

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: IATSE, MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): JOINT BOARD OF ADMINISTRATION IATSE, MPT, A & AC, LOCAL NO. 46
2b Employer Identification Number (EIN): 62-1081087
2c Plan Sponsor's telephone number: 615-885-1058
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46 SUITE 202, 211 DONELSON PIKE NASHVILLE, TN 37214-2932		3b Administrator's EIN 62-1081087
		3c Administrator's telephone number 615-885-1058
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	491
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	247
6a(2) Total number of active participants at the end of the plan year	6a(2)	272
b Retired or separated participants receiving benefits.....	6b	120
c Other retired or separated participants entitled to future benefits	6c	101
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	493
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	25
f Total. Add lines 6d and 6e	6f	518
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	90

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>IATSE , MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46</u>	D Employer Identification Number (EIN) <u>62-1081087</u>

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) <u>12680258</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>13592324</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>14526836</u>
(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) <u>14526836</u>
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) <u>22053697</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>403450</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) <u>1119608</u>

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 <u>S. KEVIN SULLIVAN, F.S.A.</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD, TN 37027</u> Address of the firm	<u>10/06/2025</u> Date <u>23-06235</u> Most recent enrollment number <u>629-895-7855</u> 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	12680258
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	125	8759604
(2) For terminated vested participants	119	5163027
(3) For active participants:		
(a) Non-vested benefits		250292
(b) Vested benefits		7880774
(c) Total active	247	8131066
(4) Total	491	22053697
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.49 %

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
02/08/2024	11589	0	07/09/2024	97705	0
03/13/2024	40967	0	08/15/2024	48966	0
04/10/2024	49372	0	09/13/2024	46872	0
05/10/2024	69749	0	10/16/2024	69189	0
06/21/2024	20530	0	11/25/2024	76887	0
Totals ▶			3(b)	677218	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	93.5 %
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	

2 Operational information as of beginning of this plan year:

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

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
12/30/2024	88445	0			
01/23/2025	30968	0			
02/10/2025	13535	0			
03/24/2025	4742	0			
04/22/2025	7702	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					
					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	%
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	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			
<input type="checkbox"/> Yes <input type="checkbox"/> 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	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6
(2) Females	6c(2)	6
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	130000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	604190	61997
1	-288430	-29596
4	1267455	130056

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	316035

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3927795	582046
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		62866
e Total charges. Add lines 9a through 9d.....	9e		960947
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		937133
g Employer contributions. Total from column (b) of line 3.....	9g		677218
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	2056150	348775
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		106323
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3316728	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	6586067	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		2069449
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1108502
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)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

A Name of plan IATSE , MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46	D Employer Identification Number (EIN) 62-1081087	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

USI CONSULTING GROUP

06-1053228

(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	ACTUARY	38318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UBS FINANCIAL SERVICES INC.

13-2638166

(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 21 27	TRUSTEE	33401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HHM CPAS, LLP

46-5416249

(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	ACCOUNTANT	27000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIRST STATE TRUST COMPANY

13-3124172

(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 21	TRUSTEE	12482	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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	
A Name of plan IATSE , MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46	D Employer Identification Number (EIN) 62-1081087

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	299	87788
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	54483	56947
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7287	6481
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1996487	2768441
(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)	114860	126930
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	469118	516575
(B) Common	1c(4)(B)	1479439	1871319
(5) Partnership/joint venture interests	1c(5)	145549	162753
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8486233	8022397
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	12753755	13619631
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	73497	73497
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	73497	73497
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12680258	13546134

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)	677218	
(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)		677218
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(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)		0
(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)	477870	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		477870
(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)		
(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)		791685
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1946773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	924742	
(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)		924742
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)	22076	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	33401	
(6) Bank or trust company trustee/custodial fees	2i(6)	12482	
(7) Actuarial fees	2i(7)	38318	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	22878	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		156155
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1080897

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		865876
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: **HHM CPAS**

(2) EIN: **62-1114363**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 547055.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>IATSE , MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46</u>	D Employer Identification Number (EIN) <u>62-1081087</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		<u>0</u>
----------	--	----------

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): 13-3124172

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		<u>0</u>
----------	--	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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 **FREEMAN COMPANIES**

b EIN **42-0661692**

c Dollar amount contributed by employer **145597**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **NTH DEGREE**

b EIN **36-4433179**

c Dollar amount contributed by employer **38353**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **12.36**

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

a Name of contributing employer **BRIDGESTONE**

b EIN **62-1696485**

c Dollar amount contributed by employer **30832**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) **11.50**

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

a Name of contributing employer **OPRYLAND GRAND OLE OPRY**

b EIN **46-0975687**

c Dollar amount contributed by employer **36136**

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

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

(1) Contribution rate (in dollars and cents) **12.00**

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

a Name of contributing employer **TPAC**

b EIN **58-1320590**

c Dollar amount contributed by employer **46566**

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 **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) **13.00**

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

a Name of contributing employer **EXPO LABOR PROS/WIDEARK**

b EIN **27-4659746**

c Dollar amount contributed by employer **23375**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **11.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CMA AWARD SHOW

b EIN 62-0990429

c Dollar amount contributed by employer 22604

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 1.30

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

a Name of contributing employer HERITAGE DISPLAY GROUP

b EIN 43-1924020

c Dollar amount contributed by employer 28254

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 10.00

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

a Name of contributing employer GES EXPOSITION SERVICES

b EIN 59-1008863

c Dollar amount contributed by employer 33581

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 10.00

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

a Name of contributing employer SHO LINK

b EIN 36-3864254

c Dollar amount contributed by employer 27637

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 12.36

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**INTERNATIONAL ALLIANCE OF
THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS,
ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA
LOCAL NO. 46 (IATSE LOCAL NO. 46) PENSION PLAN AND TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



CERTIFIED PUBLIC ACCOUNTANTS

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees and Participants

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada Local No. 46 Pension Plan and Trust
Nashville, Tennessee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements

We have performed audits of the financial statements of International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada Local No. 46 (IATSE Local No. 46) Pension Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits, and accumulated plan benefits, for the years then ended, the statement of changes in accumulated plan benefits for the year ended January 1, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP);
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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 GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, 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 GAAS 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 GAAS, 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

Other Matter — Supplementary Schedules Required by ERISA

The supplementary schedule of assets held at end of year and schedule of reportable transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the 2024 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Chattanooga, Tennessee
September 4, 2025

*Henderson Hutcherson
& McCullough, PLLC*

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 13,468,415	\$ 12,691,985
Receivables		
Employer contributions	56,947	54,483
Interest receivable	<u>6,481</u>	<u>7,287</u>
	<u>63,428</u>	<u>61,770</u>
Cash	<u>87,788</u>	<u>-</u>
TOTAL ASSETS	<u>13,619,631</u>	<u>12,753,755</u>
LIABILITIES		
Accounts payable	<u>73,497</u>	<u>73,497</u>
TOTAL LIABILITIES	<u>73,497</u>	<u>73,497</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,546,134</u>	<u>\$ 12,680,258</u>

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Interest and dividends	\$ 477,870	\$ 365,520
Net appreciation in fair value of investments	791,685	1,133,521
Net investment income	<u>1,269,555</u>	<u>1,499,041</u>
Contributions from employers	<u>677,218</u>	<u>602,507</u>
Total additions	<u>1,946,773</u>	<u>2,101,548</u>
DEDUCTIONS		
Benefits paid to pensioners	924,742	772,591
Administrative expenses	<u>156,155</u>	<u>160,985</u>
Total deductions	<u>1,080,897</u>	<u>933,576</u>
NET CHANGE	865,876	1,167,972
Net assets available for benefits - beginning of year	<u>12,680,258</u>	<u>11,512,286</u>
Net assets available for benefits - end of year	<u>\$ 13,546,134</u>	<u>\$ 12,680,258</u>

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

STATEMENTS OF ACCUMULATED PLAN BENEFITS

JANUARY 1, 2024 AND 2023

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving benefits	\$ 6,584,023	\$ 6,037,968
Other participants	<u>7,846,783</u>	<u>6,648,826</u>
	14,430,806	12,686,794
 *Nonvested benefits	 <u>96,030</u>	 <u>100,000</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 14,526,836</u>	 <u>\$ 12,786,794</u>

*Actuary report did not specify nonvested benefits so amount is estimated based on prior year amount

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED JANUARY 1, 2024

CHANGE IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Balance - beginning of year	<u>\$ 12,786,794</u>
Interest	868,035
Benefits accrual during the plan year	146,267
Benefits paid	(772,591)
Change in actuarial assumption	1,871,645
Actuarial losses (gains)	<u>(373,314)</u>
NET CHANGE	<u>1,740,042</u>
Balance – end of year	<u>\$ 14,526,836</u>

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada Local No. 46 (IATSE Local No. 46) Pension Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete information.

General

The Plan is a defined benefit pension plan with multiple employers and was established on January 1, 1978, under an agreement whereby the IATSE Local No. 46 (the Union), for the benefit of the members, negotiates and enters into employment agreements with employers. These agreements provide for specified payments to a trust established for the purpose of providing pension benefits to the plan members. The Plan is insured by the Pension Benefit Guarantee Corporation and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Union's board of directors (the Board). The Board has overall responsibility for the operation and administration of the Plan. The Board determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Participant's Accounts

Under the plan provisions, participants' hypothetical accounts are valued based on their days of employment in the Plan. Days of employment are defined as a day during which a participant receives credit for at least one hour of service. A day of service is also equivalent to ten hours of service. To receive credit, the participant must submit approved timecards to both the employer, for whom the work is being performed, and the Union.

Participant Eligibility

Prior to January 1, 2006, all employees became participants on the later of (i) the first January 1 or July 1 date following a year during which at least 75 days of service were completed, or (ii) January 1, 1978. Beginning January 1, 2006, employees became participants on the later of the first January 1 or July 1 date, following a year during which the employee earned the required number of days of employment at such, that at least \$600 in contributions to the Plan were made on the participant's behalf. Effective January 1, 2009, employees became participants on the later of the first January 1 or July 1 date, following a year during which the employee earned the required number of days of employment at such, that at least \$850 in contributions to the Plan were made on the participant's behalf.

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions

The annual amounts of employer contributions to the Plan are actuarially determined pursuant to the terms of collective bargaining agreements. Currently, the majority of contracts specify employer contribution rates of a minimum of \$10.00 up to \$14.00 for each day of service rendered by an employee (other employers contribute an hourly rate or percentage of gross wages). These rates depend on contractual agreements with the employer. Contributions made by the employers to the Plan are not allocated to individual participant accounts within the Plan. Employee contributions are neither required nor permitted under the Plan. The Union's contributions for 2024 and 2023 exceeded minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Union has the right, under the Plan, to discontinue contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

Pension Plan Benefits

Plan participants are eligible for their plan benefit after terminating employment with vested rights. A participant receives one year of vesting service for each plan year during which the participant completes 100 days of employment. The Plan requires five years of service, in which time the participant will meet the eligibility requirements, to be "vested" in order to withdraw funds from the Plan. A participant is entitled to a monthly benefit commencing at the date of normal retirement, based on years of vesting service. A participant may elect to receive benefits upon early retirement, those of which are actuarially determined. Participants with an actuarially determined account balance less than \$5,000 have the option of receiving their vested benefit in the form of a one-time, lump-sum payment. All participants may choose one of several annuity options, including a monthly annuity payable for their lifetime. The Plan was amended effective June 15, 2023, to increase the benefit rate from \$22.50 per month per year to \$45.00 per month per year of service for all credited service between January 1, 2009, through December 31, 2018. As of January 1, 2019, the benefit rate is reduced down to \$22.50. The benefit is valued by the Actuary based on the days of service contributed to the Plan on their behalf and multiplied by the current plan value of \$22.50 for each day of service.

Death and Disability Benefits

In the event of the death of a vested participant prior to retirement, a monthly survivorship benefit shall be payable to the participant's surviving spouse on the earliest date upon which the participant could have elected to receive retirement benefits. This benefit is a monthly lifetime annuity and is equal to 50% of the vested accrued benefit. In the event of the death of a participant after retirement, the beneficiary will receive any remaining guaranteed annuity payments, depending upon the option selected by the participant. A vested participant who is totally and permanently disabled prior to his or her normal retirement date shall be eligible for a disability benefit. This monthly benefit, commencing on the normal retirement date, shall be computed the same as for normal retirement, based on years of credited service to the date of disability.

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Priorities Upon Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated below. In no event shall plan assets revert to contributing employers.

1. Benefits attributable to pensions in "pay" status
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefits Guaranty Corporation (PBGC, a U.S. governmental agency), up to the applicable statutory limitations
4. All other vested benefits not insured by the PBGC
5. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP), which requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

The Financial Accounting Standards Board (FASB) has adopted the Accounting Standards Codification (ASC) as the sole source of authoritative GAAP. The FASB will issue Accounting Standards Updates (ASU) from time to time to make adjustments to GAAP.

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as reported by the investment managers (identified in Note 3). 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. See Note 4 for discussion of fair value measurements. The Plan's investments are valued daily.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the year. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the year or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Cash and Cash Equivalents

Cash and cash equivalents primarily consist of cash-on-hand. Cash in demand deposits with financial institutions and all investments with original maturities of three months or less are also considered to be cash and cash equivalents.

Contributions Receivable

Employer contributions receivable represents amounts due at year-end under terms of the collective bargaining agreement. The amount shown, net of estimated uncollectible accounts, is \$56,947; \$54,483; and \$151,364 at December 31, 2024, 2023, and 2022, respectively.

Administrative Expenses

The Plan's expenses are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions and the union-negotiated contracts to the service participants have accumulated. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under the circumstances of retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were:

- (a) Life expectancy of participants (the mortality rates are based on the RP2014 Blue Collar Mortality Table for 2024 and RP200 Combined Morality Table for 2023),
- (b) Retirement age assumptions (age 65 or age 62 and completion of 15 years of service), and
- (c) Investment return. The valuations included assumed average rates of return (Funding of 7.00% per annum for each year, and Current Liability of RPA 3.29% per annum).
- (d) The asset valuation method is based on a five-year, smoothed market value with limits of 80% to 120% of market value. Prior to January 1, 2008, a frozen initial liability method was utilized. As of January 1, 2008, a unit credit method is being utilized.
- (e) Contributions are based on total days of service and the credit for benefit accrual is limited to one year of service per plan year.
- (f) 50% of the participants are assumed to be married.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan's investment options were managed by First State Trust Company (the Trustee).

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (Continued)

The following information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified as to complete and accurate by the Trustee as of and for the years ended December 31, 2024 and 2023:

	2024	2023
Investments, at fair value	\$ 13,468,415	\$ 12,691,985
Investment income:		
Interest and dividends	477,870	365,520
Net appreciation in fair value of investments	791,685	1,133,521

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

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature under FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 consists of unadjusted quoted prices in active markets for identical assets or liabilities and has the highest priority.

Level 2 consists of inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 consists of significant unobservable inputs for the asset or liability and has the lowest priority.

The Level 2 investments are valued using the net asset value (NAV) based on the value of the underlying securities in the fund.

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

December 31, 2024	Fair Value	Fair Value Measurements Using:		
		(Level 1)	(Level 2)	(Level 3)
Interest bearing cash	\$ 129,463	\$ 129,463	\$ -	\$ -
Fixed income	2,638,978	-	2,638,978	-
Equity securities	2,514,824	2,387,894	126,930	-
Mutual funds	5,595,445	4,286,610	1,308,835	-
Exchange traded fund	2,426,952	2,426,952	-	-
Private equity fund	162,753	-	-	162,753
Total	<u>\$13,468,415</u>	<u>\$ 9,230,919</u>	<u>\$ 4,074,743</u>	<u>\$ 162,753</u>

December 31, 2023	Fair Value	Fair Value Measurements Using:		
		(Level 1)	(Level 2)	(Level 3)
Interest bearing cash	\$ 463,543	\$ 463,543	\$ -	\$ -
Fixed income	1,533,243	-	1,533,243	-
Equity securities	2,063,416	1,948,556	114,860	-
Mutual funds	6,468,689	5,227,738	1,240,951	-
Exchange traded funds	2,017,545	2,017,545	-	-
Private equity fund	145,549	-	-	145,549
Total	<u>\$12,691,985</u>	<u>\$ 9,657,382</u>	<u>\$ 2,889,054</u>	<u>\$ 145,549</u>

The private equity fund is valued using NAV. For the years ended December 31, 2024 and 2023, the activity in the Level 3 investments was as follows:

	2024	2023
Beginning balance	\$ 145,549	\$ 130,020
Appreciation in fair value	<u>17,204</u>	<u>15,529</u>
Ending balance	<u>\$ 162,753</u>	<u>\$ 145,549</u>

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan’s investments are managed by UBS who is considered a party-in-interest. USI Consulting Group, the actuary for the Plan, is also considered a party-in-interest. The Plan uses attorneys and auditors to provide services to the Plan, and they are considered to be parties-in-interest as well. Payments to these parties-in interest are recorded in administrative expenses. Additional fees paid to parties-in-interest are netted against investment returns.

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 6 – INCOME TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan and related trust obtained its latest determination letter on December 1, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The Plan follows the accounting guidance for uncertainty in income taxes using the provisions of FASB ASC Topic 740, *Income Taxes*. The plan administrator has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits. The Plan's evaluation was performed for tax years ended December 31, 2021 through December 31, 2024, the years that remain subject to examination by major tax jurisdictions as of December 31, 2024.

NOTE 7 – SUBSEQUENT EVENTS

The plan administrator evaluated events and transactions subsequent to December 31, 2024 through September 4, 2025 (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. The plan administrator has not identified any items requiring disclosure.

NOTE 8 – ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE

The Plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The Union does not believe that the Plan is subject to any benefit restrictions related to this funded status.

SUPPLEMENTARY INFORMATION

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
* UBS Money Market Fund	Money Market Fund	\$ 111,686	\$ 111,686	
FDIC Bank Deposit Fund	Money Market Fund	17,777	17,777	
3m Co	Common Stock	3,577	3,615	
Abbott Labs	Common Stock	11,000	11,763	
Abbvie Inc.	Common Stock	3,910	4,976	
Adobe Systems Inc	Common Stock	3,925	3,113	
Advanced Micro Devices Inc	Common Stock	3,849	2,416	
Airbnb Inc	Common Stock	125	131	
Akarnai Technologies	Common Stock	1,080	957	
Albany Intl Corp New Cl A	Common Stock	644	560	
Albemarle Corp	Common Stock	5,005	6,628	
Alphabet Inc Cl A	Common Stock	4,657	9,276	
Alphabet Inc Cl C	Common Stock	30,240	38,850	
Amazon Com Inc	Common Stock	47,729	86,220	
American Express Co.	Common Stock	10,772	13,356	
Ameriprise Financial Inc.	Common Stock	641	2,130	
Amphenol Corp New	Common Stock	1,425	2,431	
Analog Devices Inc	Common Stock	11,115	11,685	
Ansys Inc	Common Stock	1,018	1,012	
Apple Computer Inc	Common Stock	40,469	55,092	
Applovin Corp	Common Stock	1,625	1,943	
ArchRock Inc.	Common Stock	1,159	1,842	
Arista Networks Inc	Common Stock	2,414	4,863	
Arrow Electrs Inc.	Common Stock	946	905	
Aspen Technology Inc	Common Stock	1,662	1,997	
Automatic Data Processing Inc	Common Stock	5,901	7,611	
Autozone Inc.	Common Stock	2,455	3,202	
Bank of NY Mellon Corp	Common Stock	8,038	10,603	
Becton Dickinson & Co.	Common Stock	6,877	6,806	
Bentley Sys Inc	Common Stock	2,408	2,382	
Berkley W R Corp	Common Stock	1,881	2,224	
Berkshire Hathaway Inc Cl B	Common Stock	9,594	9,972	
Bio Rad Labs Inc Cl A	Common Stock	915	986	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Bjs Whsl Club Hldgs Inc	Common Stock	1,225	1,430	
Blackrock Inc.	Common Stock	4,548	7,176	
Blackstone Group Inc	Common Stock	3,731	5,000	
Block Inc CL A	Common Stock	1,098	1,105	
Borg Warner Inc	Common Stock	911	827	
Boston Scientific Corp.	Common Stock	1,158	2,590	
Box Inc	Common Stock	952	1,201	
Bright Horizons Family Solutions	Common Stock	1,142	1,330	
Broadcom Inc.	Common Stock	19,020	41,268	
Brown & Brown Inc	Common Stock	2,139	2,551	
Cabot Corp	Common Stock	875	1,004	
CBRE Group Inc	Common Stock	1,318	1,969	
Celsius Hldgs Inc	Common Stock	1,227	421	
Centene Corp	Common Stock	1,058	909	
Cf Industries Holdings Inc	Common Stock	1,446	1,536	
Ch Robinson	Common Stock	8,674	11,055	
Charles Riv Lab Intl Inc	Common Stock	3,111	2,584	
Charles Schwab	Common Stock	2,725	2,664	
Chemed Corp	Common Stock	1,144	1,060	
Cheniere Energy Inc	Common Stock	592	859	
Chipotle Mexican Grill Ci A	Common Stock	3,063	4,161	
Choice Hotels Intl Inc	Common Stock	1,506	1,846	
Cirrus Logic Inc	Common Stock	795	996	
Coca Cola Co	Common Stock	11,049	10,709	
Colgate Palmolive Co	Common Stock	8,092	7,818	
Comcast Corp Cl A	Common Stock	10,416	10,133	
Commed Corp	Common Stock	1,163	821	
Conocophillips	Common Stock	1,120	1,091	
Cooper Companies, Inc.	Common Stock	2,206	2,206	
Crowdstrike Hldgs Inc	Common Stock	11,367	25,662	
Cummins Inc	Common Stock	5,005	5,926	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
D R Horton Inc	Common Stock	7,866	7,131	
Darden Restaurants Inc	Common Stock	968	1,120	
Dentsply Sirona Inc	Common Stock	4,101	2,828	
Diodes Inc	Common Stock	600	493	
Disney Walt Co.	Common Stock	3,806	4,009	
Dollar General Corp	Common Stock	3,249	3,033	
Doordash Inc	Common Stock	2,507	4,194	
Eastman Chem Co.	Common Stock	969	1,005	
Edwards Lifesciences Corp	Common Stock	831	888	
Elevance Health Inc	Common Stock	14,871	11,067	
Equifax Inc	Common Stock	1,887	2,039	
Expeditior Intl Wash Inc	Common Stock	2,808	2,658	
Exponent Inc	Common Stock	1,145	1,158	
Exxon Mobil Corp	Common Stock	14,806	13,446	
Fair Isaac Corp	Common Stock	2,560	3,982	
First Cash Holding	Common Stock	762	725	
Flowserve Corp	Common Stock	4,884	5,694	
FNF Group	Common Stock	3,055	3,537	
Formfactor Inc	Common Stock	684	748	
FreeportmcMoran Copperand Gold	Common Stock	274	190	
Gatx Corp	Common Stock	1,308	1,705	
Goldman Sach Group Inc	Common Stock	5,102	5,726	
Grainger W W Inc	Common Stock	718	1,054	
HCA Holdings Inc.	Common Stock	13,145	12,306	
Hexcel Corp	Common Stock	1,140	1,003	
Hologic Inc	Common Stock	1,170	1,153	
Home Depot Inc.	Common Stock	10,006	11,281	
Houlihan Lokey Inc	Common Stock	1,176	1,737	
Hubspot Inc.	Common Stock	1,541	2,090	
Huntington Ingalls Industries	Common Stock	1,033	756	
Incyte Corp.	Common Stock	16,739	17,268	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Insperity Inc	Common Stock	1,159	775	
Intel Corp.	Common Stock	12,834	5,013	
Interactive Brokers Group Inc	Common Stock	1,425	2,827	
International Business Machines Corp	Common Stock	4,173	4,177	
Intuit	Common Stock	3,844	5,657	
Intuitive Surgical Inc.	Common Stock	8,129	11,483	
IPG Photonics Corp	Common Stock	3,416	2,763	
JP Morgan Chase & Co.	Common Stock	6,537	10,068	
Jack Henry & Assoc Inc	Common Stock	1,660	1,753	
Jakks Pacific Inc.	Common Stock	9,422	14,075	
Johnson & Johnson	Common Stock	9,231	8,677	
Keycorp New	Common Stock	884	1,063	
Kkr & Co Inc	Common Stock	4,128	5,621	
Kia-Tencor Corp	Common Stock	1,916	1,890	
Lam Research Corp	Common Stock	1,442	1,372	
Lennox International Inc.	Common Stock	2,226	3,047	
Lily Eli & Co.	Common Stock	11,796	16,212	
LPL Financial Holding Inc	Common Stock	1,878	2,612	
Marsh & McLennan Cos Inc.	Common Stock	3,696	4,248	
Mastercard Inc. A	Common Stock	13,340	17,377	
McDonalds Corp.	Common Stock	7,067	8,697	
McKesson Corp.	Common Stock	2,527	3,419	
Mercadolibre Inc	Common Stock	2,396	3,401	
Meta Platforms Inc. CL A	Common Stock	34,333	55,038	
Microsoft Corp.	Common Stock	69,106	101,582	
Middleby Corp	Common Stock	1,085	1,084	
Mongodb Inc.	Common Stock	379	233	
Monolithic Power	Common Stock	1,302	1,183	
Monster Beverage Corp	Common Stock	461	420	
Moog Inc Cl A	Common Stock	1,263	1,772	
Morgan Stanley	Common Stock	4,862	6,789	

(Continued)

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Myriad Genetics Inc	Common Stock	619	466	
Natera Inc	Common Stock	983	950	
Netflix Com. Inc.	Common Stock	6,095	13,370	
Newmont Mining Corp	Common Stock	6,543	5,695	
NextEra Energy	Common Stock	6,253	6,237	
Nordson Corp	Common Stock	2,026	1,674	
Nov Inc	Common Stock	6,744	5,154	
Nvidia Corp.	Common Stock	26,564	57,476	
O'Reilly Automotive	Common Stock	1,453	2,372	
Ollie's Bargain Outlet Holdings	Common Stock	1,090	1,317	
On Semiconductor Corp	Common Stock	1,068	883	
Oracle Corporation	Common Stock	28,483	39,327	
Otis Worldwide Corp	Common Stock	6,524	6,297	
Palo Alto Networks Inc	Common Stock	3,822	4,731	
Papa Johns Intl Inc	Common Stock	1,246	821	
Parker Hannifin Corp	Common Stock	1,859	2,544	
Paypal Hldings Inc	Common Stock	2,988	3,158	
Penn Natl Gaming Inc	Common Stock	496	416	
Phillip Morris International	Common Stock	13,972	16,608	
Phillips 66	Common Stock	4,261	4,215	
Pool Corporation	Common Stock	2,249	2,046	
PPG Industries Inc	Common Stock	3,630	3,464	
Procter & Gamble Co.	Common Stock	4,259	5,197	
Progressive Corp Ohio	Common Stock	2,634	2,875	
Prologis Inc	Common Stock	7,354	6,448	
Quanta Services Incorporated	Common Stock	2,490	3,161	
Raymond James Financial Inc	Common Stock	1,221	1,709	
Regeneron Pharmaceuticals Inc	Common Stock	1,618	1,425	
Reinsurance Group of America Inc	Common Stock	1,342	1,709	
Republic Services Inc.	Common Stock	1,992	3,420	
Rollins Inc	Common Stock	1,624	1,761	

(Continued)

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Ross Stores Inc	Common Stock	2,697	3,025	
Ryder Systems Inc	Common Stock	1,120	1,569	
S&P Global Inc.	Common Stock	1,081	1,494	
Saia Inc	Common Stock	1,259	1,367	
Salesforce.com	Common Stock	12,211	16,048	
Sba Communications Corp New	Common Stock	1,147	1,019	
Scotts Co Cl A	Common Stock	937	995	
Servicenow Inc.	Common Stock	6,789	9,541	
Sherwin Williams Co.	Common Stock	2,108	2,719	
Shimano Inc	Common Stock	6,214	5,131	
Shopify Inc Class A	Common Stock	2,060	2,552	
Shs Abiomed Inc Or	Common Stock	4	4	
Siteone Landscape Supply Inc.	Common Stock	1,356	1,186	
Smith A O Corp	Common Stock	1,442	1,228	
Snap On Inc	Common Stock	1,124	1,358	
Sonoco Products Co	Common Stock	968	830	
Starbucks Corp.	Common Stock	2,334	2,281	
Synopsys Inc.	Common Stock	951	971	
Teledyne Technologies	Common Stock	2,638	2,785	
Teradyne Inc	Common Stock	1,223	1,511	
Tesla Motors	Common Stock	10,681	15,750	
Texas Instruments Inc	Common Stock	12,195	11,813	
The Trade Desk In	Common Stock	1,119	1,763	
Thermo Fisher Scientific Inc.	Common Stock	2,710	2,601	
Thor Industries	Common Stock	1,873	1,627	
Tjx Cos Inc.	Common Stock	9,743	12,806	
Transdigm Group Inc	Common Stock	5,696	7,604	
Uber Technologies Inc	Common Stock	1,400	1,990	
Union Pac Corp	Common Stock	8,971	9,121	
Unitedhealth Group Inc.	Common Stock	10,174	10,117	
Universal Display Corp	Common Stock	2,003	1,316	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Universal Health Services Cl B	Common Stock	7,081	7,176	
US Bancorp New	Common Stock	3,372	3,874	
Valmont Inds Inc Com	Common Stock	797	920	
Vertiv Holdings Co	Common Stock	1,549	1,817	
Visa Inc Class A	Common Stock	4,160	6,004	
Wal Mart Stores Inc	Common Stock	2,268	2,168	
Watsco Inc Cl A	Common Stock	2,070	2,369	
Webster Finl Corp Waterbury Conn	Common Stock	953	1,049	
WEC Energy Group Inc	Common Stock	852	940	
Wex Inc	Common Stock	1,047	877	
Weyerhaeuser Co	Common Stock	3,883	3,519	
Woodward Governor Co	Common Stock	1,073	1,331	
Zebra Technologies	Common Stock	1,526	2,317	
Zum Water Solutions Corp Com.	Common Stock	1,400	2,013	
Accenture Plc Cla	Common Stock	4,515	5,277	
Adidas Ag Adr	Common Stock	3,619	3,653	
Alibaba Group Holding ADR	Common Stock	1,200	1,017	
Allegion Plc (Ireland)	Common Stock	1,470	1,568	
Ambev SA ADR Brazil	Common Stock	5,096	4,027	
ASML Holdings NV	Common Stock	3,613	3,465	
Bae Sys Plc Spons Adr	Common Stock	6,199	5,030	
Bangkok Bank PCL ADR	Common Stock	2,071	2,690	
Barrick Gold Corp	Common Stock	8,071	7,332	
Berkeley Group Holding Pllc	Common Stock	2	3,762	
British Amern Tob Plc Spns Adr	Common Stock	8,278	9,915	
Chubb Ltd	Common Stock	3,945	5,526	
Cie Financiere Rich Unspons Adr	Common Stock	9,010	9,275	
Danone Spons Adr	Common Stock	7,955	8,334	
Eaton Corp Plc	Common Stock	3,324	3,982	
Fanuc Ltd Unspons Adr	Common Stock	7,178	6,376	
Fomento Economico Mex Adr	Common Stock	9,826	7,267	

(Continued)

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Haleon Pllc	Common Stock	4,708	5,447	
Heineken NV Spn Adr	Common Stock	3,335	2,618	
Henkel Kga	Common Stock	4,305	4,158	
Imperial Oil Ltd	Common Stock	9,638	8,439	
Itau Unibanco Holding Spons Adr	Common Stock	2,879	2,262	
Jardine Matheson Holdgs Ltd	Common Stock	3,362	3,441	
Lexinfintech Hldgs Ltd	Common Stock	25,582	29,000	
Linde Plc	Common Stock	3,392	5,443	
Lloyds Banking Group Plc	Common Stock	3,587	3,612	
Lvm Moet Hennessy Louis	Common Stock	3,293	2,744	
Medtronic Plc	Common Stock	6,764	6,550	
Mitsubshi Elec Corp	Common Stock	6,239	5,863	
MS&AD Insurance Unspn Adr	Common Stock	7,172	8,469	
Nestle Sa Spons Adr	Common Stock	5,576	4,462	
Noble Corporation Plc	Common Stock	3,292	3,046	
Nutrien Ltd	Common Stock	2,955	2,282	
Pernod Richard sa	Common Stock	2,068	1,439	
Power Corp Cda	Common Stock	4,818	5,086	
Prosus N V	Common Stock	13,247	14,308	
Qiagen Nv	Common Stock	1,025	1,024	
Reckitt Benckiser Group	Common Stock	7,311	7,597	
Sanofi-Aventis Adr	Common Stock	4,396	4,341	
Schlumberger Ltd	Common Stock	12,114	9,585	
Secom Ltd Spons Adr	Common Stock	6,399	6,293	
Sgs Soc Gen Surveillance Adr	Common Stock	1,876	2,024	
Shell Plc	Common Stock	3,656	3,446	
SMC Corp Adr	Common Stock	2,993	2,176	
Sodexo Sponsored Adr	Common Stock	2,582	2,405	
Sompo Holdings Inc	Common Stock	3,609	4,733	
Spotify Technology S A	Common Stock	2,408	4,921	
Taiwan Semiconductor Spons Adr	Common Stock	21,596	30,413	

(Continued)

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Trane Technologies Plc	Common Stock	4,964	7,756	
Unilever Plc	Common Stock	8,221	8,732	
Uol Group Ltd	Common Stock	3,554	3,440	
Wheaton Precious Metals Corp	Common Stock	8,679	8,773	
Willis Towers Watson Pub Ltd	Common Stock	9,184	11,277	
Bny Mellon Family Of Funds Int Stk I	Mutual Fund	161,697	153,803	
Calamos Market Neutral Income I	Mutual Fund	89,874	100,268	
Catalyst/Milburn Hedge Strategy	Mutual Fund	221,680	271,419	
Columbia Fds Ser Tr 1	Mutual Fund	354,368	496,964	
Easton Vance Mut Fds Tr	Mutual Fund	161,367	163,014	
Franklin Convertible Securities Adv	Mutual Fund	225,579	232,844	
John Hancock III Disc M/C-IS	Mutual Fund	287,722	298,699	
Jpmorgan Tr I Hedged Equity I	Mutual Fund	60,744	85,204	
MFS Intl Diversification	Mutual Fund	373,271	415,961	
Morgan Stanley Instl Fd Inc	Mutual Fund	363,760	354,730	
Vanguard Malvern Fds	Mutual Fund	105,767	108,942	
Virtus Kar Small-Cap Growth	Mutual Fund	218,442	202,224	
Wells Fargo Fds Tr	Mutual Fund	187,193	204,205	
Janus Enterprise I	Mutual Fund	281,278	299,863	
Columbia Floating Rate	Mutual Fund	176,539	168,507	
Dodge Cox Fds Global Bd Fd	Mutual Fund	87,501	88,626	
Dodge Cox Income Fd	Mutual Fund	305,324	304,608	
Guggenheim Fds Tr	Mutual Fund	297,467	295,883	
Legg Mason Partners Equity Tr	Mutual Fund	272,822	260,432	
Natixis Loomis Say Inv Gr-Y	Mutual Fund	304,284	304,401	
Pimco Income Fund	Mutual Fund	262,115	239,037	
Pimco Real Return Fund	Mutual Fund	130,437	113,058	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
Prudential Global Total Return	Mutual Fund	106,996	85,333	
Prudential Invt Portf Inc 17	Mutual Fund	302,706	295,574	
TCW Emerging Markets Income	Mutual Fund	57,053	51,846	
Alps Etf Tr Alerian Mlp	Exchanged Traded Funds	27,517	48,593	
Deutsche X Trackers MSCI EAF	Exchanged Traded Funds	112,862	131,900	
Invesco Exchng Traded Fd Tr	Exchanged Traded Funds	103,043	127,911	
iShare Core MSCI Inst'l Stk	Exchanged Traded Funds	126,260	126,923	
iShares Core S&P Smcap 600 ETF	Exchanged Traded Funds	98,075	122,594	
iShares Core SP 500 ETF	Exchanged Traded Funds	210,723	433,857	
iShares S&P MidCap	Exchanged Traded Funds	191,092	301,643	
iShares Sliver Trust ETF	Exchanged Traded Funds	10,736	10,532	
iShares Tr Intl Qlty Factor	Exchanged Traded Funds	123,100	127,099	
J P Morgan Exchange traded Fd	Exchanged Traded Funds	298,230	322,898	
JP Morgan Active Value	Exchanged Traded Funds	172,042	207,118	
Nuveen S&P 500 Buy-Write Inc	Exchanged Traded Funds	41,461	48,405	
Nuveen S&P 500 Dyn Com	Exchanged Traded Funds	18,514	23,164	
Spdr Gold Trust	Exchanged Traded Funds	65,746	73,608	
Lord Abbett Opportunities Fd	Exchanged Traded Funds	202,447	203,565	
Pgim Etf Tr Ultra Short	Exchanged Traded Funds	90,525	90,627	
Spdr Ser Tr Spdr Bloomberg	Exchanged Traded Funds	26,547	26,515	
Goldman Sachs Bank USA	Marketable CDs	800,000	958,830	
Hsbc Bank Usa	Marketable CDs	1,200,000	1,197,380	
Morgan Stanley Bk NA	Marketable CDs	250,000	365,638	
JP Morgan Chase Bank	Marketable CDs	100,000	117,131	
Fs Fin Corp	Corporate Bond Zero Coupon	100,000	126,140	
Bnp Parib	Corporate Bonds	25,000	280	
Cdm Imp Bk Co	Corporate Bonds	50,000	510	
American Tower REIT Inc.	Real Estate Investments Trusts	2,296	1,834	
Boston Properties	Real Estate Investments Trusts	940	1,041	
Corporate Office Pptys Tr	Real Estate Investments Trusts	632	774	
Equity Residential Properties Trust	Real Estate Investments Trusts	5,296	5,668	

(Continued)

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

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

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
(Continued)				
FS Credit Real Estate Income	Real Estate Investments Trusts	257,767	258,671	
Canadian Imp Bk Comm	Preferred Stock	100,000	139,100	
Morgan Stanely Fin Llc	Preferred Stock	100,000	126,050	
Bnp Paribas Trigger Autocall Gears	Preferred Stock	50,000	50,250	
GS Finance Corp	Preferred Stock	50,000	47,600	
Jpmorgan Chase Financial Comp	Preferred Stock	25,000	24,075	
Royal Bank of Canada	Preferred Stock	100,000	129,500	
Blackstone Private Crdt Fnd Class S	Private Equity Fund	165,824	162,753	
* Indicates a party-in-interest		\$ 12,129,596	\$ 13,468,415	

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

SCHEDULE H, LINE 4(J) - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Purchase Price	Sales Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FDIC Bank Deposit Fund	Money Market Fund	\$ 1,061,790	\$ -	*	*	\$ 1,061,790	\$ -	\$ -
FDIC Bank Deposit Fund	Money Market Fund	-	1,046,222	*	*	-	1,046,222	-
First Eagle Global Fund C I I	Mutual Fund	-	648,103	*	*	573,499	648,103	74,604
UBS Money Market Fund	Money Market Fund	3,931,963	-	*	*	3,931,963	-	-
UBS Money Market Fund	Money Market Fund	-	4,281,312	*	*	-	4,281,312	-

*Not applicable

Schedule MB, Line 8b - Schedule of Active Participant Data

Plan Name: IATSE, MPT, A & AC of the U.S. and Canada Local No. 46 Pension Plan
 EIN: 62-1081087
 PN: 001
 Plan Year: January 1, 2024 through December 31, 2024

Age Group	Years of Service								TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-UP	
1-20	4	0	0	0	0	0	0	0	4
21-25	13	1	0	0	0	0	0	0	14
26-30	9	6	0	0	0	0	0	0	15
31-35	15	6	1	0	0	0	0	0	22
36-40	12	6	3	0	1	0	0	0	22
41-45	20	10	0	0	1	0	0	0	31
46-50	13	7	2	0	1	1	0	0	24
51-55	7	13	2	2	3	3	5	0	35
56-60	9	9	5	3	3	5	1	0	35
61-65	7	5	2	2	7	3	4	0	30
66-UP	0	1	2	1	4	4	1	2	15
TOTAL	109	64	17	8	20	16	11	2	247

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	Age							
	25	30	35	40	45	50	55	60
<i>Mortality Rates</i>								
115% of RP-2014 Blue Collar Mortality Table for Males and Females								
Annuitants								
Males	.720	.673	.779	.935	1.448	4.674	6.899	9.724
Females	.223	.281	.369	.511	.848	3.245	4.269	6.595
Non-Annuitants								
Males	.720	.673	.779	.935	1.448	4.674	6.899	9.724
Females	.223	.281	.369	.511	.848	3.245	4.269	6.595

Withdrawal Rates

Estimated Experience (1st Year Select)	511.00	505.00	491.50	473.00	447.00	413.50	374.00	327.50
Estimated Experience (2nd Year Select)	209.20	208.00	205.31	198.90	191.10	183.60	173.40	158.00
Estimated Experience (Ultimate)	43.20	35.60	29.90	25.70	22.20	19.20	17.30	15.70

Retirement Age

<u>Age</u>	<u>Retirement Rate</u>
62	20%
63-64	10%
65-66	50%
67	100%

Interest Rate

Funding	7.00%
Current Liability – RPA	3.29%

Asset Valuation Method

5 Year Smoothed Market Value, within limits of 80% to 120% of market value.

The value of assets equals the market value of assets less 4/5 of the prior year's gain/(loss) less 3/5 of the second prior year's gain/(loss) less 2/5 of the third preceding year's gain/(loss) less 1/5 of the fourth preceding year's gain/(loss). The gain/(loss) for a year is the difference between the market value of

assets and the expected value of assets for a year. The expected value of assets is the market value for the prior year brought forward with the valuation interest rate plus contributions minus benefit disbursements, all adjusted with interest.

Valuation Method

Unit Credit Liability Method

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

Provision for Expenses

January 1, 2024 - \$130,000

Other Assumptions

Contributions are based on total days of service. Credit for benefit accrual is limited to one year of service per plan year. 50% of the participants are assumed to be married.

IATSE LOCAL NO. 46 PENSION PLAN AND TRUST

SCHEDULE H, LINE 4(J) - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN 62-1081087

DECEMBER 31, 2024

PN 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Purchase Price	Sales Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FDIC Bank Deposit Fund	Money Market Fund	\$ 1,061,790	\$ -	*	*	\$ 1,061,790	\$ -	\$ -
FDIC Bank Deposit Fund	Money Market Fund	-	1,046,222	*	*	-	1,046,222	-
First Eagle Global Fund CI I	Mutual Fund	-	648,103	*	*	573,499	648,103	74,604
UBS Money Market Fund	Money Market Fund	3,931,963	-	*	*	3,931,963	-	-
UBS Money Market Fund	Money Market Fund	-	4,281,312	*	*	-	4,281,312	-

*Not applicable

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 IATSE , MPT, A & AC OF THE U.S. AND CANADA LOCAL NO. 46 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF ADMINISTRATION IATSE , MPT, A & AC, LOCAL NO. 46	D Employer Identification Number (EIN) 62-1081087	

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)	12,680,258
(2) Actuarial value of assets for funding standard account.....	1b(2)	13,592,324
c (1) Accrued liability for plan using immediate gain methods	1c(1)	14,526,836
(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)	14,526,836
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)	22,053,697
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	403,450
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	1,119,608

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	 S. Kevin Sullivan, FSA	<u>10/06/2025</u> Date
	Signature of actuary S. KEVIN SULLIVAN, F.S.A.	2306235 Most recent enrollment number
	Type or print name of actuary USI CONSULTING GROUP	629-895-7855 Telephone number (including area code)
	Firm name 5301 VIRGINIA WAY, SUITE 400 BRENTWOOD TN 37027 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	12,680,258
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	125	8,759,604
(2) For terminated vested participants	119	5,163,027
(3) For active participants:		
(a) Non-vested benefits		250,292
(b) Vested benefits		7,880,774
(c) Total active	247	8,131,066
(4) Total	491	22,053,697
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.49 %

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
02/08/2024	11,589	0			
03/13/2024	40,967	0			
04/10/2024	49,372	0			
05/10/2024	69,749	0			
06/21/2024	20,530	0			
07/09/2024	97,705	0			
08/15/2024	48,966	0			
09/13/2024	46,872	0			
10/16/2024	69,189	0			
11/25/2024	76,887	0			
12/30/2024	88,445	0			
01/23/2025	30,968	0			
02/10/2025	13,535	0			
03/24/2025	4,742	0			
04/22/2025	7,702	0			
Totals ▶			3(b)	677,218	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	93.5 %
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/>
• 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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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	3.29 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6
(2) Females	6c(2)	6
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale.....	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	130,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	604,190	61,997
1	-288,430	-29,596
4	1,267,455	130,056

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

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

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

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or 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	316,035
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3,927,795
(2) Funding waivers	9c(2)	582,046
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	62,866
e Total charges. Add lines 9a through 9d	9e	960,947
Credits to funding standard account:		
f Prior year credit balance, if any	9f	937,133
g Employer contributions. Total from column (b) of line 3	9g	677,218
	Outstanding balance	
h Amortization credits as of valuation date	9h	2,056,150
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	348,775
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	106,323
(2) "RPA '94" override (90% current liability FFL)	9j(2)	3,316,728
(3) FFL credit	9j(3)	6,586,067
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	2,069,449
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,108,502
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)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Summary of Provisions of the Plan

Eligibility

Prior to January 1, 2006, all employees became participants on the later of (i) the first January 1 or July 1 date following a year during which at least 75 days of service are completed, or (ii) January 1, 1978. Beginning January 1, 2006, employees become participants on the later of the first January 1 or July 1 date following a year during which the employee earns at least \$600 in contributions. Effective January 1, 2009, employees become participants on the later of the first January 1 or July 1 date following a year during which the employee earns at least \$850 in contributions in a year.

Benefit and Vesting Service

A member receives one year of service for benefit purposes for each plan year on or after January 1, 1978, and before January 1, 1993, during which he completes 150 days of employment. A member receives one year of service for benefit purposes for each plan year on or after January 1, 1993, and before January 1, 2006, during which the employer contributions made on the member's behalf equal or exceed the maximum amount. The maximum amount is determined as if the member worked 200 days (150 days prior to January 1, 1996) under the Collective Bargaining Agreement for which the highest contribution amount is in effect for the Plan Year.

Beginning January 1, 2006, a member with at least \$600 in contributions during the plan year receives benefit service equal to the member's contribution total divided by \$1,900. Beginning January 1, 2009, a member with at least \$850 in contributions during the plan year receives benefit service equal to the member's contribution total divided by \$2,200.

The calculations of benefit accrual service are subject to break in service rules. Prior to January 1, 2006, pro rata credit is granted during plan years in which the member is employed less than 200 days (150 days prior to January 1, 1996) or if the employer contributions made on the member's behalf are less than the maximum amount. Beginning January 1, 2006, pro rata credit is given for contributions greater or equal to the minimum contribution amount (\$600 currently). Beginning January 1, 2009, the minimum required contribution amount increases to \$850.

A member receives one year of vesting service for each plan year during which he completes 100 days of employment.

Normal Retirement

Condition

The normal retirement date is the first day of the month coincident with or next following the participant's 65th birthday.

Benefit

The normal retirement benefit, which is payable monthly for life, is equal to \$45.00 multiplied by Benefit Service. Effective January 1, 2019, the benefit multiplier decreased to \$22.50.

Early Retirement

Condition

A participant may retire early after he has attained age 55 and completed 10 years of service.

Benefit

The deferred benefit, payment of which commences at his normal retirement date, shall be computed as for normal retirement above, based on his years of service as of his early retirement date.

Generally, a participant may elect to receive retirement benefits immediately upon early retirement. Upon such early commencement, the deferred benefit determined above shall be actuarially reduced to recognize the longer expected payment duration. Participants who have attained age 62 may elect to receive immediate benefits without actuarial reduction.

Delayed Retirement

Condition

A participant may delay retirement beyond his normal retirement age.

Benefit

The delayed retirement benefit, commencing on the first day of the calendar month coincident with or next following the participant's termination, shall be computed as for normal retirement above, based on his years of service as of his actual date of termination. In no event is his delayed retirement benefit less than the actuarial equivalent of his normal retirement benefit.

Disability Benefit

Condition

A participant with 5 or more years of service who is totally and permanently disabled prior to his normal retirement date shall be eligible for a disability benefit.

Benefit

The monthly disability benefit, commencing on the normal retirement date, shall be computed as for normal retirement above, based on the years of credited service to the date of disability.

Death before Retirement

Condition

In the event of the death of a participant who has a nonforfeitable interest in his benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse on the earliest date upon which the participant could have elected to receive retirement benefits.

Benefit

The benefit, which is payable as a monthly lifetime annuity, shall be equal to 50% of the vested accrued benefit.

Death after Retirement

In the event of the death of a participant after retirement, the beneficiary will receive any remaining guaranteed annuity payments, depending upon the option selected by the participant.

Other Termination of Employment Before Retirement

If employment is otherwise terminated before retirement, the participant receives a deferred retirement benefit payable at his normal retirement date, computed as for normal retirement above as of the date of termination, and further multiplied by the vesting percentage shown in the following table:

Years of Vesting Service	Vesting Percentage
less than 5	0%
5 or more	100

Optional Modes of Benefit Payment

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of *the* prescribed life annuity. If no other election is made or the spouse does not approve an alternate payment form, the benefit will be paid in the joint and 50% survivor form, with his spouse as the joint annuitant. In addition to the single life annuity and the joint and 50% survivor annuity form, the following optional forms of payment are available: 5 year certain and life annuity, 10 year certain and life annuity, 15 year certain and life annuity, joint and 75% survivor annuity, joint and 100% survivor annuity, and a lump sum.

Contributions

Contracts currently specify employer contribution rates ranging up to \$13 for each day of service rendered by an employee. Contributions are not required from participants.

Investment of Funds

The funds of the retirement plan are held in trust and invested by UBS in accordance with the provisions of the pension plan and trust.

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(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value	
* UBS Money Market Fund	Money Market Fund	\$ 111,686	\$ 111,686	
FDIC Bank Deposit Fund	Money Market Fund	17,777	17,777	
3m Co	Common Stock	3,577	3,615	
Abbott Labs	Common Stock	11,000	11,763	
Abbvie Inc.	Common Stock	3,910	4,976	
Adobe Systems Inc	Common Stock	3,925	3,113	
Advanced Micro Devices Inc	Common Stock	3,849	2,416	
Airbnb Inc	Common Stock	125	131	
Akarnai Technologies	Common Stock	1,080	957	
Albany Intl Corp New Cl A	Common Stock	644	560	
Albemarle Corp	Common Stock	5,005	6,628	
Alphabet Inc Cl A	Common Stock	4,657	9,276	
Alphabet Inc Cl C	Common Stock	30,240	38,850	
Amazon Com Inc	Common Stock	47,729	86,220	
American Express Co.	Common Stock	10,772	13,356	
Ameriprise Financial Inc.	Common Stock	641	2,130	
Amphenol Corp New	Common Stock	1,425	2,431	
Analog Devices Inc	Common Stock	11,115	11,685	
Ansys Inc	Common Stock	1,018	1,012	
Apple Computer Inc	Common Stock	40,469	55,092	
Applovin Corp	Common Stock	1,625	1,943	
ArchRock Inc.	Common Stock	1,159	1,842	
Arista Networks Inc	Common Stock	2,414	4,863	
Arrow Electrs Inc.	Common Stock	946	905	
Aspen Technology Inc	Common Stock	1,662	1,997	
Automatic Data Processing Inc	Common Stock	5,901	7,611	
Autozone Inc.	Common Stock	2,455	3,202	
Bank of NY Mellon Corp	Common Stock	8,038	10,603	
Becton Dickinson & Co.	Common Stock	6,877	6,806	
Bentley Sys Inc	Common Stock	2,408	2,382	
Berkley W R Corp	Common Stock	1,881	2,224	
Berkshire Hathaway Inc Cl B	Common Stock	9,594	9,972	
Bio Rad Labs Inc Cl A	Common Stock	915	986	

(Continued)

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(Continued)				
Bjs Whsl Club Hldgs Inc	Common Stock	1,225	1,430	
Blackrock Inc.	Common Stock	4,548	7,176	
Blackstone Group Inc	Common Stock	3,731	5,000	
Block Inc CL A	Common Stock	1,098	1,105	
Borg Warner Inc	Common Stock	911	827	
Boston Scientific Corp.	Common Stock	1,158	2,590	
Box Inc	Common Stock	952	1,201	
Bright Horizons Family Solutions	Common Stock	1,142	1,330	
Broadcom Inc.	Common Stock	19,020	41,268	
Brown & Brown Inc	Common Stock	2,139	2,551	
Cabot Corp	Common Stock	875	1,004	
CBRE Group Inc	Common Stock	1,318	1,969	
Celsius Hldgs Inc	Common Stock	1,227	421	
Centene Corp	Common Stock	1,058	909	
Cf Industries Holdings Inc	Common Stock	1,446	1,536	
Ch Robinson	Common Stock	8,674	11,055	
Charles Riv Lab Intl Inc	Common Stock	3,111	2,584	
Charles Schwab	Common Stock	2,725	2,664	
Chemed Corp	Common Stock	1,144	1,060	
Cheniere Energy Inc	Common Stock	592	859	
Chipotle Mexican Grill Ci A	Common Stock	3,063	4,161	
Choice Hotels Intl Inc	Common Stock	1,506	1,846	
Cirrus Logic Inc	Common Stock	795	996	
Coca Cola Co	Common Stock	11,049	10,709	
Colgate Palmolive Co	Common Stock	8,092	7,818	
Comcast Corp Cl A	Common Stock	10,416	10,133	
Commed Corp	Common Stock	1,163	821	
Conocophillips	Common Stock	1,120	1,091	
Cooper Companies, Inc.	Common Stock	2,206	2,206	
Crowdstrike Hldgs Inc	Common Stock	11,367	25,662	
Cummins Inc	Common Stock	5,005	5,926	

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(Continued)				
D R Horton Inc	Common Stock	7,866	7,131	
Darden Restaurants Inc	Common Stock	968	1,120	
Dentsply Sirona Inc	Common Stock	4,101	2,828	
Diodes Inc	Common Stock	600	493	
Disney Walt Co.	Common Stock	3,806	4,009	
Dollar General Corp	Common Stock	3,249	3,033	
Doordash Inc	Common Stock	2,507	4,194	
Eastman Chem Co.	Common Stock	969	1,005	
Edwards Lifesciences Corp	Common Stock	831	888	
Elevance Health Inc	Common Stock	14,871	11,067	
Equifax Inc	Common Stock	1,887	2,039	
Expeditior Intl Wash Inc	Common Stock	2,808	2,658	
Exponent Inc	Common Stock	1,145	1,158	
Exxon Mobil Corp	Common Stock	14,806	13,446	
Fair Isaac Corp	Common Stock	2,560	3,982	
First Cash Holding	Common Stock	762	725	
Flowserve Corp	Common Stock	4,884	5,694	
FNF Group	Common Stock	3,055	3,537	
Formfactor Inc	Common Stock	684	748	
FreeportmcMoran Copperand Gold	Common Stock	274	190	
Gatx Corp	Common Stock	1,308	1,705	
Goldman Sach Group Inc	Common Stock	5,102	5,726	
Grainger W W Inc	Common Stock	718	1,054	
HCA Holdings Inc.	Common Stock	13,145	12,306	
Hexcel Corp	Common Stock	1,140	1,003	
Hologic Inc	Common Stock	1,170	1,153	
Home Depot Inc.	Common Stock	10,006	11,281	
Houlihan Lokey Inc	Common Stock	1,176	1,737	
Hubspot Inc.	Common Stock	1,541	2,090	
Huntington Ingalls Industries	Common Stock	1,033	756	
Incyte Corp.	Common Stock	16,739	17,268	

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(Continued)				
Insperity Inc	Common Stock	1,159	775	
Intel Corp.	Common Stock	12,834	5,013	
Interactive Brokers Group Inc	Common Stock	1,425	2,827	
International Business Machines Corp	Common Stock	4,173	4,177	
Intuit	Common Stock	3,844	5,657	
Intuitive Surgical Inc.	Common Stock	8,129	11,483	
IPG Photonics Corp	Common Stock	3,416	2,763	
JP Morgan Chase & Co.	Common Stock	6,537	10,068	
Jack Henry & Assoc Inc	Common Stock	1,660	1,753	
Jakks Pacific Inc.	Common Stock	9,422	14,075	
Johnson & Johnson	Common Stock	9,231	8,677	
Keycorp New	Common Stock	884	1,063	
Kkr & Co Inc	Common Stock	4,128	5,621	
Kia-Tencor Corp	Common Stock	1,916	1,890	
Lam Research Corp	Common Stock	1,442	1,372	
Lennox International Inc.	Common Stock	2,226	3,047	
Lily Eli & Co.	Common Stock	11,796	16,212	
LPL Financial Holding Inc	Common Stock	1,878	2,612	
Marsh & McLennan Cos Inc.	Common Stock	3,696	4,248	
Mastercard Inc. A	Common Stock	13,340	17,377	
McDonalds Corp.	Common Stock	7,067	8,697	
McKesson Corp.	Common Stock	2,527	3,419	
Mercadolibre Inc	Common Stock	2,396	3,401	
Meta Platforms Inc. CL A	Common Stock	34,333	55,038	
Microsoft Corp.	Common Stock	69,106	101,582	
Middleby Corp	Common Stock	1,085	1,084	
Mongodb Inc.	Common Stock	379	233	
Monolithic Power	Common Stock	1,302	1,183	
Monster Beverage Corp	Common Stock	461	420	
Moog Inc Cl A	Common Stock	1,263	1,772	
Morgan Stanley	Common Stock	4,862	6,789	

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(Continued)				
Myriad Genetics Inc	Common Stock	619	466	
Natera Inc	Common Stock	983	950	
Netflix Com. Inc.	Common Stock	6,095	13,370	
Newmont Mining Corp	Common Stock	6,543	5,695	
NextEra Energy	Common Stock	6,253	6,237	
Nordson Corp	Common Stock	2,026	1,674	
Nov Inc	Common Stock	6,744	5,154	
Nvidia Corp.	Common Stock	26,564	57,476	
O'Reilly Automotive	Common Stock	1,453	2,372	
Ollie's Bargain Outlet Holdings	Common Stock	1,090	1,317	
On Semiconductor Corp	Common Stock	1,068	883	
Oracle Corporation	Common Stock	28,483	39,327	
Otis Worldwide Corp	Common Stock	6,524	6,297	
Palo Alto Networks Inc	Common Stock	3,822	4,731	
Papa Johns Intl Inc	Common Stock	1,246	821	
Parker Hannifin Corp	Common Stock	1,859	2,544	
Paypal Hldings Inc	Common Stock	2,988	3,158	
Penn Natl Gaming Inc	Common Stock	496	416	
Phillip Morris International	Common Stock	13,972	16,608	
Phillips 66	Common Stock	4,261	4,215	
Pool Corporation	Common Stock	2,249	2,046	
PPG Industries Inc	Common Stock	3,630	3,464	
Procter & Gamble Co.	Common Stock	4,259	5,197	
Progressive Corp Ohio	Common Stock	2,634	2,875	
Prologis Inc	Common Stock	7,354	6,448	
Quanta Services Incorporated	Common Stock	2,490	3,161	
Raymond James Financial Inc	Common Stock	1,221	1,709	
Regeneron Pharmaceuticals Inc	Common Stock	1,618	1,425	
Reinsurance Group of America Inc	Common Stock	1,342	1,709	
Republic Services Inc.	Common Stock	1,992	3,420	
Rollins Inc	Common Stock	1,624	1,761	

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(Continued)				
Ross Stores Inc	Common Stock	2,697	3,025	
Ryder Systems Inc	Common Stock	1,120	1,569	
S&P Global Inc.	Common Stock	1,081	1,494	
Saia Inc	Common Stock	1,259	1,367	
Salesforce.com	Common Stock	12,211	16,048	
Sba Communications Corp New	Common Stock	1,147	1,019	
Scotts Co Cl A	Common Stock	937	995	
Servicenow Inc.	Common Stock	6,789	9,541	
Sherwin Williams Co.	Common Stock	2,108	2,719	
Shimano Inc	Common Stock	6,214	5,131	
Shopify Inc Class A	Common Stock	2,060	2,552	
Shs Abiomed Inc Or	Common Stock	4	4	
Siteone Landscape Supply Inc.	Common Stock	1,356	1,186	
Smith A O Corp	Common Stock	1,442	1,228	
Snap On Inc	Common Stock	1,124	1,358	
Sonoco Products Co	Common Stock	968	830	
Starbucks Corp.	Common Stock	2,334	2,281	
Synopsys Inc.	Common Stock	951	971	
Teledyne Technologies	Common Stock	2,638	2,785	
Teradyne Inc	Common Stock	1,223	1,511	
Tesla Motors	Common Stock	10,681	15,750	
Texas Instruments Inc	Common Stock	12,195	11,813	
The Trade Desk In	Common Stock	1,119	1,763	
Thermo Fisher Scientific Inc.	Common Stock	2,710	2,601	
Thor Industries	Common Stock	1,873	1,627	
Tjx Cos Inc.	Common Stock	9,743	12,806	
Transdigm Group Inc	Common Stock	5,696	7,604	
Uber Technologies Inc	Common Stock	1,400	1,990	
Union Pac Corp	Common Stock	8,971	9,121	
Unitedhealth Group Inc.	Common Stock	10,174	10,117	
Universal Display Corp	Common Stock	2,003	1,316	

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(Continued)				
Universal Health Services Cl B	Common Stock	7,081	7,176	
US Bancorp New	Common Stock	3,372	3,874	
Valmont Inds Inc Com	Common Stock	797	920	
Vertiv Holdings Co	Common Stock	1,549	1,817	
Visa Inc Class A	Common Stock	4,160	6,004	
Wal Mart Stores Inc	Common Stock	2,268	2,168	
Watsco Inc Cl A	Common Stock	2,070	2,369	
Webster Finl Corp Waterbury Conn	Common Stock	953	1,049	
WEC Energy Group Inc	Common Stock	852	940	
Wex Inc	Common Stock	1,047	877	
Weyerhaeuser Co	Common Stock	3,883	3,519	
Woodward Governor Co	Common Stock	1,073	1,331	
Zebra Technologies	Common Stock	1,526	2,317	
Zum Water Solutions Corp Com.	Common Stock	1,400	2,013	
Accenture Plc Cla	Common Stock	4,515	5,277	
Adidas Ag Adr	Common Stock	3,619	3,653	
Alibaba Group Holding ADR	Common Stock	1,200	1,017	
Allegion Plc (Ireland)	Common Stock	1,470	1,568	
Ambev SA ADR Brazil	Common Stock	5,096	4,027	
ASML Holdings NV	Common Stock	3,613	3,465	
Bae Sys Plc Spons Adr	Common Stock	6,199	5,030	
Bangkok Bank PCL ADR	Common Stock	2,071	2,690	
Barrick Gold Corp	Common Stock	8,071	7,332	
Berkeley Group Holding Pllc	Common Stock	2	3,762	
British Amern Tob Plc Spns Adr	Common Stock	8,278	9,915	
Chubb Ltd	Common Stock	3,945	5,526	
Cie Financiere Rich Unspns Adr	Common Stock	9,010	9,275	
Danone Spons Adr	Common Stock	7,955	8,334	
Eaton Corp Plc	Common Stock	3,324	3,982	
Fanuc Ltd Unspns Adr	Common Stock	7,178	6,376	
Fomento Economico Mex Adr	Common Stock	9,826	7,267	

(Continued)

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(Continued)				
Haleon Pllc	Common Stock	4,708	5,447	
Heineken NV Spn Adr	Common Stock	3,335	2,618	
Henkel Kga	Common Stock	4,305	4,158	
Imperial Oil Ltd	Common Stock	9,638	8,439	
Itau Unibanco Holding Spons Adr	Common Stock	2,879	2,262	
Jardine Matheson Holdgs Ltd	Common Stock	3,362	3,441	
Lexinfintech Hldgs Ltd	Common Stock	25,582	29,000	
Linde Plc	Common Stock	3,392	5,443	
Lloyds Banking Group Plc	Common Stock	3,587	3,612	
Lvm Moet Hennessy Louis	Common Stock	3,293	2,744	
Medtronic Plc	Common Stock	6,764	6,550	
Mitsubshi Elec Corp	Common Stock	6,239	5,863	
MS&AD Insurance Unspn Adr	Common Stock	7,172	8,469	
Nestle Sa Spons Adr	Common Stock	5,576	4,462	
Noble Corporation Plc	Common Stock	3,292	3,046	
Nutrien Ltd	Common Stock	2,955	2,282	
Pernod Richard sa	Common Stock	2,068	1,439	
Power Corp Cda	Common Stock	4,818	5,086	
Prosus N V	Common Stock	13,247	14,308	
Qiagen Nv	Common Stock	1,025	1,024	
Reckitt Benckiser Group	Common Stock	7,311	7,597	
Sanofi-Aventis Adr	Common Stock	4,396	4,341	
Schlumberger Ltd	Common Stock	12,114	9,585	
Secom Ltd Spons Adr	Common Stock	6,399	6,293	
Sgs Soc Gen Surveillance Adr	Common Stock	1,876	2,024	
Shell Plc	Common Stock	3,656	3,446	
SMC Corp Adr	Common Stock	2,993	2,176	
Sodexo Sponsored Adr	Common Stock	2,582	2,405	
Sompo Holdings Inc	Common Stock	3,609	4,733	
Spotify Technology S A	Common Stock	2,408	4,921	
Taiwan Semiconductor Spons Adr	Common Stock	21,596	30,413	

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(Continued)				
Trane Technologies Plc	Common Stock	4,964	7,756	
Unilever Plc	Common Stock	8,221	8,732	
Uol Group Ltd	Common Stock	3,554	3,440	
Wheaton Precious Metals Corp	Common Stock	8,679	8,773	
Willis Towers Watson Pub Ltd	Common Stock	9,184	11,277	
Bny Mellon Family Of Funds Int Stk I	Mutual Fund	161,697	153,803	
Calamos Market Neutral Income I	Mutual Fund	89,874	100,268	
Catalyst/Milburn Hedge Strategy	Mutual Fund	221,680	271,419	
Columbia Fds Ser Tr 1	Mutual Fund	354,368	496,964	
Easton Vance Mut Fds Tr	Mutual Fund	161,367	163,014	
Franklin Convertible Securities Adv	Mutual Fund	225,579	232,844	
John Hancock III Disc M/C-IS	Mutual Fund	287,722	298,699	
Jpmorgan Tr I Hedged Equity I	Mutual Fund	60,744	85,204	
MFS Intl Diversification	Mutual Fund	373,271	415,961	
Morgan Stanley Instl Fd Inc	Mutual Fund	363,760	354,730	
Vanguard Malvern Fds	Mutual Fund	105,767	108,942	
Virtus Kar Small-Cap Growth	Mutual Fund	218,442	202,224	
Wells Fargo Fds Tr	Mutual Fund	187,193	204,205	
Janus Enterprise I	Mutual Fund	281,278	299,863	
Columbia Floating Rate	Mutual Fund	176,539	168,507	
Dodge Cox Fds Global Bd Fd	Mutual Fund	87,501	88,626	
Dodge Cox Income Fd	Mutual Fund	305,324	304,608	
Guggenheim Fds Tr	Mutual Fund	297,467	295,883	
Legg Mason Partners Equity Tr	Mutual Fund	272,822	260,432	
Natixis Loomis Say Inv Gr-Y	Mutual Fund	304,284	304,401	
Pimco Income Fund	Mutual Fund	262,115	239,037	
Pimco Real Return Fund	Mutual Fund	130,437	113,058	

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(Continued)				
Prudential Global Total Return	Mutual Fund	106,996	85,333	
Prudential Invt Portf Inc 17	Mutual Fund	302,706	295,574	
TCW Emerging Markets Income	Mutual Fund	57,053	51,846	
Alps Etf Tr Alerian Mlp	Exchanged Traded Funds	27,517	48,593	
Deutsche X Trackers MSCI EAF	Exchanged Traded Funds	112,862	131,900	
Invesco Exchng Traded Fd Tr	Exchanged Traded Funds	103,043	127,911	
iShare Core MSCI Inst'l Stk	Exchanged Traded Funds	126,260	126,923	
iShares Core S&P Smcap 600 ETF	Exchanged Traded Funds	98,075	122,594	
iShares Core SP 500 ETF	Exchanged Traded Funds	210,723	433,857	
iShares S&P MidCap	Exchanged Traded Funds	191,092	301,643	
iShares Sliver Trust ETF	Exchanged Traded Funds	10,736	10,532	
iShares Tr Intl Qlty Factor	Exchanged Traded Funds	123,100	127,099	
J P Morgan Exchange traded Fd	Exchanged Traded Funds	298,230	322,898	
JP Morgan Active Value	Exchanged Traded Funds	172,042	207,118	
Nuveen S&P 500 Buy-Write Inc	Exchanged Traded Funds	41,461	48,405	
Nuveen S&P 500 Dyn Com	Exchanged Traded Funds	18,514	23,164	
Spdr Gold Trust	Exchanged Traded Funds	65,746	73,608	
Lord Abbett Opportunities Fd	Exchanged Traded Funds	202,447	203,565	
Pgim Etf Tr Ultra Short	Exchanged Traded Funds	90,525	90,627	
Spdr Ser Tr Spdr Bloomberg	Exchanged Traded Funds	26,547	26,515	
Goldman Sachs Bank USA	Marketable CDs	800,000	958,830	
Hsbc Bank Usa	Marketable CDs	1,200,000	1,197,380	
Morgan Stanley Bk NA	Marketable CDs	250,000	365,638	
JP Morgan Chase Bank	Marketable CDs	100,000	117,131	
Fs Fin Corp	Corporate Bond Zero Coupon	100,000	126,140	
Bnp Parib	Corporate Bonds	25,000	280	
Cdm Imp Bk Co	Corporate Bonds	50,000	510	
American Tower REIT Inc.	Real Estate Investments Trusts	2,296	1,834	
Boston Properties	Real Estate Investments Trusts	940	1,041	
Corporate Office Pptys Tr	Real Estate Investments Trusts	632	774	
Equity Residential Properties Trust	Real Estate Investments Trusts	5,296	5,668	

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(Continued)				
FS Credit Real Estate Income	Real Estate Investments Trusts	257,767	258,671	
Canadian Imp Bk Comm	Preferred Stock	100,000	139,100	
Morgan Stanely Fin Llc	Preferred Stock	100,000	126,050	
Bnp Paribas Trigger Autocall Gears	Preferred Stock	50,000	50,250	
GS Finance Corp	Preferred Stock	50,000	47,600	
Jpmorgan Chase Financial Comp	Preferred Stock	25,000	24,075	
Royal Bank of Canada	Preferred Stock	100,000	129,500	
Blackstone Private Crdt Fnd Class S	Private Equity Fund	165,824	162,753	
		\$ 12,129,596	\$ 13,468,415	

* Indicates a party-in-interest

Plan Name: IATSE, MPT, A& AC of the U.S. and Canada

Local No. 46 Pension Plan

EIN: 62-1081087

PN: 001

Attachment to 2024 Schedule MB (continued)

Item 9

Description	Year Established	Original Amount	Years Remaining	Current Year Balance	Current Payment
Charge Bases					
Actuarial Assumption Revision	1996	236,975	2	\$ 35,426	\$ 18,312
Plan Amendment	1998	310,956	4	86,646	23,908
Actuarial Assumption Revision	1998	428,178	4	119,298	32,916
Actuarial (Gain)/Loss	2011	267,902	2	53,484	27,646
Actuarial (Gain)/Loss	2012	635,219	3	183,759	65,442
Actuarial (Gain)/Loss	2013	165,217	4	61,584	16,993
Actuarial (Gain)/Loss	2014	44,910	5	20,280	4,623
Actuarial Assumptions Revision	2015	234,918	6	122,947	24,105
Actuarial (Gain)/Loss	2016	402,936	7	238,424	41,346
Actuarial (Gain)/Loss	2017	74,081	8	48,565	7,602
Actuarial (Gain)/Loss	2018	11,384	9	8,143	1,168
Actuarial (Gain)/Loss	2019	443,598	10	342,084	45,518
Actuarial (Gain)/Loss	2020	118,188	11	97,308	12,127
Actuarial (Gain)/Loss	2022	18,979	13	17,416	1,947
Actuarial (Gain)/Loss	2023	646,514	14	620,786	66,340
Plan Amendment	2024	1,267,455	15	1,267,455	130,056
Actuarial Assumption Revision	2024	604,190	15	604,190	61,997
Total Charges				\$ 3,927,795	\$ 582,046
Credit Bases					
Actuarial Assumption Revision	1995	(51,056)	1	(5,659)	(5,659)
Plan Amendment	1996	(16,597)	2	(2,486)	(1,285)
Actuarial Assumption Revision	2006	(464,368)	12	(299,880)	(35,285)
Plan Amendment	2006	(16,505)	12	(10,657)	(1,254)
Actuarial (Gain)/Loss	2010	(950,387)	1	(98,257)	(98,257)
Actuarial Assumption Revision	2012	(104,356)	3	(33,378)	(11,887)
Actuarial (Gain)/Loss	2015	(256,835)	6	(134,416)	(26,354)
Actuarial (Gain)/Loss	2021	(1,035,627)	12	(903,131)	(106,268)
Actuarial Assumption Revision	2021	(320,914)	12	(279,856)	(32,930)
Actuarial (Gain)/Loss	2024	(288,430)	15	(288,430)	(29,596)
Total Credits				\$ (2,056,150)	\$ (348,775)

**Schedule MB, Line 11 – Justification for
Change in Actuarial Assumption**

**IATSE, MPT, A& AC of the U.S. and Canada
Local No. 46 Pension Plan
EIN: 62-1081087
PN: 001**

	<u>January 1, 2023</u>	<u>January 1, 2024</u>
Mortality Assumption	110% of RP-2000 Healthy Annuitants Mortality Table for Males and Females	115% of RP-2014 Blue Collar Mortality Table for Males and Females

Reason: Updated mortality assumption to better recognize future experience.
