

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

Table with 2 main columns: 1a Name of plan, 1b Three-digit plan number (PN), 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan), 2b Employer Identification Number (EIN), 2c Plan Sponsor's telephone number, 2d Business code (see instructions). Includes plan name: INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND.

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 for signatures with columns: SIGN HERE, Signature of plan administrator/employer/DFE, Date, and Name of individual signing.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	971
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	662
	6a(2)	518
	6b	152
	6c	130
	6d	800
	6e	40
	6f	840
	6g(1)	
6g(2)		
6h		108
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	44

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <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>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND</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>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152307</u>

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

1a Enter the valuation date: Month 09 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>111959230</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>116551480</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>91226174</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>91226174</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>139442456</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>4592366</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>6579535</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>6863918</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>TIMOTHY D BOLES</u> <u>BOLTON PARTNERS, INC.</u> <u>1 W. PENNSYLVANIA AVENUE</u> <u>SUITE 600</u> <u>TOWSON, MD 21204</u>	<u>10/10/2025</u> <u>23-08131</u> <u>410-547-0500</u>
Signature of actuary	Date
Type or print name of actuary	Most recent enrollment number
Firm name	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	111950530
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	193	58666191
(2) For terminated vested participants	108	13441185
(3) For active participants:		
(a) Non-vested benefits		6367367
(b) Vested benefits		60967713
(c) Total active	495	67335080
(4) Total	796	139442456
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
07/01/2024	3146780	0			
Totals ▶			3(b)	3146780	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	127.7 %
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 <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?		<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		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P 9P
(2) Females	6c(2)	9FP 9FP
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" 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)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	18.2 %
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)	284383
(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

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	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	2465498

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)	2579082	670801
(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		203859
e Total charges. Add lines 9a through 9d.....	9e		3340158
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		9348531
g Employer contributions. Total from column (b) of line 3.....	9g		3146780
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	879568	292229
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		728920
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	10846131	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		13516460
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		10176302
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
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 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	D Employer Identification Number (EIN) 52-6152307	

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)

SARFINO AND RHOADES, LLP

52-0961657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	30850	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)

BOLTON PARTNERS, INC

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	SERVICE PROVIDER	43238	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)

BENEFITS ADMINISTRATION CORP.

52-1139156

(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?
12 50	SERVICE PROVIDER	39564	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)

O'DONOGHUE AND O'DONONGHUE

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	SERVICE PROVIDER	42697	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)

PRINCIPAL CUSTODY SOLUTIONS

711 HIGH STREET
DES MOINE, IA 50392

(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 50 51	SERVICE PROVIDER	7702	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BOLTON PARTNERS INVST CONSG GROUP

52-1871508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 50	SERVICE PROVIDER	38271	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)

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	SERVICE PROVIDER	10135	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 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	D Employer Identification Number (EIN) 52-6152307

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
a Total noninterest-bearing cash	1a	329626	652089
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	314538	391699
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	147612	16171
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42556	181927
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	273267	281800
(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)	110952802	124666480
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	8286	7180
f Total assets (add all amounts in lines 1a through 1e).....	1f	112068687	126197346
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	100707	97106
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	17450	16537
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	118157	113643
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	111950530	126083703

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)	3146780	
(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)		3146780
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7186	
(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)		7186
(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)	2710585	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2710585
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	25017681	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	25137747	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-120066
(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)		12846259
c Other income	2c		206322
d Total income. Add all income amounts in column (b) and enter total	2d		18797066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4374480	
(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)		4374480
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	39564	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30850	
(5) Investment advisory and investment management fees	2i(5)	38271	
(6) Bank or trust company trustee/custodial fees	2i(6)	7702	
(7) Actuarial fees	2i(7)	43238	
(8) Legal fees	2i(8)	42697	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	87091	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		289413
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4663893

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14133173
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: SARFINO AND RHOADES, LLP

(2) EIN: 52-0961657

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		281800
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 559943.

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>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152307</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	
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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): 52-6152307

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
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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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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 JOHN F. KENNEDY CENTER

b EIN 53-0245017 **c** Dollar amount contributed by employer 870064

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 27 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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 9% OF GROSS EARNINGS

a Name of contributing employer CAST AND CREW ENTERTAINMENT SERVICES, INC.

b EIN 54-1164167 **c** Dollar amount contributed by employer 522988

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 10% OF GROSS EARNINGS

a Name of contributing employer DC ARENA

b EIN 52-9124360 **c** Dollar amount contributed by employer 391358

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 8% OF GROSS EARNINGS

a Name of contributing employer CAST/CREW THEATRICAL RES.

b EIN 95-4362622 **c** Dollar amount contributed by employer 115326

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 10% OF GROSS EARNINGS

a Name of contributing employer FORDS THEATRE

b EIN 52-6073157 **c** Dollar amount contributed by employer 92329

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 7% OF GROSS EARNINGS

a Name of contributing employer NATIONAL THEATRE GROUP

b EIN 47-5326854 **c** Dollar amount contributed by employer 169379

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 23 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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 9% OF GROSS EARNINGS

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 CBS BROADCASTING INC

b EIN 20-5818329 **c** Dollar amount contributed by employer 67301

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 01 Day 13 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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 9% OF GROSS EARNINGS

a Name of contributing employer STRATHMORE MUSIC CENTER

b EIN 52-1233092 **c** Dollar amount contributed by employer 64442

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 8% OF GROSS EARNINGS

a Name of contributing employer WARNER/SFX THEATRE MANAGE

b EIN 13-3977880 **c** Dollar amount contributed by employer 107513

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) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 8% OF GROSS EARNINGS

a Name of contributing employer WOLF TRAP FOUNDATION

b EIN 23-7011544 **c** Dollar amount contributed by employer 133954

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 2027

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

(1) Contribution rate (in dollars and cents) 0.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): 8% OF GROSS EARNINGS

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	0
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	0
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	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.12
b The corresponding number for the second preceding plan year	15b	1.18

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% 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 _____.

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 <hr/> This Form is Open to Public Inspection
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Name of Plan	INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	52-6152307	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	3			14		
25 to 29	3			19		
30 to 34	1			36		
35 to 39	7			23		
40 to 44				28		
45 to 49	2			25		
50 to 54				15		
55 to 59				13		
60 to 64	1			3		
65 to 69				7		
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	5					
30 to 34	18			3		
35 to 39	17			15		
40 to 44	17			13		
45 to 49	11			9		
50 to 54	8			3		
55 to 59	13			3		
60 to 64	7			6		
65 to 69	2			1		
70 & Up	1			3		

Name of Plan	INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	52-6152307	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39	3					
40 to 44	12			1		
45 to 49	6			10		
50 to 54	7			10		
55 to 59	9			11		
60 to 64	11			14		
65 to 69	4					
70 & Up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	1					
45 to 49	6					
50 to 54	2			2		
55 to 59	4			1		
60 to 64	9			6		
65 to 69				1		
70 & Up						

Name of Plan	INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	52-6152307	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	1					
60 to 64	5					
65 to 69	1					
70 & Up				1		

**INTERNATIONAL ALLIANCE OF
THEATRICAL STAGE EMPLOYEES
LOCAL 22 PENSION FUND
DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
International Alliance of Theatrical Stage
Employees Local 22 Pension Fund
Silver Spring, Maryland

Opinion

We have audited the accompanying financial statements of International Alliance of Theatrical Stage Employees Local 22 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of International Alliance of Theatrical Stage Employees Local 22 Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Alliance of Theatrical Stage Employees Local 22 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Alliance of Theatrical Stage Employees Local 22 Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Alliance of Theatrical Stage Employees Local 22 Pension Fund'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 International Alliance of Theatrical Stage Employees Local 22 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules of assets held for investment as of December 31, 2024, and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Sarfunis and Rhodes, LLP

October 15, 2025

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	DECEMBER 31,	
	2024	2023
ASSETS:		
Investments, at fair value:		
Equity funds	\$ 80,750,589	\$ 67,255,466
Fixed income funds	43,915,891	43,697,336
Condominium	281,800	273,267
Short-term money funds	181,927	42,556
Total Investments	\$ 125,130,207	\$ 111,268,625
Receivables:		
Employer contributions	\$ 391,699	\$ 314,538
Dividends	648	77,542
Total Receivables	\$ 392,347	\$ 392,080
Other Assets:		
Cash	\$ 652,089	\$ 329,626
Prepaid expenses and other	15,523	70,070
Property and equipment	7,180	8,286
Total Other Assets	\$ 674,792	\$ 407,982
TOTAL ASSETS	\$ 126,197,346	\$ 112,068,687
LIABILITIES:		
Accounts payable	\$ 47,128	\$ 18,764
Due to IATSE Local 22 Welfare Fund	66,515	99,393
TOTAL LIABILITIES	\$ 113,643	\$ 118,157
NET ASSETS AVAILABLE FOR BENEFITS	\$ 126,083,703	\$ 111,950,530

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

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	2024	2023
ADDITIONS:		
Investment income:		
Dividends	\$ 2,717,771	\$ 2,659,533
Net appreciation in fair value of investments	<u>12,726,193</u>	<u>14,788,558</u>
Total investment income	\$ 15,443,964	\$ 17,448,091
Less, investment expenses	<u>(45,973)</u>	<u>(40,131)</u>
Net investment income	\$ 15,397,991	\$ 17,407,960
Employer contributions	3,146,780	2,360,390
Other	<u>206,322</u>	<u>-</u>
TOTAL ADDITIONS	<u>\$ 18,751,093</u>	<u>\$ 19,768,350</u>
DEDUCTIONS:		
Pension benefits	<u>\$ 4,374,480</u>	<u>\$ 4,418,644</u>
Administrative expenses:		
Consultant and actuary	\$ 53,373	\$ 37,258
Legal fees	42,697	120,349
Administrative fees	39,564	44,004
Plan termination insurance	35,335	22,401
Accounting and auditing	30,850	26,350
Office supplies and expense	18,469	15,844
Postage and printing	6,171	2,847
Fiduciary and general insurance	5,889	5,323
Association fees	4,676	4,207
Real estate taxes	3,365	3,262
Telephone	2,147	1,538
Repairs and maintenance	<u>904</u>	<u>4,200</u>
Total administrative expenses	\$ 243,440	\$ 287,583
TOTAL DEDUCTIONS	<u>\$ 4,617,920</u>	<u>\$ 4,706,227</u>
NET INCREASE	\$ 14,133,173	\$ 15,062,123
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>111,950,530</u>	<u>96,888,407</u>
END OF YEAR	<u>\$ 126,083,703</u>	<u>\$ 111,950,530</u>

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

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 1. Description of Plan and Funding Policy

The following description of the Plan is provided for general information only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - International Alliance of Theatrical Stage Employees Local 22 Pension Fund (the "Plan") is a multiemployer defined benefit pension plan and was formed in 1963 under an agreement and declaration of trust to provide retirement and related benefits for eligible employees, their families and dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. This agreement has been subsequently amended and now provides, among other things, for employer contributions based on gross earnings of employees working in covered employment under the jurisdiction of Theatrical Stage Employees, Local 22 and Local 772.

The Plan is administered by a Board of Trustees. The Trustees, along with the Fund Administrator, maintain responsibility for the operation and administration of the Plan. The Trustees determine the appropriateness of the Plan's investments and, with the expertise of an investment advisor, monitor investment performance.

Funding Policy - During 2024 and 2023, the required contribution rates from participating employers ranged from one percent (1%) to eleven percent (11%) of gross wages earned by employees working in covered employment. Contributions by participants are not permitted under the Plan. The Plan's Trustees design the benefit structure based on information from the actuarial consultants. The Plan met the annual ERISA minimum funding requirement.

Pension Protection Act Funding Status - Beginning January 1, 2023, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Benefits - The Plan provides pensions to collectively bargained participants who have earned ten years of vesting service. For years beginning on or after January 1, 1998, a collectively bargained participant who has at least one hour of service on or after January 1, 1998, shall have the right to a vested pension if they have earned five years of vesting service or ten pension credits. A non-bargained employee who has at least one hour of service after January 1, 1988 has a right to a vested pension if they have five years of vested service, or ten pension credits. Pensions are provided in the form of joint and survivor annuities unless there is an election in writing to the contrary. Pensions are awarded as follows: 1) Normal, 2) Early Retirement, 3) Disability, and 4) Deferred. The Plan also provides for pre-retirement death benefits. For more detailed information, plan participants should refer to the plan agreement.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements and notes in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits, at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for a discussion on fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreements on an individual employer basis. Contributions from participating employers are based on the contribution rate of the participating employers' payroll for covered employees and are payable to the Plan the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable and are stated at the amount management expects to collect from outstanding balances based on what has been collected after year end. Additional amounts that may be due from delinquent contributing employers are not included. The amount of any delinquencies is estimated not to have a material effect on the financial statements.

Property and Equipment - Property and equipment is stated at cost, less accumulated depreciation. Depreciation is recorded using the straight-line method and based upon estimated useful service lives of five to twenty years. When depreciable assets are disposed or otherwise retired, the cost and the related accumulated depreciation are removed from the accounts with any gain or loss reflected in the accompanying statements of changes in net assets available for benefits. Expenditures for maintenance and repairs are charged to expense as incurred.

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

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 2. **Summary of Significant Accounting Policies - (Continued)**

Administrative Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, investment related expenses are included in net investment income presented in the accompanying statements of changes in net assets available for benefits.

Note 3. **Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death or disability) are included to the extent they are deemed attributable to the participants' service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an enrolled independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation (January 1, 2024) were a) retirement age and rates, b) mortality (for non-disabled participants, Pri-2012 Headcount-Weighted Employee Table with Blue Collar Adjustment for pre-commencement and Pri-2012 Headcount-Weighted Retiree Table with Blue Collar Adjustment for post-commencement. For beneficiaries, Pri-2012 Headcount-Weighted Contingent Survivor Table with Blue Collar Adjustment. For disabled participants, Pri-2012 Headcount-Weighted Disabled Table.

All tables have a base year of 2012 and are fully generational using MP-2019 to project mortality improvements from the base year.) c) marital status, d) funding method, e) valuation of assets, f) form of payment, and g) net investment return of 6.5%. 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. Had the valuation been performed as of December 31, 2023, there would be no material difference.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 3. **Actuarial Present Value of Accumulated Plan Benefits** - (Continued)

The following summarizes the actuarial present value of accumulated plan benefits and corresponding net assets available for plan benefits at January 1, 2024:

Vested benefits:	
Participants currently receiving payments	\$ 39,908,278
Other participants	<u>40,302,261</u>
Total vested benefits	\$ 80,210,539
Total nonvested benefits	<u>3,376,810</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 83,587,349</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits January 1, 2023	\$ 76,407,681
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in discount period	5,193,885
Benefits accumulated and plan experience	1,724,485
Benefits paid	(4,418,644)
Plan amendment	574,482
Assumption change	<u>4,105,460</u>
Actuarial present value of accumulated plan benefits January 1, 2024	<u>\$ 83,587,349</u>

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 4. **Fair Value Measurements** - The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

- Level 2 Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Equity and Fixed Income Mutual Funds - Securities which are traded on a national securities exchange are valued at the last reported sales price on the last business day of the year.

Condominium - Valued at the current Maryland Department of Assessment and Taxation fair market value, which approximates comparable sales.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 4. **Fair Value Measurements** - (Continued)

Short-term Money Funds - Valued by the institutional fund management at the stated price of the fund which generally equals the original cost of the investment.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Equity funds	\$ 80,750,589	\$ -	\$ -	\$ 80,750,589
Fixed income funds	<u>43,915,891</u>	<u>-</u>	<u>-</u>	<u>43,915,891</u>
Total mutual funds	\$ 124,666,480	\$ -	\$ -	\$ 124,666,480
Short-term money funds	181,927	-	-	181,927
Condominium	<u>-</u>	<u>-</u>	<u>281,800</u>	<u>281,800</u>
Totals	<u>\$ 124,848,407</u>	<u>\$ -</u>	<u>\$ 281,800</u>	<u>\$ 125,130,207</u>

The Plan's investment assets at fair value as of December 31, 2023 were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Equity funds	\$ 67,255,466	\$ -	\$ -	\$ 67,255,466
Fixed income funds	<u>43,697,336</u>	<u>-</u>	<u>-</u>	<u>43,697,336</u>
Total mutual funds	\$ 110,952,802	\$ -	\$ -	\$ 110,952,802
Short-term money funds	42,556	-	-	42,556
Condominium	<u>-</u>	<u>-</u>	<u>273,267</u>	<u>273,267</u>
Totals	<u>\$ 110,995,358</u>	<u>\$ -</u>	<u>\$ 273,267</u>	<u>\$ 111,268,625</u>

Transfer Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 4. **Fair Value Measurements** - (Continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024:

	<u>Condominium</u>
Balance, beginning of year	\$ 273,267
Unrealized gain related to investments still held at the reporting date	8,533
Balance, end of year	\$ 281,800

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2023:

	<u>Condominium</u>
Balance, beginning of year	\$ 264,733
Unrealized gain related to investments still held at the reporting date	8,534
Balance, end of year	\$ 273,267

Note 5. **Plan Termination** - It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. In the event the Plan terminates, benefits earned by participants will become vested to the extent they can be funded by the Plan assets allocated to such benefits. Plan assets will only be used to pay benefits to employees, their families, beneficiaries, or dependents, to pay the cost of administering the Plan, or for other purposes of the Fund. No assets will be used for the benefit of any employer or the Union.

If, however, there are not enough assets to pay for all of the benefits described in the Plan after providing for expenses of termination, the remaining assets will be allocated in accordance with the Plan document and as otherwise required by law. In general, the Plan provides that available assets will be allocated first to pensions that were in pay status prior to the termination, or would have been in pay status at that time if the Participant had chosen to retire.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 5. **Plan Termination - (Continued)**

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. Under the multiemployer program, the PBGC guarantees a portion of the pension earned up to \$35.75 per month multiplied by the years of credited service.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC.

Note 6. **Related Party and Party in Interest Transactions** - The Plan withholds welfare contributions from pensioners which are transferred to the Welfare Fund. At December 31, 2024 and 2023, the Plan owed the Welfare Fund \$66,515 and \$99,393, respectively.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 7. **Property and Equipment** - Property and equipment as shown in the statements of net assets available for benefits at December 31, 2024 and 2023, consisted of the following:

	2024	2023
Property and equipment	\$ 34,294	\$ 34,294
Less, Accumulated depreciation	27,114	26,008
Totals	\$ 7,180	\$ 8,286

Depreciation expense for the years ended December 31, 2024 and 2023 was \$1,106 and \$1,106, respectively.

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 8. **Plan Amendment** - Effective January 1, 2024, Local 772 benefit accrual per pension credit increased from \$30.66 to \$43.00 for past and future service.

Note 9. **Tax Status** - The Plan obtained its latest determination letter on June 15, 2015, in which the Internal Revenue Service states that the Plan and related trust, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 10. **Concentration of Contributions** - The concentration of contributions from one employer totaled 28% in 2024 and 30% in 2023. Significant changes in contributions from this employer could have an adverse effect on the Plan's operations.

Note 11. **Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At December 31, 2024, the Plan's cash exceeded federally insured limits by approximately \$402,000.

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Note 12. **Subsequent Events** - Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

International Alliance of Theatrical Stage Employees Local 22 Pension Fund
 EIN: 52-6152307
 Plan Year: 2024
 Form 5500, Schedule H, Line 41
 Schedule of Assets Held

ASSET STATEMENT
 AS OF DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 8056000040

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
181,927.420	ALLSPRING TREAS PLUS MM FD-SVC #454 CUSIP VP4530003	181,927.42 181,927.42	100.0000 12/31/24	181,927.42	0.00 0.00	4.08 4.08
	TOTAL OTHER MONEY MARKET FUNDS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
	TOTAL OTHER CASH EQUIVALENTS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
	TOTAL CASH EQUIVALENTS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
MUTUAL FUNDS						
MUTUAL FUNDS - EQUITY						
292,056.988	FIDELITY EXT MARKET IN-FAI #2365 CUSIP 315911743	18,509,611.76 22,817,323.46	90.8800 12/31/24	26,542,139.07	8,032,527.31 3,724,815.61	1.39 0.97
113,193.672	VANGUARD INSTL INDEX FD #94 CUSIP 922040100	17,939,634.60 44,748,970.08	478.9000 12/31/24	54,208,449.52	36,268,814.92 9,459,479.44	3.87 1.28
	TOTAL MUTUAL FUNDS - EQUITY	36,449,246.36 67,566,293.54		80,750,588.59	44,301,342.23 13,184,295.05	2.61 1.18
MUTUAL FUNDS - CORPORATE BONDS						
2,273,885.674	ALPS/SMITH TTL RTRN BND-I CUSIP 31761R393	21,566,631.06 21,566,631.06	9.5200 12/31/24	21,647,391.62	80,760.56 80,760.56	4.60 4.58
1,798,747.869	DODGE & COX INCOME FD COM #147 CUSIP 256210105	24,811,328.55 22,695,829.25	12.3800 12/31/24	22,268,498.62	2,542,829.93- 427,330.63-	3.81 4.24



ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 805600040

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	46,377,959.61 44,262,460.31		43,915,890.24	2,462,069.37- 346,570.07-	4.17 4.41
	TOTAL MUTUAL FUNDS	82,827,205.97 111,828,753.85		124,666,478.83	41,839,272.86 12,837,724.98	3.49 2.32
	ACCRUED INCOME	648.39 648.39		648.39		
	TOTAL SECURITIES	83,009,781.78 112,011,329.66		124,849,054.64	41,839,272.86 12,837,724.98	3.49 2.32

International Alliance of Theatrical Stage Employees Local 22 Pension Fund

EIN: 52-6152307

Plan Year: 2024 Plan No. 001

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Form 5500, Schedule H, Line 4J Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE

IATSE PEN

FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ACCOUNT NUMBER 8056000040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			
ISSUE: 31761R393 - ALPS/SMITH TTL RTRN BND-I						
05/31/24 B	2,215,190	9.480	0	21,000,000-*	21,000,000	
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND-I #287						
05/31/24 S	2,323,334	9.160	0	21,281,744 *	26,410,227	-5,128,484
GRAND TOTAL			0	42,281,744	47,410,227	-5,128,484

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 8056000040

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 805600040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE		110,995,542.60				
COMPARATIVE VALUE (5%)		5,549,777.13				
ISSUE: 31761R393 - ALPS/SMITH TTL RTRN BND-I						
06/27/24 R	8,527	9.570	0	81,608-	81,608	
07/25/24 R	8,679	9.580	0	83,145-	83,145	
08/29/24 R	8,354	9.810	0	81,951-	81,951	
09/26/24 R	7,966	9.870	0	78,628-	78,628	
10/24/24 R	8,623	9.670	0	83,382-	83,382	
11/21/24 R	8,016	9.580	0	76,795-	76,795	
12/24/24 R	8,530	9.510	0	81,122-	81,122	
SUB-TOTAL OF REINVS # 7			0	566,631	566,631	
05/31/24 B	2,215,190	9.480	0	21,000,000-*	21,000,000	
SUB-TOTAL OF BUYS # 1			0	21,000,000	21,000,000	
SUB-TOTAL			0	21,566,631	21,566,631	0
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND-I #287						
01/31/24 R	8,457	9.480	0	80,176-	80,176	
02/29/24 R	8,537	9.290	0	79,312-	79,312	
03/31/24 R	8,936	9.360	0	83,644-	83,644	
04/30/24 R	9,123	9.010	0	82,200-	82,200	
05/31/24 R	9,916	9.160	0	90,834-	90,834	
06/30/24 R	35	9.190	0	323-	323	
SUB-TOTAL OF REINVS # 6			0	416,489	416,489	
05/31/24 S	2,323,334	9.160	0	21,281,744 *	26,410,227	-5,128,484
07/15/24 S	9,952	9.310	0	92,649	91,157	1,492
SUB-TOTAL OF SALES # 2			0	21,374,393	26,501,384	-5,126,992

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 8056000040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
			0	21,790,882	26,917,873	-5,126,992
			0	43,357,513	48,484,504	-5,126,992

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 805600040

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***

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

Attained Age	Years of Credited Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	3	14	0	0	0	0	0	0	0	0	0
25 to 29	3	19	5	0	0	0	0	0	0	0	0
30 to 34	1	36	18	3	0	0	0	0	0	0	0
35 to 39	7	23	17	15	3	0	0	0	0	0	0
40 to 44	0	28	17	13	12	1	1	0	0	0	0
45 to 49	2	25	11	9	6	10	6	0	0	0	0
50 to 54	0	15	8	3	7	10	2	2	0	0	0
55 to 59	0	13	13	3	9	11	4	1	1	0	0
60 to 64	1	3	7	6	11	14	9	6	5	0	0
65 to 69	0	7	2	1	4	0	0	1	1	0	0
70 & up	0	1	1	3	1	0	0	0	0	0	1



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

Asset Valuation Method

Effective January 1, 2008, the actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year market value) during each of the last 5 years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% nor more than 120% of market value. This method is described in Approval 16 of Rev. Proc 2000-40. The actuarial value as of the date of the change is equal to the market value.

Mortality

Funding

Healthy: Pri-2012 Headcount-Weighted Employee Table with Blue Collar Adjustment for pre-commencement and Pri-2012 Headcount-Weighted Retiree Table with Blue Collar Adjustment for post-commencement. For beneficiaries, Pri-2012 Headcount-Weighted Contingent Survivor Table with Blue Collar Adjustment.

Disabled: Pri-2012 Headcount-Weighted Disabled Table.

Due to the small group of active participants covered by the Plan, we have relied upon the standard mortality tables published by the Society of Actuaries. And based on the Plan demographics, we have relied upon the blue-collar version of these tables. The MP-2019 improvement scales were also used to reflect estimated future mortality improvement. We continue to monitor actual deaths versus expected deaths with each valuation.

Current Liability:

2024 IRS Generational Mortality Table.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Interest Rate

Valuation:

6.50% compounded annually for Valuation, ASC 960, and Withdrawal Liability. For the prior year, 7.00% compounded annually.

Current Liability:

3.29% compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

Termination & Disability

Termination

Turnover Table T-3. Sample rates are:

Age	Rate
25	5.27%
30	4.83%
35	4.47%
40	3.84%
45	3.21%
50	1.52%

Due to the small group of active participants covered by the Plan, there is not sufficient data to determine any appropriate plan specific assumption. An assumption of no pre-retirement decrements (other than death) is more likely to produce no gain/loss (i.e., when the assumption that an active participant will not terminate is realized); however, if an active participant does terminate before retirement, the gain/loss at that time will be greater. The effect of assuming pre-retirement turnover is not expected to produce materially different results than if an assumption regarding pre-retirement turnover was included.

Disability

Age	Rate
25	0.05%
35	0.06%
45	0.18%
55	0.85%

The disability assumption is based on plan experience and professional judgement.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Age at Pension

Active participants are assumed to retire at the earlier of:

- 1) Age 65
- 2) Age 63 with 10 pension credits
- 3) 34 Pension Credits

Terminated vested participants are assumed to retire at the earlier of:

- 1) Age 65
- 2) Age 55 with 10 pension credits

The weighted average retirement age as of the valuation date is age 62.7. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Assumed retirement rates are based on plan provisions and experience under the plan, supplemented with professional judgement.

Administration Expenses

The prior year's administrative expenses increased by 2% and assumed to be a mid-year number for the current year. That mid-year number is then discounted to the beginning of the year and included in the normal cost. For projections, administrative expenses are assumed to increase 2% annually.

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

Average Future Service Credit

One credit per year.

Marital Status

100% of all participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

The percent married and spousal age difference assumptions are based on professional judgement.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Forms of Benefit

Participants not already in pay status are assumed to elect the normal form of payment, a 3-year Certain & Life annuity, with a probability of 66%. The 50% Joint & Survivor annuity and 75% Joint & Survivor annuity are assumed to be elected with a probability of 17% each.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

Changes to Prior Year's Valuation

Interest rate updated from 7.00% to 6.50% compounded annually.



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

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Assumption Change	01/01/99	5	377,875	85,380
(2) Amendment	01/01/99	5	316,576	71,530
(3) Assumption Change	01/01/00	6	58,066	11,263
(4) Plan Amendment	01/01/01	7	1,106,588	189,451
(5) Actuarial Loss	01/01/11	2	131,288	67,710
(6) Assumption Change	01/01/11	2	228,023	117,600
(7) Actuarial Loss	01/01/12	3	360,666	127,867
Total Charges			\$ 2,579,082	\$ 670,801

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Assumption Change	01/01/01	7	140,302	24,020
(2) Actuarial Gain	01/01/10	1	76,082	76,082
(3) Assumption Change	01/01/12	3	301,330	106,831
(4) Actuarial Gain	01/01/13	4	73,448	20,131
(5) Actuarial Gain	01/01/14	5	288,406	65,165
Total Credits			\$ 879,568	\$ 292,229



International Alliance of Theatrical
Stage Employees Local No. 22 Pension Fund
EIN/PN: 52-6152307/001

Schedule MB, Lines 9h Justification for Change in Assumptions

The interest rate was lowered from 7.00% to 6.50% to better reflect market expectations.



Schedule MB, Line 6 Summary of Plan Provisions

Effective Date	August 27, 1962
Plan Year	January 1 through December 31
Pension Credit	Total earnings within calendar year shall be divided by \$25,000 for Local 22 (\$10,000 for Local 772), and the result, to the nearest one-hundredth, shall be the employee's pension credit for such calendar year. No service will be credited if earnings are below \$6,250 for Local 22 (\$2,500 for Local 772). The employee will not receive more than one pension credit in any calendar year.
Vesting Credit	One year of vesting service for each calendar year during the contribution period in which gross earnings in Covered Employment totaled at least the product of 870 multiplied by the lowest negotiated hourly wage rate for stagehands in effect during that year.
Eligibility	January 1 or July 1 after completion of a 12 consecutive month period during which gross earnings in covered employment are at least equal to the product of 870 multiplied by the lowest negotiated hourly wage rate for stagehands during such period.
Normal Retirement	<ul style="list-style-type: none">• Age Requirement: 65• Service Requirement: 5 years of plan participation• Amount: \$20 for Local 22 (\$10 for Local 772) for each pension credit earned prior to the contribution period to a maximum of ten pension credits, plus \$100.00 for Local 22 (\$47.50 for Local 772) for each pension credit earned during the contribution period.
Early Reduced Retirement	<ul style="list-style-type: none">• Age Requirement: 55• Service Requirement: 10 pension credits• Amount: same as normal but reduced 6% for each year of age less than 62
Early Unreduced Retirement	<ul style="list-style-type: none">• Age Requirement: 62• Service Requirement: 10 pension credits, or 30 pension credits regardless of age. There is a limit of 10 pension credits prior to the contribution period for Local 22 and 5 pension credits for Local 772.• Amount: same as normal



Schedule MB, Line 6 Summary of Plan Provisions

Vested Retirement

- **Age Requirement:** 55
- **Service Requirement:** vested
- **Amount:** regular or early pension accrued based on plan in effect when last active

Disability Retirement

- **Age Requirement:** none
- **Service Requirement:** one vesting credit within 24 months of becoming disabled and has achieved vested status
- **Amount:** same as normal

Lump Sum Death Benefit

- **Unmarried Active Participant Death:** 50% return of contributions less pension payments made

Pre-Pension Surviving Spouse Pension

- **Married Active Participant Death:** 50% of the normal retirement benefit the participant would have received had he retired on the first day of the month in which he died but elected an actuarially reduced joint & 50% spouse annuity, with no reduction for early commencement
- **Married Inactive Participant Death:** same as actives but deferred to the participant's early retirement date with the appropriate reduction
- **Duration:** life of spouse

Vesting

- **Age Requirement:** none
- **Service Requirement:** 10 pension credits, 5 years of vesting service, or attainment of Normal Retirement Age

Forms of Benefit

- **Normal Form for Single Participants:** Single Life Annuity with three years certain
- **Normal Form for Married Participants:** 50% joint and survivor annuity with 3 years certain and "pop-up"
- 75% joint and survivor annuity with 3 years certain and "pop-up"



Schedule MB, Line 6 Summary of Plan Provisions

History of Benefit Improvements

- **December 2013:** A 13th check was paid out to pensioners.
 - **January 1, 2015:** The accrual rate and accrued benefit for active participants and the monthly benefit payments for current pensioners was increased by 3%.
 - **January 1, 2018:** The accrual rate and accrued benefit for active participants and the monthly benefit payments for current pensioners was increased by 3%.
 - **February 2022:** A 13th check was paid out to pensioners.
 - **January 1, 2024:** Local 22 accruals increased from \$90.60 to \$100.00 (Local 772 from \$30.66 to \$43.00). The monthly benefit payments for current pensioners were increased by 10%.
-

Changes to Prior Year's Plan Provisions

Effective January 1, 2024, Local 22 benefit accrual per pension credit increased from \$90.60 to \$100.00 (Local 772 from \$30.66 to \$47.50) for past and future service. Additionally, monthly benefit payments for pensioners were increased ten percent (10%).



**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

▶ **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 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	B Three-digit plan number (PN) ▶	001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND	D Employer Identification Number (EIN) 52-6152307
--	---

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

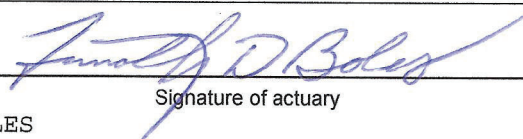
1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	111,959,230
(2) Actuarial value of assets for funding standard account.....	1b(2)	116,551,480
c (1) Accrued liability for plan using immediate gain methods	1c(1)	91,226,174
(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)	91,226,174
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)	139,442,456
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,592,366
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	6,579,535
(3) Expected plan disbursements for the plan year	1d(3)	6,863,918

Statement by Enrolled Actuary

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

SIGN HERE 

 Signature of actuary

10-10-2025

 Date
 2308131

TIMOTHY D BOLES

 Type or print name of actuary
 BOLTON PARTNERS, INC.

 Firm name

Most recent enrollment number
 410-547-0500

 Telephone number (including area code)

1 W. Pennsylvania Avenue SUITE 600
 TOWSON MD 21204

 Address of the firm

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

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

Schedule MB (Form 5500) 2024
v. 240311

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%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) 9P	9P
(2) Females	6c(2) 9FP	9FP
d Valuation liability interest rate	6d 6.50%	6.50%
e Salary scale	6e % <input checked="" 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) 6.50%	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g 7.9%	7.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h 18.2%	18.2%
i Expense load included in normal cost reported in line 9b	6i <input type="checkbox"/> N/A	<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) 284,383	284,383
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3) <input type="checkbox"/>	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

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

Note: Line 7, Plan is over 100% funded as of 1/1/24 with no new bases created.

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	2,465,498
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)	2,579,082
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	203,859
e Total charges. Add lines 9a through 9d	9e	3,340,158
Credits to funding standard account:		
f Prior year credit balance, if any	9f	9,348,531
g Employer contributions. Total from column (b) of line 3	9g	3,146,780
h Amortization credits as of valuation date	Outstanding balance	
	9h	879,568
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	728,920
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	0
(2) "RPA '94" override (90% current liability FFL)	9j(2)	10,846,131
(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	13,516,460
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	10,176,302
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

International Alliance of Theatrical
Stage Employees Local No. 22 Pension Fund
EIN/PN: 52-6152307/001

Schedule MB Line 1b(1) Current Value of Assets

In accordance with ERISA Section 103(a)(4)(D), we have relied upon the auditor's draft financial statements for the plan year ending December 31, 2023, when entering the Current Value of Assets on line 1b(1) of the Schedule MB. This value is shown as the Net Assets Available for Benefits on the auditor's draft financial statements for the plan year ending December 31, 2023.

In the event that the auditor's final financial statements differ from the draft, the amount shown on this line will differ from that shown on line 2a. Line 2a reflects the auditor's final financial statements.



International Alliance of Theatrical Stage Employees Local 22 Pension Fund

EIN: 52-6152307

Plan Year: 2024 Plan No. 001

PAGE 41

Form 5500, Schedule H, Line 4J Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE

IATSE PEN

FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ACCOUNT NUMBER 8056000040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			
ISSUE: 31761R393 - ALPS/SMITH TTL RTRN BND-I						
05/31/24 B	2,215,190	9.480	0	21,000,000-*	21,000,000	
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND-I #287						
05/31/24 S	2,323,334	9.160	0	21,281,744 *	26,410,227	-5,128,484
GRAND TOTAL			0	42,281,744	47,410,227	-5,128,484

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 8056000040

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 805600040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			110,995,542.60			
COMPARATIVE VALUE (5%)			5,549,777.13			
ISSUE: 31761R393 - ALPS/SMITH TTL RTRN BND-I						
06/27/24 R	8,527	9.570	0	81,608-	81,608	
07/25/24 R	8,679	9.580	0	83,145-	83,145	
08/29/24 R	8,354	9.810	0	81,951-	81,951	
09/26/24 R	7,966	9.870	0	78,628-	78,628	
10/24/24 R	8,623	9.670	0	83,382-	83,382	
11/21/24 R	8,016	9.580	0	76,795-	76,795	
12/24/24 R	8,530	9.510	0	81,122-	81,122	
SUB-TOTAL OF REINVS # 7			0	566,631	566,631	
05/31/24 B	2,215,190	9.480	0	21,000,000-*	21,000,000	
SUB-TOTAL OF BUYS # 1			0	21,000,000	21,000,000	
SUB-TOTAL			0	21,566,631	21,566,631	0
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND-I #287						
01/31/24 R	8,457	9.480	0	80,176-	80,176	
02/29/24 R	8,537	9.290	0	79,312-	79,312	
03/31/24 R	8,936	9.360	0	83,644-	83,644	
04/30/24 R	9,123	9.010	0	82,200-	82,200	
05/31/24 R	9,916	9.160	0	90,834-	90,834	
06/30/24 R	35	9.190	0	323-	323	
SUB-TOTAL OF REINVS # 6			0	416,489	416,489	
05/31/24 S	2,323,334	9.160	0	21,281,744 *	26,410,227	-5,128,484
07/15/24 S	9,952	9.310	0	92,649	91,157	1,492
SUB-TOTAL OF SALES # 2			0	21,374,393	26,501,384	-5,126,992

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 8056000040

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
			0	21,790,882	26,917,873	-5,126,992
			0	43,357,513	48,484,504	-5,126,992

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 805600040

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		110,995,542.60			
	COMPARATIVE VALUE (5%)		5,549,777.13			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***

International Alliance of Theatrical Stage Employees Local 22 Pension Fund
 EIN: 52-6152307
 Plan Year: 2024
 Form 5500, Schedule H, Line 41
 Schedule of Assets Held

ASSET STATEMENT
 AS OF DECEMBER 31, 2024

IATSE PEN
 ACCOUNT NUMBER 8056000040

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
181,927.420	ALLSPRING TREAS PLUS MM FD-SVC #454 CUSIP VP4530003	181,927.42 181,927.42	100.0000 12/31/24	181,927.42	0.00 0.00	4.08 4.08
	TOTAL OTHER MONEY MARKET FUNDS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
	TOTAL OTHER CASH EQUIVALENTS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
	TOTAL CASH EQUIVALENTS	181,927.42 181,927.42		181,927.42	0.00 0.00	4.08 4.08
MUTUAL FUNDS						
MUTUAL FUNDS - EQUITY						
292,056.988	FIDELITY EXT MARKET IN-FAI #2365 CUSIP 315911743	18,509,611.76 22,817,323.46	90.8800 12/31/24	26,542,139.07	8,032,527.31 3,724,815.61	1.39 0.97
113,193.672	VANGUARD INSTL INDEX FD #94 CUSIP 922040100	17,939,634.60 44,748,970.08	478.9000 12/31/24	54,208,449.52	36,268,814.92 9,459,479.44	3.87 1.28
	TOTAL MUTUAL FUNDS - EQUITY	36,449,246.36 67,566,293.54		80,750,588.59	44,301,342.23 13,184,295.05	2.61 1.18
MUTUAL FUNDS - CORPORATE BONDS						
2,273,885.674	ALPS/SMITH TTL RTRN BND-I CUSIP 31761R393	21,566,631.06 21,566,631.06	9.5200 12/31/24	21,647,391.62	80,760.56 80,760.56	4.60 4.58
1,798,747.869	DODGE & COX INCOME FD COM #147 CUSIP 256210105	24,811,328.55 22,695,829.25	12.3800 12/31/24	22,268,498.62	2,542,829.93- 427,330.63-	3.81 4.24



ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE PEN
ACCOUNT NUMBER 805600040

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	46,377,959.61 44,262,460.31		43,915,890.24	2,462,069.37- 346,570.07-	4.17 4.41
	TOTAL MUTUAL FUNDS	82,827,205.97 111,828,753.85		124,666,478.83	41,839,272.86 12,837,724.98	3.49 2.32
	ACCRUED INCOME	648.39 648.39		648.39		
	TOTAL SECURITIES	83,009,781.78 112,011,329.66		124,849,054.64	41,839,272.86 12,837,724.98	3.49 2.32

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [] a single-employer plan [] a DFE (specify)
[] the first return/report [] the final return/report
[] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/27/1962
2a Plan sponsor's name (employer, if for a single-employer plan): INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - LOCAL 22 PENSION FUND
2b Employer Identification Number (EIN): 52-6152307
2c Plan Sponsor's telephone number: 301-593-1265
2d Business code (see instructions): 711100

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, Date, and Name. Rows include Irving C Clay (10/14/2025) and Ryan Haderlie (10/15/2025).

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

Form 5500 (2024) v. 240311