,097
1/1/2030	1,768,012	1,760,719	119,716	18,361,097	3,451,989	117,999	1,498,198	19,780,836
1/1/2031	1,768,012	1,669,987	116,638	19,780,836	3,451,989	117,999	1,604,679	21,400,866
1/1/2032	1,768,012	1,650,216	115,967	21,400,866	3,451,989	100,683	1,725,594	23,144,937
1/1/2033	1,768,012	1,622,341	115,022	23,144,937	3,451,989	100,683	1,856,399	25,048,633
1/1/2034	1,768,012	1,623,052	115,046	25,048,633	3,451,989	97,839	1,999,080	27,091,431
1/1/2035	1,768,012	1,623,052	115,046	27,091,431	3,451,989	71,368	2,151,391	29,260,069
1/1/2036	1,768,012	1,553,733	112,694	29,260,069	3,451,989	0	2,311,618	31,589,237
1/1/2037	1,768,012	1,404,828	107,642	31,589,237	3,451,989	0	2,486,306	34,247,050
1/1/2038	1,768,012	693,298	83,503	34,247,050	3,451,989	0	2,685,642	37,839,868
1/1/2039	1,768,012	611,257	80,719	37,839,868	3,451,989	0	2,955,103	41,786,972
1/1/2040	1,768,012	392,006	73,281	41,786,972	3,451,989	0	3,251,136	46,256,798
1/1/2041	1,768,012	217,211	67,351	46,256,798	3,451,989	0	3,586,373	51,242,586
1/1/2042	1,768,012	69,468	62,339	51,242,586	3,451,989	0	3,960,307	56,755,063
1/1/2043	1,768,012	34,838	61,164	56,755,063	3,451,989	0	4,373,743	62,716,781

Technical Appendix

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Valuation

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

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

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

Active Employee Data

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

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

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

Inactive Participant Data

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

Valuation Method and Actuarial Assumptions

1. Cost method Unit Credit Cost Method

2. Valuation date January 1, 2023.

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

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

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

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

Separate rates for pre and post commencement of benefits

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

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

7. Termination

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

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

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

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

8. Disability

Disability rates at sample ages are shown below:

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

9. Retirement Age

Age 65

10. Future benefit accruals

Equal to intensity in preceding year.

11. Percent married

80%.

12. Age of spouse

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

13. Expenses

Explicit expense equal to \$300,000

Plan Summary

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

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

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

3. Plan year Calendar year

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

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

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

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

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

5. Vesting Service **Effective January 1, 2010**
880 hours = 1 year
- Provisions prior to January 1, 2010**
22 weeks = 1 year
6. Accrued benefit **Effective January 1, 2010**
Accrued Benefits as of December 31, 2009 plus,
- For Plan Years January 1, 2010 through December 31, 2021 annual accrual equal to the total contributions for the year (weekly or hourly contributions) times 9/10ths of 1% (.009).
- For Plan Years on and after January 1, 2022 through December 31, 2023 annual accrual equal to the total contributions for the year (weekly or hourly contributions) times 1.5%.
- For Plan Years on and after January 1, 2024 annual accrual equal to the total contributions for the year (weekly or hourly contributions) times 1.75%
- Provisions prior to January 1, 2010**
A monthly benefit equal to \$55 multiplied by the number of Pension Credits.
7. Normal retirement
- a. Eligibility Age 65 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit.
8. Early retirement
- a. Eligibility Age 60 and 10 Pension Credits (at least 5 of which are during the Contribution Period).
- b. Benefit Accrued benefit reduced 6 2/3% for each year of age less than 65.
9. Disability retirement
- a. Eligibility 10 Pension Credits (at least 5 of which are during the Contribution Period) and 22 weeks of covered employment in the 12-month period preceding disability.
- b. Benefit Accrued retirement benefit payable immediately.

10. Vested benefit

Effective January 1, 2010

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

Provisions prior to January 1, 2010

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

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

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

11. Pre-retirement death benefit

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

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

Projection

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

1. Projection method Unit credit cost method with roll-forward

2. Projected industry activity Employment in the industry during the projection period per the Plan Sponsor based on new contract provisions where known.

3. Active population Based on data from the January 1, 2023 valuation and data collected from the Union Office as of December 2023. Projections based on stationary population.

4. Investment return Plan year 1/1/2023 – 12/31/2023

Estimated net rate of return from the Plan's investment advisors.

Plan years after 1/1/2024

Based on the following assumptions:
7.5% per annum – the same as used in the base valuation of January 1, 2023.

5. Contributions Plan year 1/1/2023 – 12/31/2023

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

Plan years after 1/1/2023

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

. See Exhibit 4.

6. Benefit payments Plan year 1/1/2023 – 12/31/2023

Based on the actual benefit payments for 2023 supplied by the Plan Administrator

Plan years after 1/1/2023

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

- | | |
|---------------------------------------|--|
| 7. Expenses | <p>Plan year 1/1/2023 – 12/31/2023</p> <p>Equal - \$315,451.</p>
<p>Plan years after 1/1/2023</p> <p>Equal to - \$315,451</p> |
| 8. Plan assets | <p>As of 1/1/2024</p> <p>Assets were projected one year from audited assets as of 1/1/2023 to 1/1/2024 using actual contributions and benefit payments, and estimated earnings and expenses as described above.</p>
<p>As of 1/1/2025 through 1/1/2043</p> <p>Assets were projected using projected contributions, expenses, benefit payments and earnings as described above.</p> |
| 9. Unit credit normal cost | <p>Plan year 1/1/2023 – 12/31/2023</p> <p>Same as for base 1/1/2023 valuation</p>
<p>Plan years after 1/1/2024</p> <p>Based on normal cost, by group, per hour and dollar of contribution. See exhibit 4.</p> |
| 10. Extension of amortization periods | <p>An extension of amortization periods effective January 1, 2015 was approved December 1, 2016.</p> |
| 11. Funding standard account | <p>Plan year 1/1/2023 – 12/31/2023</p> <p>Projected based on contributions, normal cost as described above, and amortization bases as of 1/1/2023..</p>
<p>Plan years after 1/1/2023</p> <p>Projected based on contributions, normal cost as described above, and amortization bases as of 1/1/2023 and anticipated new amortization bases arising from the change in asset method and asset (gains) or losses.</p> |

Table M

Motion Picture Laboratory Technicians and Film Editors Local 780 Pension Fund

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

Description	Initial Information			1/1/23 Balance	1/1/24 Information			
	Inception	Balance	Period		Balance	Period	Payment	Extension
1. Charges								
a. Combined charges	1/1/2007	\$13,876,484	13	\$1,807,351	\$936,338	1	\$973,535	5 years
b. Experience loss	1/1/2008	218,621	15	72,228	59,793	4	17,266	5 years
c. Experience loss other than recognized 2008 assets loss	1/1/2009	509,743	15	203,677	175,560	5	41,968	5 years
d. Recognized 2008 asset loss	1/1/2009	2,279,076	29	1,720,020	1,654,165	14	188,462	none
e. Recognized 2008 asset loss	1/1/2010	488,655	28	372,701	358,431	14	40,837	none
f. Plan change	1/1/2010	114,077	15	53,227	47,169	6	9,719	5 years
g. Experience loss other than recognized 2008 assets loss	1/1/2011	373,170	15	198,156	179,187	7	32,720	5 years
h. Recognized 2008 asset loss	1/1/2011	488,655	27	377,004	362,570	14	41,308	none
i. Experience loss other than recognized 2008 assets loss	1/1/2012	239,519	15	141,921	130,316	8	21,518	5 years
j. Recognized 2008 asset loss	1/1/2012	488,655	26	381,734	367,118	14	41,827	none
k. Experience loss other than recognized 2008 assets loss	1/1/2013	32,415	15	21,103	19,611	9	2,973	5 years
l. Recognized 2008 asset loss	1/1/2013	488,654	25	386,960	372,145	14	42,399	none
m. Experience loss	1/1/2016	571,525	15	379,239	342,935	7	62,622	none
n. Experience loss	1/1/2018	235,127	15	182,835	169,912	9	25,763	none
o. Experience loss	1/1/2021	632,647	15	582,386	554,394	12	69,319	none
p. Experience loss	1/1/2022	1,316,688	15	1,266,276	1,212,083	13	144,270	none
q. Change in assumptions	1/1/2022	42,313	15	40,693	38,952	13	4,636	none
r. Experience loss	1/1/2023	3,255,420	15	3,255,420	3,130,779	14	356,696	none
s. Experience loss	1/1/2024	1,539,617	15		1,539,617	15	168,696	none
t. Total charges				\$11,442,931	\$11,651,075		\$2,286,534	
2. Credits								
a. Experience gain other than recognized 2008 assets loss	1/1/2010	12,790	15	2,602	1,348	1	1,402	none
b. Change in assumptions	1/1/2012	48,577	15	18,431	14,311	3	5,323	none
c. Experience gain	1/1/2014	170,258	15	90,537	78,038	5	18,655	none
d. Change in funding method - reset actuarial value of assets to market value	1/1/2014	947,600	10	128,421	0	0	0	none
e. Experience gain	1/1/2015	239,492	15	143,707	127,353	6	26,242	none
f. Experience gain	1/1/2017	158,033	15	114,201	104,863	8	17,315	none
g. Experience gain	1/1/2019	25,957	15	21,513	20,186	10	2,844	none
h. Experience gain	1/1/2020	241,589	15	211,706	200,215	11	26,471	none
i. Change in funding method - reset actuarial value of assets to market value	1/1/2020	671,271	10	517,979	459,032	6	94,585	none
j. Change in assumptions	1/1/2021	651,345	15	599,598	570,779	12	71,368	none
k. Total credits				\$1,848,695	\$1,576,125		\$264,205	
3. Credit balance					11,624,762			
4. Unfunded accrued liability as of 1/1/24 [#1 - #2 - #3]					(1,549,812)			

Valuation Method and Actuarial Assumptions

1. Cost method Unit Credit.

2. Valuation date January 1, 2024.

3. Investment return Funding: 7.50% per annum
FAS #35 7.50% per annum
RPA-94 current liability: 3.14% per annum

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

5. Healthy Mortality
 - a. Funding Base Tables for 2022 Plan Year

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

Separate rates for pre and post commencement of benefits

Future mortality improvement based on 77% of the Male MP2021 and 90% of the Female MP2021 projection scales.
 - b. Current Liability RP-2014 Mortality Tables projected per IRS regulations

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

7. Termination

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

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

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

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

8. Disability

Disability rates at sample ages are shown below:

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

9. Retirement Age

Age 65

10. Future benefit accruals

Equal to intensity (hours worked) in preceding year.

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

11. Intensity of vesting

Equal to average of vested intensity over last 3 years

12. Percent married

80%.

13. Age of spouse

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

14. Expenses

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

Attachment to 2024 Form 5500

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

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

EIN: 23-7345671

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

PN: 001

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

Rate of return = 9.10% = $(2 * 2,287,879) / (23,978,085 + 28,712,231 - 2,287,879)$

Attachment to 2024 Form 5500

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

Plan Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund	EIN: 23-7345671
Plan Sponsor's Name: Motion Picture Laboratory Technicians & Film Editors Local 780 Pension Fund	PN: 001

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

Rate of return = 1.70% = $(2 * 539,577) / (29,866,201 + 32,852,045 - 539,577)$

Attachment to 2024 Form 5500

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

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

EIN: 23-7345671

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

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,024	155,018	177,047	1,922,901	2,254,966
2,025	255,868	237,901	2,051,400	2,545,169
2,026	441,024	320,664	1,783,048	2,544,736
2,027	574,920	378,531	1,705,871	2,659,322
2,028	708,075	436,514	1,630,284	2,774,873
2,029	855,434	472,163	1,552,878	2,880,475
2,030	956,297	524,792	1,474,015	2,955,104
2,031	1,291,960	563,850	1,394,124	3,249,934
2,032	1,462,326	576,918	1,313,678	3,352,922
2,033	1,645,756	593,735	1,233,165	3,472,656
2,034	1,844,439	634,625	1,153,078	3,632,142
2,035	1,877,550	642,947	1,073,901	3,594,398
2,036	1,930,067	637,170	996,091	3,563,328
2,037	2,002,492	654,947	920,069	3,577,508
2,038	2,223,849	655,535	846,195	3,725,579
2,039	2,334,734	664,477	774,758	3,773,969
2,040	2,408,781	672,215	705,980	3,786,976
2,041	2,494,569	684,508	640,039	3,819,116
2,042	2,609,040	697,215	577,073	3,883,328
2,043	2,630,958	712,917	517,207	3,861,082
2,044	2,791,922	729,295	460,556	3,981,773
2,045	2,831,914	729,962	407,217	3,969,093
2,046	2,873,201	755,704	357,294	3,986,199
2,047	2,922,976	769,048	310,887	4,002,911
2,048	2,991,740	751,929	268,081	4,011,750
2,049	3,003,466	749,519	228,954	3,981,939
2,050	3,031,417	744,717	193,557	3,969,691

Attachment to 2024 Form 5500

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

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

EIN: 23-7345671

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

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,051	3,075,249	740,673	161,893	3,977,815
2,052	3,137,017	739,857	133,915	4,010,789
2,053	3,199,139	754,209	109,513	4,062,861
2,054	3,188,545	758,057	88,509	4,035,111
2,055	3,147,123	744,491	70,681	3,962,295
2,056	3,136,090	732,340	55,759	3,924,189
2,057	3,104,837	714,212	43,442	3,862,491
2,058	3,038,604	698,479	33,422	3,770,505
2,059	3,007,631	672,031	25,390	3,705,052
2,060	2,927,401	646,374	19,046	3,592,821
2,061	2,866,971	619,594	14,115	3,500,680
2,062	2,791,593	594,678	10,337	3,396,608
2,063	2,722,266	574,481	7,483	3,304,230
2,064	2,831,914	729,962	407,217	3,969,093
2,065	2,873,201	755,704	357,294	3,986,199
2,066	2,922,976	769,048	310,887	4,002,911
2,067	2,991,740	751,929	268,081	4,011,750
2,068	3,003,466	749,519	228,954	3,981,939
2,069	3,031,417	744,717	193,557	3,969,691
2,070	3,075,249	740,673	161,893	3,977,815
2,071	3,137,017	739,857	133,915	4,010,789
2,072	3,199,139	754,209	109,513	4,062,861
2,073	3,188,545	758,057	88,509	4,035,111
2,074	3,147,123	744,491	70,681	3,962,295

Attachment to 2024 Form 5500

Schedule MB, line 8b(3) - Projection of Expected Benefit Payments

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

EIN: 23-7345671

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

PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2,024	4,699,425	0	4,699,425
2,025	4,858,924	0	4,858,924
2,026	4,908,801	0	4,908,801
2,027	4,908,801	0	4,908,801
2,028	4,908,801	0	4,908,801
2,029	4,908,801	0	4,908,801
2,030	4,908,801	0	4,908,801
2,031	4,908,801	0	4,908,801
2,032	4,908,801	0	4,908,801
2,033	4,908,801	0	4,908,801

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan MOTION PIC. LAB. TECHS AND FILM EDITORS LOCAL 780 PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN)</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>04/01/1970</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>23-7345671</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>713900</td> </tr> </table>	1b Three-digit plan number (PN)	001	1c Effective date of plan	04/01/1970	2b Employer Identification Number (EIN)	23-7345671	2c Plan Sponsor's telephone number		2d Business code (see instructions)	713900
1b Three-digit plan number (PN)	001										
1c Effective date of plan	04/01/1970										
2b Employer Identification Number (EIN)	23-7345671										
2c Plan Sponsor's telephone number											
2d Business code (see instructions)	713900										
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF MOTION PIC LAB TECHS AND FILM EDITORS L FILM EDITORS LOCAL 780 PENSION FUND 6141 N COURTENAY PKWY SUITE D MERRITT ISLAND FL 32953											

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 	11 Sept 2025 Date	JACOSLAW Lipski Enter name of individual signing as plan administrator
Ⓢ	SIGN HERE 	11 Sept 2025 Date	GILBERT PATTON 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 (2024)
v. 240311

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 28712231
(2) Actuarial value of assets for funding standard account	1b(2) 32852045
c (1) Accrued liability for plan using immediate gain methods	1c(1) 31302233
(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) 31302233
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) 56944362
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 3928133
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 2254966
(3) Expected plan disbursements for the plan year.....	1d(3) 2254966

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

SIGN HERE Ted Windsor TED WINDSOR TED WINDSOR & ASSOCIATES 435 N MICHIGAN AVE, UNIT 307, CHICAGO, IL 60611	Signature of actuary Type or print name of actuary Firm name Address of the firm	09/26/2025 23-04110 847-867-9514	Date Most recent enrollment number Telephone number (including area code)
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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	28721231
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	372	21716291
(2) For terminated vested participants	699	15643081
(3) For active participants:		
(a) Non-vested benefits		2021732
(b) Vested benefits		17563258
(c) Total active	1176	19584990
(4) Total	2247	56944362
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.44%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	5115312				
Totals ►			3(b)	5115312	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	105.0%
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		3.14 %
		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)	6MP	6MP	
(2) Females	6c(2)	6FP	6FP	
d Valuation liability interest rate	6d	7.50 %	7.50%	
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate	☐ ERISA 4044	☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	1.7%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.1%		
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)	329948		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1539617	168696

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2212487

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)	11651075	2286534
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 152635**e** Total charges. Add lines 9a through 9d.....**9e** 4651656**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 11624762**g** Employer contributions. Total from column (b) of line 3.....**9g** 5115312**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1054364**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	1576125	264205
9j(1)	17227278	
9j(2)	38357797	
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** 18058643**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 13406987**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No