

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1a</b> Name of plan<br/><u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u></p>                                                                                                                                                                                                                                                                                                                                      | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>                                                                                                                                                                                                                             |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u></p> <p><u>1200 WILSHIRE BLVD 5TH FL</u><br/><u>LOS ANGELES, CA 90017</u></p> | <p><b>1c</b> Effective date of plan<br/><u>07/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>95-6377503</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>213-406-2330</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>713900</u></p> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | MILLER KAPLAN ARASE LLP                                      |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                                   | 2126 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1094 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                               | 1011 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                  | 656  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                  | 419  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>                                  | 2086 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                                  | 184  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b>                                  | 2270 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(1)</b>                               | 0    |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                          |      |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                          |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                   | 84   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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)

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                       |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>                                                            | <b>B</b> Three-digit plan number (PN) ► <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-6377503</u> |

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

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

|                                                                                                               |                                  |
|---------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>b</b> Assets                                                                                               |                                  |
| (1) Current value of assets .....                                                                             | <b>1b(1)</b> <u>227868413</u>    |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b> <u>236956833</u>    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b> <u>320742253</u>    |
| (2) Information for plans using spread gain methods:                                                          |                                  |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b>                  |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b>                  |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b>                  |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b> <u>320742253</u>    |
| <b>d</b> Information on current liabilities of the plan:                                                      |                                  |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>                     |
| (2) "RPA '94" information:                                                                                    |                                  |
| (a) Current liability .....                                                                                   | <b>1d(2)(a)</b> <u>513871446</u> |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> <u>3838921</u>   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> <u>28530586</u>  |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b> <u>28418135</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.

|                                                                                                                                                                                                                                        |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br><u>JOHN R. BOTSFORD, F.S.A.</u><br>Type or print name of actuary<br><br><u>MILLIMAN, INC.</u><br>Firm name<br><br><u>500 YGNACIO VALLEY RD STE 498</u><br><u>WALNUT CREEK, CA 94596</u><br>Address of the firm | <u>10/03/2025</u><br>Date<br><br><u>23-06305</u><br>Most recent enrollment number<br><br><u>415-403-1333</u><br>Telephone number (including area code) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 227868413                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 852                               | 331179767                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 380                               | 48151059                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 6194337                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 128346283                    |
| <b>(c)</b> Total active .....                                                                                                       | 1048                              | 134540620                    |
| <b>(4)</b> Total .....                                                                                                              | 2280                              | 513871446                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 44.34 %                      |

**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 |
|---------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 06/30/2024                                                                      | 11642333                       | 0                            |                       |                                |                              |
|                                                                                 |                                |                              |                       |                                |                              |
|                                                                                 |                                |                              |                       |                                |                              |
|                                                                                 |                                |                              |                       |                                |                              |
|                                                                                 |                                |                              |                       |                                |                              |
|                                                                                 |                                |                              | <b>Totals ▶</b>       | <b>3(b)</b>                    | <b>3(c)</b>                  |
|                                                                                 |                                |                              |                       | 11642333                       | 0                            |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                |                              |                       |                                | <b>3(d)</b>                  |
|                                                                                 |                                |                              |                       |                                | 0                            |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                                                                                                                                                                                                                                                                                                                             | <b>4a</b> | 73.9 %                                                   |
| <b>b</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 .....                                                                                                                                                                                                                                                                                                         | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                                                                                                                                                                   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> 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 |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                                                                                                                                                                          | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:<br>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;<br>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/><br>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." | <b>4f</b> |                                                          |

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

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

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> 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            |
| <b>m</b> 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 ..... | <b>5m</b> |                                                                     |

**6 Checklist of certain actuarial assumptions:**

|                                                                                                                        |                              |                                                 |                                         |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                            |                              |                                                 | <b>6a</b>                               | 3.29 %                                                                                           |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                                        | Pre-retirement               |                                                 | Post-retirement                         |                                                                                                  |
|                                                                                                                        | <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 |
| <b>c</b> Mortality table code for valuation purposes:                                                                  |                              |                                                 |                                         |                                                                                                  |
| (1) Males .....                                                                                                        | <b>6c(1)</b>                 | 9P+1                                            | 9P+1                                    |                                                                                                  |
| (2) Females .....                                                                                                      | <b>6c(2)</b>                 | 9FP+1                                           | 9FP+1                                   |                                                                                                  |
| <b>d</b> Valuation liability interest rate .....                                                                       | <b>6d</b>                    | 7.25 %                                          | 7.25 %                                  |                                                                                                  |
| <b>e</b> Salary scale .....                                                                                            | <b>6e</b>                    | 3.00 %                                          | <input type="checkbox"/> N/A            |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                           |                              |                                                 |                                         |                                                                                                  |
| (1) Type of interest rate .....                                                                                        | <b>6f(1)</b>                 | <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 .....                                             | <b>6f(2)</b>                 | 7.25 %                                          |                                         |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....          | <b>6g</b>                    | 5.5 %                                           |                                         |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....            | <b>6h</b>                    | 12.5 %                                          |                                         |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                | <b>6i</b>                    | <input type="checkbox"/> N/A                    |                                         |                                                                                                  |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                 | %                                               |                                         |                                                                                                  |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                 | 772487                                          |                                         |                                                                                                  |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                 | <input type="checkbox"/>                        |                                         |                                                                                                  |

**7 New amortization bases established in the current plan year:**

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5660884             | 588704                         |
|                  |                     |                                |
|                  |                     |                                |

**8 Miscellaneous information:**

|                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                               |                                        |
| <b>b</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 checked="" type="checkbox"/> Yes | <input 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>c</b> 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 |
| <b>d</b> 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 ..                                                                                                                                                                                                                                                                        | <b>8d(2)</b>                            |                                        |
| (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)) .....                                                                                                                                                                                                                         | <b>8d(4)</b>                            |                                        |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                                 | <b>8d(5)</b>                            |                                        |
| (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            |
| <b>e</b> 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). .... | <b>8e</b>                               | 0                                      |

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

|                                                                         |           |         |
|-------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 2370308 |

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

|              | Outstanding balance |          |
|--------------|---------------------|----------|
| <b>9c(1)</b> | 137120235           | 20244951 |
| <b>9c(2)</b> | 0                   | 0        |
| <b>9c(3)</b> | 0                   | 0        |

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

|           |         |
|-----------|---------|
| <b>9d</b> | 1639606 |
|-----------|---------|

**e** Total charges. Add lines 9a through 9d.....

|           |          |
|-----------|----------|
| <b>9e</b> | 24254865 |
|-----------|----------|

**Credits to funding standard account:**

**f** Prior year credit balance, if any.....

|           |          |
|-----------|----------|
| <b>9f</b> | 18729105 |
|-----------|----------|

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

|           |          |
|-----------|----------|
| <b>9g</b> | 11642333 |
|-----------|----------|

**h** Amortization credits as of valuation date.....

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

|           | Outstanding balance |          |
|-----------|---------------------|----------|
| <b>9h</b> | 34605710            | 12756775 |
| <b>9i</b> |                     | 2697377  |

**j** Full funding limitation (FFL) and credits:

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

|              |           |   |
|--------------|-----------|---|
| <b>9j(1)</b> | 122236314 |   |
| <b>9j(2)</b> | 230974296 |   |
| <b>9j(3)</b> |           | 0 |

**k (1)** Waived funding deficiency .....

**(2)** Other credits .....

|              |   |
|--------------|---|
| <b>9k(1)</b> | 0 |
| <b>9k(2)</b> | 0 |

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

|           |          |
|-----------|----------|
| <b>9l</b> | 45825590 |
|-----------|----------|

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

|           |          |
|-----------|----------|
| <b>9m</b> | 21570725 |
|-----------|----------|

**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

|           |  |
|-----------|--|
| <b>9n</b> |  |
|-----------|--|

**o** Current year's accumulated reconciliation account:

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

(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 .....

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

(3) Total as of valuation date.....

|                 |   |
|-----------------|---|
| <b>9o(1)</b>    | 0 |
| <b>9o(2)(a)</b> | 0 |
| <b>9o(2)(b)</b> | 0 |
| <b>9o(3)</b>    | 0 |

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

|           |   |
|-----------|---|
| <b>10</b> | 0 |
|-----------|---|

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

Yes  No

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

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

|                                                                                                                            |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</b>                                                 | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-6377503</b> |            |

**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

**FIRST EAGLE INVESTMENT MGMT., LLC**

**57-1156902**

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

**LEXINGTON PARTNERS LP** **399 PARK AVE 20TH FLR**  
**NEW YORK, NY 10022**

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

**PAUL CAPITAL PARTNERS**

**20-8203410**

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

**SHENKMAN CAPITAL MANAGEMENT, INC.** **461 FIFTH AVE**  
**NEW YORK, NY 10017**

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

PAYDEN & RYGEL

333 S GRAND AVE STE 3200  
LOS ANGELES, CA 90071

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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

DOVER VIII ASSOCIATES LP

30-0692313

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

SEI TRUST COMPANY

06-1271230

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

PORTFOLIO ADVISORS LLC

06-1487853

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

RELIANCE TRUST COMPANY

58-1428634

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

CONST CAP PARTNERS IRONSIDES FUND V

74-3246212

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

IFM INVESTORS PROPERTY LTD

75-3267504

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

ABERDEEN ENERGY & RESOURCES PARTNER                      1900 MARKET ST STE 200  
PHILADELPHIA, PA 19103

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

EQUUS INVESTMENT PARTNERSHIP X, LP                      ELLIS PRESERVE  
3843 WEST CHESTER PIKE  
NEWTOWN SQUARE, PA 19073

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

AEW CAPITAL MANAGEMENT, LP                      2 SEAPORT LN  
BOSTON, MA 02210

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

ARTISAN PARTNERS LTD PARTNERSHIP

30-0551775

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

HARBOURVEST PARTNERS, LP

74-3130888

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

HARBOURVEST XII ASSOCIATES LP

85-3162441

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

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

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

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

THE NORTHERN TRUST CO.

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28 50               | NONE                                                                                              | 179674                                                                 | 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)

BUCHALTER

95-2640846

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 100537                                                                 | 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)

GILBERT & SACKMAN

95-2906951

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 80295                                                                  | 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)

MEKETA INVESTMENT GROUP

04-2659023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 27 50               | NONE                                                                                              | 125451                                                                 | 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)

MILLIMAN

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE                                                                                              | 53040                                                                  | 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)

MILLER KAPLAN ARASE LLP

95-2036255

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 52750                                                                  | 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)

LOOMIS, SAYLES & COMPANY, LP

04-3200030

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 36545                                                                  | 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)

HEITMAN REAL ESTATE SECURITIES LLC

36-4265577

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 26076                                                                  | 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)

US BANK NATIONAL ASSOCIATION

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 11451                                                                  | 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)

BERRY & CO., CPAS

88-0400174

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 13807                                                                  | 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)

BENEFIT PROGRAMS ADMINISTRATION

13-2501278

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 50               | NONE                                                                                              | 296319                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN STANLEY

1585 BROADWAY  
NEW YORK, NY 10036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 88036                                                                  | 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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 51 52               | NONE                                                                                              | 2977                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                   |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>                                                        | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-6377503</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                |                               |                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN GLOBAL OPPORTUNITIES TRUST</u>                       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>26-3653822-021</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12446809</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&amp;P GLOBAL LARGEMIDCAP NATURAL</u>                  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>                          |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>90-0337987-287</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1761643</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>                       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>45-6138589-088</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13947403</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE TREASURY INFLATION-PR</u>                      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>45-6138589-091</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10119262</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ALL COUNTRY WORLD IND</u>                      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>45-6138589-150</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52706918</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS GLOBAL EQUITY CIT FUND</u>                      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST</u> |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>82-6251411-010</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12141793</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PAYDEN &amp; RYGEL COLLECTIVE INV TRUST</u>                  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>                                  |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>37-6667944-001</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4773876</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                            |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>                   |                                                                    |
| <b>A</b> Name of plan<br><b>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</b>                                                 | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-6377503</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 296269                | 843206          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1360339               | 1958777         |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 1524037               | 105688          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 1226952               | 1431543         |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 4977839               | 4920009         |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 70127574              | 63441489        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 106463577             | 107897704       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 25553476              | 41428231        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 15634933              | 7243882         |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 889547                | 2360026         |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 228054543             | 231630555       |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    | 186130                | 629249          |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 186130                | 629249          |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 227868413             | 231001306       |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 11642333   |           |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 11642333  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 79149      |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 826296     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 905445    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 198898     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 1426032    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1624930   |
| <b>(3)</b> Rents.....                                                                                      | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> | 34927652   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 32409154   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> | -16805     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 14495219  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1216356   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 32385976  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 27979650 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 27979650 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 296319   |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 13807    |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 52750    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 278323   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 191125   |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 53040    |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 180832   |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 20095    |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 187142   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1273433  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 29253083 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3132893 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 560312.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                                            |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</u>                                                 | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-6377503</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | 1 |   |
| <b>2</b> 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):<br>EIN(s): <u>95-2504490</u> |   |   |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                        |   |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                               | 3 | 0 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

|                                                                                                                                                 |    |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a | 0 |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | 6b | 0 |
| <b>c</b> 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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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 **TELEVISION CITY STUDIOS - IA 33**

**b** EIN **83-2660473** **c** Dollar amount contributed by employer **1319107**

**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) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**a** Name of contributing employer **ABC (DWSS) PAYROLL/IATSE 33**

**b** EIN **13-3331710** **c** Dollar amount contributed by employer **673772**

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**a** Name of contributing employer **LA PHILHARMONIC/HOLLYWOOD BOWL**

**b** EIN **95-1696734** **c** Dollar amount contributed by employer **753844**

**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 **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) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**a** Name of contributing employer **LA LIVE LLC/MICROSOFT THEATER**

**b** EIN **20-8612931** **c** Dollar amount contributed by employer **705169**

**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 **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**a** Name of contributing employer **LA PHILHAMONIC/WDCH**

**b** EIN **95-1696734** **c** Dollar amount contributed by employer **402910**

**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 **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) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**a** Name of contributing employer **KIA FORUM**

**b** EIN **36-4710124** **c** Dollar amount contributed by employer **624267**

**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) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **12% OF WAGES**

**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 CRYPRO.COM ARENA/CAST & CREW

**b** EIN 84-1360977 **c** Dollar amount contributed by employer 673394

**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 2024

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): 12% OF WAGES

**a** Name of contributing employer LA OPERA CO/IATSE 33

**b** EIN 95-2096402 **c** Dollar amount contributed by employer 494367

**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) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): 12% OF WAGES

**a** Name of contributing employer PERFORMANCE COMPANY LA

**b** EIN 83-1978756 **c** Dollar amount contributed by employer 352583

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): 12% OF WAGES

**a** Name of contributing employer CAL NED INC.

**b** EIN 95-3394909 **c** Dollar amount contributed by employer 352583

**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 2023

**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): 12% OF WAGES

**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:

|                                                                                                                                                                                                                                                                                                                                            |            |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> 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)..... | <b>14a</b> | 0 |
| <b>b</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).....                                                                                                            | <b>14b</b> | 3 |
| <b>c</b> 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).....                                                                                                                                       | <b>14c</b> | 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                       |            |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                              | <b>16a</b> |   |
| <b>b</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..... | <b>16b</b> | 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: 48.2 % Private Equity: 12.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.8 %  
 High-Yield Debt: 8.4 % Real Assets: 12.2 % Cash or Cash Equivalents: 0.9 % Other: 0.0 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

|                                                                                                                                                                                                                |                                                                              |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Structured Attachment</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Schedule MB, line 8b(2)</b><br><b>Schedule of Active Participant Data</b> | <b>2024</b><br><hr/> This Form is Open to<br>Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|

|                             |                                            |                           |            |            |            |           |     |
|-----------------------------|--------------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024                                 | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 95-6377503 | <b>PN</b> | 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     |                           |              |                         |        |              |                         |
| 25 to 29     |                           |              |                         |        |              |                         |
| 30 to 34     |                           |              |                         |        |              |                         |
| 35 to 39     |                           |              |                         |        |              |                         |
| 40 to 44     |                           |              |                         |        |              |                         |
| 45 to 49     |                           |              |                         |        |              |                         |
| 50 to 54     |                           |              |                         |        |              |                         |
| 55 to 59     |                           |              |                         |        |              |                         |
| 60 to 64     |                           |              |                         |        |              |                         |
| 65 to 69     |                           |              |                         |        |              |                         |
| 70 & Up      |                           |              |                         |        |              |                         |

| 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     |                           |              |                         |          |              |                         |
| 30 to 34     |                           |              |                         |          |              |                         |
| 35 to 39     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

|                             |                                            |                           |            |            |            |           |     |
|-----------------------------|--------------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024                                 | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 95-6377503 | <b>PN</b> | 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     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

| 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     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

|                             |                                            |                           |            |            |            |           |     |
|-----------------------------|--------------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024                                 | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 95-6377503 | <b>PN</b> | 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     |                           |              |                         |         |              |                         |
| 60 to 64     |                           |              |                         |         |              |                         |
| 65 to 69     |                           |              |                         |         |              |                         |
| 70 & Up      |                           |              |                         |         |              |                         |











**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
I.A.T.S.E. Local No. 33 Pension  
Trust Fund  
1200 Wilshire Boulevard, 5th Floor  
Los Angeles, California 90017

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of I.A.T.S.E. Local No. 33 Pension Trust 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

October 13, 2025

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| <b>ASSETS</b>                            | December 31, 2024     | December 31, 2023     |
|------------------------------------------|-----------------------|-----------------------|
| <b>INVESTMENTS, AT FAIR VALUE</b>        |                       |                       |
| Short Term Investment Fund               | \$ 1,431,543          | \$ 1,226,952          |
| Common Stocks                            | 4,920,009             | 4,977,839             |
| Mutual Funds                             | 41,428,231            | 25,553,476            |
| Common/Collective Trusts                 | 107,897,704           | 113,970,364           |
| Limited Liability Company                | 7,243,882             | 8,128,146             |
| Partnerships                             | 63,441,489            | 70,127,574            |
|                                          | \$ 226,362,858        | \$ 223,984,351        |
| <br>CASH                                 | <br>843,206           | <br>296,269           |
| <b>TOTAL CASH AND INVESTMENTS</b>        | <b>227,206,064</b>    | <b>224,280,620</b>    |
| <br><b>OTHER ASSETS</b>                  |                       |                       |
| Employer Contributions Receivable        | 554,925               | 802,694               |
| Accrued Investment Income                | 105,688               | 109,789               |
| Due from Health Plan                     | 1,403,852             | 557,645               |
| Receivable for Investment Sales, Net     | -                     | 1,414,248             |
| Prepaid Pension Benefits                 | 2,312,201             | 844,970               |
| Prepaid Insurance                        | 47,825                | 44,577                |
|                                          | 4,424,491             | 3,773,923             |
| <b>TOTAL ASSETS</b>                      | <b>231,630,555</b>    | <b>228,054,543</b>    |
| <br><b>LIABILITIES</b>                   |                       |                       |
| Accounts Payable                         | 236,110               | 186,130               |
| Payables for Investments Purchased, Net  | 393,139               | -                     |
| <b>TOTAL LIABILITIES</b>                 | <b>629,249</b>        | <b>186,130</b>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 231,001,306</b> | <b>\$ 227,868,413</b> |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                   | January 1, 2024<br>to<br>December 31, 2024 | January 1, 2023<br>to<br>December 31, 2023 |                       |
|-----------------------------------|--------------------------------------------|--------------------------------------------|-----------------------|
| <b>ADDITIONS</b>                  |                                            |                                            |                       |
| NET INVESTMENT INCOME             |                                            |                                            |                       |
| Interest and Dividends            | \$ 2,530,375                               | \$ 2,074,520                               |                       |
| Net Appreciation of Investments   | 18,213,268                                 | 24,733,347                                 |                       |
| Less: Investment Expenses         | <u>(457,997)</u>                           | <u>(439,347)</u>                           | \$ 26,368,520         |
| CONTRIBUTIONS AND OTHER INCOME    |                                            |                                            |                       |
| Employer Contributions            | 11,637,076                                 | 11,913,273                                 |                       |
| Liquidated Damages and Interest   | <u>5,257</u>                               | <u>45,187</u>                              | 11,958,460            |
| TOTAL ADDITIONS                   | 31,927,979                                 |                                            | 38,326,980            |
| <b>DEDUCTIONS</b>                 |                                            |                                            |                       |
| PENSION BENEFITS                  |                                            |                                            | 28,286,449            |
| ADMINISTRATIVE EXPENSES           |                                            |                                            |                       |
| Actuary Fees                      | 53,040                                     | 60,212                                     |                       |
| Administration Fees               | 296,319                                    | 256,910                                    |                       |
| Audit Fees                        | 52,750                                     | 50,970                                     |                       |
| Bank Charges                      | 11,451                                     | 10,431                                     |                       |
| Insurance                         | 68,709                                     | 66,831                                     |                       |
| Legal Fees                        | 180,832                                    | 228,418                                    |                       |
| Meetings and Conferences          | 20,095                                     | 8,849                                      |                       |
| Payroll Compliance Fees           | 13,807                                     | 10,164                                     |                       |
| PBGC Insurance                    | 84,360                                     | 74,620                                     |                       |
| Printing and Office Supplies      | <u>34,073</u>                              | <u>74,388</u>                              | 841,793               |
| TOTAL DEDUCTIONS                  | <u>28,795,086</u>                          |                                            | <u>29,128,242</u>     |
| NET INCREASE FOR THE YEAR         |                                            | 3,132,893                                  | 9,198,738             |
| NET ASSETS AVAILABLE FOR BENEFITS |                                            |                                            |                       |
| Beginning of Year                 |                                            | <u>227,868,413</u>                         | <u>218,669,675</u>    |
| End of Year                       |                                            | <u>\$ 231,001,306</u>                      | <u>\$ 227,868,413</u> |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**  
**JANAUARY 1, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payments  
Other Participants

\$ 228,075,372  
87,631,660

TOTAL VESTED BENEFITS

315,707,032

NONVESTED BENEFITS

5,035,221

TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS

\$ 320,742,253

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**JANUARY 1, 2023 TO JANUARY 1, 2024**

|                                                                                  |                   |                       |
|----------------------------------------------------------------------------------|-------------------|-----------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT BEGINNING OF THE YEAR |                   | \$ 323,318,406        |
| INCREASE (DECREASE) DURING THE YEAR<br>ATTRIBUTABLE TO:                          |                   |                       |
| Benefits Accumulated and Net Actuarial Loss                                      | \$ 2,269,712      |                       |
| Benefits Paid                                                                    | (28,286,449)      |                       |
| Increase for Interest Due to Decrease in Discount Period                         | <u>23,440,584</u> |                       |
| NET (DECREASE)                                                                   |                   | <u>(2,576,153)</u>    |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT END OF THE YEAR       |                   | <u>\$ 320,742,253</u> |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The I.A.T.S.E. Local No. 33 Pension Trust Fund (the "Plan") is a defined benefit pension plan covering substantially all participating members under the collective bargaining agreement of I.A.T.S.E. Local Union 33. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974. Plan disbursements are under the joint control of union and management trustees. THE PLAN INCLUDES DETAILED PROVISIONS FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

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

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**C. Employer Contributions**

Contributions received in the Plan's year end for December and prior months' employee gross wages earned have been accrued. No allowance is provided for estimated uncollectible accounts. Employer contributions are based on employees' gross wages, such gross wages being included in the computation of the participation's benefit.

**D. Payroll Compliance Program**

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

**E. Investments**

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. Investments (Continued)**

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2024:

|                                                      | 2024                 |                     |             | Total                 |
|------------------------------------------------------|----------------------|---------------------|-------------|-----------------------|
|                                                      | Level 1              | Level 2             | Level 3     |                       |
| Short Term Investment Fund                           | \$ -                 | \$ 1,431,543        | \$ -        | \$ 1,431,543          |
| Common Stocks                                        | 4,920,009            | -                   | -           | 4,920,009             |
| Mutual Funds                                         | 41,428,231           | -                   | -           | 41,428,231            |
| Total Assets in Fair Value Hierarchy                 | <u>\$ 46,348,240</u> | <u>\$ 1,431,543</u> | <u>\$ -</u> | 47,779,783            |
| Investments Measured at Net Asset Value <sup>A</sup> |                      |                     |             | <u>178,583,075</u>    |
|                                                      |                      |                     |             | <u>\$ 226,362,858</u> |

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on recurring basis as of December 31, 2023:

|                                                      | 2023                 |                     |             | Total                 |
|------------------------------------------------------|----------------------|---------------------|-------------|-----------------------|
|                                                      | Level 1              | Level 2             | Level 3     |                       |
| Short Term Investment Fund                           | \$ -                 | \$ 1,226,952        | \$ -        | \$ 1,226,952          |
| Common Stocks                                        | 4,977,839            | -                   | -           | 4,977,839             |
| Mutual Funds                                         | 25,553,476           | -                   | -           | 25,553,476            |
| Total Assets in Fair Value Hierarchy                 | <u>\$ 30,531,315</u> | <u>\$ 1,226,952</u> | <u>\$ -</u> | 31,758,267            |
| Investments Measured at Net Asset Value <sup>A</sup> |                      |                     |             | <u>192,226,084</u>    |
|                                                      |                      |                     |             | <u>\$ 223,984,351</u> |

<sup>A</sup> In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments are common stocks and mutual funds valued at their quoted prices in an active market. Level 2 investment consists of a short term investment fund recorded at amortized cost, which approximates fair value.

The investment strategies, unfunded commitments and significant terms of redemption for the investments valued at net asset value are as follows:

|                                                         | Fair Value           | Unfunded Commitments | Redemption Frequency | Redemption Notice |
|---------------------------------------------------------|----------------------|----------------------|----------------------|-------------------|
| Aberdeen Energy & Resources Partners V, LP <sup>1</sup> | \$ 5,387,560         | \$ 675,000           | GP Discretion        | GP Discretion     |
| AEW Partners Real Estate Fund IX, LP <sup>2</sup>       | 5,462,433            | 987,654              | None                 | None              |
| AEW Partners Real Estate Fund X, LP <sup>3</sup>        | <u>244,199</u>       | 3,664,113            | None                 | None              |
| Forward                                                 | <u>\$ 11,094,192</u> |                      |                      |                   |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. Investments (Continued)**

|                                                                      | Fair<br>Value         | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice |
|----------------------------------------------------------------------|-----------------------|-------------------------|-------------------------|----------------------|
| Forwarded                                                            | \$ 11,094,192         |                         |                         |                      |
| Artisan Global Opportunities Trust                                   | 12,446,809            | None                    | Daily                   | Daily                |
| Dover Street VIII Cayman Fund, LP <sup>4</sup>                       | 254,130               | \$ 400,000              | GP Discretion           | GP Discretion        |
| Equus Investment Partnership X, LP <sup>5</sup>                      | 1,018,283             | 184,531                 | None                    | None                 |
| GQG Partners Global Equity CIT Class B                               | 12,141,793            | None                    | Daily                   | Daily                |
| Harbourvest 2023 Global Feeder Fund, LP <sup>6</sup>                 | 2,630,733             | 5,800,000               | N/A                     | N/A                  |
| Harbourvest Partners XII, LP <sup>7</sup>                            | 4,904,145             | 5,906,500               | N/A                     | N/A                  |
| IFM Global Infrastructure (US), LP <sup>8</sup>                      | 7,923,590             | None                    | Quarterly               | 90 Days              |
| Ironsides Direct Investment Fund V, LP <sup>9</sup>                  | 7,366,916             | 283,841                 | GP Discretion           | 30 Days              |
| Ironsides Partnership Fund V <sup>10</sup>                           | 6,337,562             | 1,079,090               | GP Discretion           | 30 Days              |
| Lexington Capital Partners VII Fund <sup>11</sup>                    | 210,235               | 767,301                 | None                    | None                 |
| Loomis Sayles Core Fixed Income Trust Fund <sup>12</sup>             | 14,761,971            | None                    | Daily                   | 3-5 Days             |
| Morgan Stanley Prime Property Fund <sup>13</sup>                     | 7,243,882             | None                    | Quarterly               | 90 Days              |
| NTGI-QM Collective Daily Aggregate Bond<br>Index Fund Non-Lending    | 13,947,403            | None                    | Daily                   | Daily                |
| NTGI-QM Collective Daily All Country World<br>Index Fund Non-Lending | 52,706,918            | None                    | Daily                   | Daily                |
| NTGI-QM Collective Daily TIPS Index Fund<br>Non-Lending              | 10,119,262            | None                    | Daily                   | Daily                |
| Paul Capital Partners IX, LP <sup>14</sup>                           | 136,072               | 2,500,767               | GP Discretion           | GP Discretion        |
| Portfolio Advisors Private Equity<br>VIII Offshore, LP <sup>15</sup> | 6,803,660             | 1,250,879               | None                    | None                 |
| Payden & Rygel CIT Emerging Markets Bond Fund                        | 4,773,876             | None                    | Daily                   | 30 Days              |
| SSGA S&P Global Large Midcap Natural<br>Resources Index Fund         | 1,761,643             | None                    | Daily                   | 3 Days               |
|                                                                      | <u>\$ 178,583,075</u> |                         |                         |                      |

The investment strategies for investments valued at net asset value that are not direct filing entities are as follows:

- <sup>1</sup> The fund's investment strategy is to invest in a diversified group of select energy and natural resources limited partnership investments.
- <sup>2</sup> The fund's investment strategy is to acquire, improve, develop, reposition, lease, maintain, manage and otherwise deal with real estate investments.
- <sup>3</sup> The fund's investment strategy is to acquire, improve, develop, reposition, lease, maintain, manage and otherwise deal with real estate investments.
- <sup>4</sup> The fund's investment strategy is to hold the investment in Dover Street VIII L.P. and Subsidiary (the "Partnership") which, in turn, makes investments with primary emphasis on equity-oriented investments in venture capital, management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, and recapitalization transactions.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. Investments (Continued)**

- <sup>5</sup> The fund's investment strategy is to acquire, hold, operate, and dispose of operational real estate through equity interests.
- <sup>6</sup> The fund's investment strategy is to commit to investing as a limited partner in Harbourvest 2023 Global Investment L.P. (the "Aggregating Partnership"). The Aggregating Partnership shall make investments in limited partnerships or other pooled investment vehicles which in turn, make private equity investments and to invest directly in private equity transactions.
- <sup>7</sup> The fund's investment strategy is to invest as a limited partner in various Harbourvest Feeder Funds.
- <sup>8</sup> The fund's investment strategy is to invest in core infrastructure assets in North America and Europe.
- <sup>9</sup> The fund's investment strategy is to invest in private equity partnerships in companies with principal operations in North America.
- <sup>10</sup> The fund's investment strategy is to invest in private equity funds and engage in leveraged buyouts of middle market companies located in or having a principal place of business in North America.
- <sup>11</sup> The fund's investment strategy is to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine and venture capital funds primarily through secondary market transactions.
- <sup>12</sup> The fund's investment strategy is to outperform the Bloomberg Capital U.S. Aggregate Index.
- <sup>13</sup> The fund's investment strategy is to acquire, own, hold for investment and ultimately dispose of investments in real estate and real estate related assets with the intention of achieving current income, capital appreciation or both.
- <sup>14</sup> The fund's investment strategy is to provide liquidity solutions to institutional investors through the acquisition of interests in private equity funds as well as interests in private companies.
- <sup>15</sup> The fund's investment strategy is to achieve long-term returns through investment or private equity partnerships in the buyout, venture capital, special situations, co-investment and secondaries private equity industry sectors.

Unrealized appreciation or depreciation in the fair value of investments is reported as net unrealized appreciation of investments. The Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the market value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the residual unrealized appreciation of investments results in differences in reporting on the financial statements and Form 5500.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**F. Tax-Exempt Status**

The Plan obtained its latest determination letter from the Internal Revenue Service on October 15, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

**G. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments 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 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 the employees' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death and disability - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by actuaries at Milliman and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used at January 1, 2024 (2023, if changed) are:

**1. Mortality Rates**

- Healthy Lives: Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020
- Post-Disability: Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020
- Current Liability: Pri-2012 with prescribed projection (RP-2014 with prescribed projection)

**2. Percent Married**

75% of non-retirees are assumed to be married.

**3. Interest Rate**

7.25% per annum.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**G. Actuarial Present Value of Accumulated Plan Benefits (Continued)**

**4. Administrative Expenses**

\$800,000 (\$750,000) per year.

**5. Actuarial Cost Method**

Accrued Benefit (Unit Credit) Actuarial Cost Method. In the Unit Credit cost method, the normal cost is computed as the present value of the benefits expected to be accrued during the Plan year, and the actuarial accrued liability as the present value of accumulated plan benefits to date.

**6. Other Assumptions**

Other assumptions and methods for turnover, disability incidence and surviving spouse benefits.

The latest actuarial review of the Plan was prepared by Milliman as of January 1, 2024. As of that date, the Plan had an unfunded actuarial accrued liability of \$83,785,420.

The liability for unfunded vested benefits as of January 1, 2024 (the date of the last actuarial review) was \$78,750,199 for withdrawal liability purposes.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**H. Reclassification**

Certain 2023 balances have been reclassified to conform to the 2024 financial statement presentation.

**NOTE 3 - FUNDING POLICY**

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreements or participation agreements. Employer contributions are based on employees' gross wages, such gross wages being included in the computation of the participation's benefit. Employer contributions are normally collected on a monthly basis throughout the year. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4 - PLAN TERMINATION**

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan. If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due and to reduce accrued benefits only to the extent that those benefits are not eligible for the guaranty of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

The Summary Plan Description contains detailed information regarding benefit priorities in the event of Plan termination.

**NOTE 5 - RISKS AND UNCERTAINTIES**

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

The actuarial present value of accumulated plan benefits is 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.

**NOTE 6 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
FORM 5500  
SCHEDULE H, PART IV, LINE 4  
E.I.N. 95-6377503; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED  
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental  
Schedules Required by the Department of Labor

Board of Trustees  
I.A.T.S.E. Local No. 33 Pension  
Trust Fund  
1200 Wilshire Boulevard, 5th Floor  
Los Angeles, California 90017

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) 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 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.

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

October 13, 2025

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**DECEMBER 31, 2024**

| <u>No. of<br/>Shares</u> | <u>Common Stocks</u>                   | <u>Fair<br/>Value</u> | <u>Cost</u>          |
|--------------------------|----------------------------------------|-----------------------|----------------------|
| 2,255                    | AGREE RLTY CORP                        | \$ 158,865            | \$ 152,880           |
| 975                      | ALEXANDRIA REAL ESTATE EQUITIES INC    | 95,111                | 105,503              |
| 905                      | AMERICAN HEALTHCARE REIT INC COME      | 25,720                | 21,313               |
| 1,687                    | CAMDEN PRPERTY TR SH BEN INT           | 195,759               | 205,845              |
| 3,165                    | COUSINS PROPERTIES INC                 | 96,976                | 98,768               |
| 1,846                    | CTO REALTY GROWTH INC                  | 36,385                | 33,322               |
| 1,754                    | CUBESMART                              | 75,159                | 90,032               |
| 1,590                    | DIGITAL REALTY TR INC                  | 281,955               | 237,093              |
| 760                      | EASTGROUP PROPERTIES INC               | 121,972               | 136,261              |
| 5,907                    | EMPIRE ST REALTY TR INC                | 60,960                | 65,702               |
| 2,542                    | EQUITY LIFESTYLE PROPERTIES INC        | 169,297               | 169,819              |
| 4,243                    | EQUITY RESIDENTIAL EFF                 | 304,478               | 308,495              |
| 437                      | EQUINIX INC                            | 412,043               | 350,201              |
| 4,414                    | ESSENTIAL PROPERTIES REALTY TR         | 138,070               | 142,383              |
| 174                      | ESSEX PROPERTY TR                      | 49,667                | 49,710               |
| 1,168                    | EXTRA SPACE STORAGE INC                | 174,733               | 164,642              |
| 4,020                    | FOUR CORNERS PROPERTY TR INC           | 109,103               | 116,420              |
| 2,570                    | FRONTVIEW REIT INC                     | 46,594                | 48,830               |
| 1,895                    | HEALTHPEAK OP LLC                      | 38,412                | 38,560               |
| 5,740                    | HOST HOTELS & RESORTS INC              | 100,565               | 106,641              |
| 4,241                    | INVITATION HOMES INC                   | 135,585               | 136,146              |
| 610                      | IRON MTN INC                           | 64,117                | 57,047               |
| 2,674                    | KIMCO REALTY CORPORATION               | 62,652                | 53,912               |
| 2,829                    | KITE REALTY GROUP TR                   | 71,404                | 60,507               |
| 1,528                    | LTC PROPERTIES INC                     | 52,793                | 55,688               |
| 6,275                    | MEDICAL PROPERTIES TR INC REIT         | 24,786                | 30,775               |
| 2,863                    | OUTFRONT MEDIA INCE                    | 50,785                | 53,651               |
| 3,466                    | PROLOGIS INC                           | 366,356               | 390,656              |
| 434                      | PUB STORAGE                            | 129,957               | 130,427              |
| 1,766                    | REALTY INCOME CORP                     | 94,322                | 113,615              |
| 2,007                    | REGENCY CTRS CORP                      | 148,377               | 150,510              |
| 5,850                    | RLJ LODGING TR L P                     | 59,728                | 60,135               |
| 1,222                    | SIMON PROPERTY GROUP INC               | 210,441               | 171,749              |
| 3,795                    | STAG INDL INC                          | 128,347               | 143,854              |
| 2,740                    | URBAN EDGE PROPERTIES COM              | 58,910                | 49,427               |
| 3,262                    | VENTAS INC REIT                        | 192,099               | 165,627              |
| 2,220                    | VORNADO REALTY TR COM                  | 93,329                | 97,517               |
| 2,255                    | WELLTOWER INC REIT                     | 284,197               | 193,718              |
|                          | <u>TOTALS - COMMON STOCKS</u>          | <u>\$ 4,920,009</u>   | <u>\$ 4,757,381</u>  |
| <u>Face<br/>Value</u>    | <u>Short Term Investment Fund</u>      |                       |                      |
| \$ 1,431,543             | COLLECTIVE SHORT TERM INVESTMENT FUND* | \$ 1,431,543          | \$ 1,431,543         |
| <u>No. of<br/>Shares</u> | <u>Mutual Funds</u>                    |                       |                      |
| 1,573,136                | ALPS SER TRUST BRIGADE INC FUND        | \$ 15,904,408         | \$ 16,279,627        |
| 581,977                  | ARTISAN GLOBAL VALUE FUND              | 12,820,959            | 10,809,112           |
| 188,386                  | FIRST EAGLE GLOBAL FUND                | 12,702,864            | 11,236,417           |
|                          | <u>TOTALS - MUTUAL FUNDS</u>           | <u>\$ 41,428,231</u>  | <u>\$ 38,325,156</u> |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**DECEMBER 31, 2024**

| No. of<br>Shares | <u>Common/Collective Trusts</u>                                    | Fair<br>Value         | Cost                  |
|------------------|--------------------------------------------------------------------|-----------------------|-----------------------|
| 298,700          | ARTISAN GLOBAL OPPORTUNITIES TRUST FUND                            | \$ 12,446,809         | \$ 7,118,010          |
| 522,902          | GQG PARTNERS GLOBAL EQUITY CIT CLASS B                             | 12,141,793            | 5,422,497             |
| 92,853           | NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*    | 13,947,403            | 13,426,348            |
| 205,442          | NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING* | 52,706,918            | 30,529,240            |
| 60,802           | NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*              | 10,119,262            | 6,794,100             |
| 310,087          | PAYDEN & RYGEL CIT EMERGING MARKETS BOND FUND                      | 4,773,876             | 4,666,309             |
| 108,010          | SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND         | 1,761,643             | 1,330,416             |
|                  | <u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>                           | <u>\$ 107,897,704</u> | <u>\$ 69,286,920</u>  |
|                  | <u>Limited Liability Company</u>                                   |                       |                       |
| 375              | MORGAN STANLEY PRIME PROPERTY FUND                                 | \$ 7,243,882          | \$ 7,428,076          |
|                  | <u>Partnerships</u>                                                |                       |                       |
|                  | ABERDEEN ENERGY & RESOURCES PARTNERS V, LP                         | \$ 5,387,560          | \$ 3,932,089          |
|                  | AEW PARTNERS REAL ESTATE FUND IX, LP                               | 5,462,433             | 4,841,779             |
|                  | AEW PARTNERS REAL ESTATE FUND X, LP                                | 244,199               | 335,887               |
|                  | DOVER STREET VIII CAYMAN FUND, LP                                  | 254,130               | 615,417               |
|                  | EQUUS INVESTMENT PARTNERSHIP X, LP                                 | 1,018,283             | 263,586               |
|                  | HARBOURVEST 2023 GLOBAL FEEDER FUND, LP                            | 2,630,733             | 2,200,000             |
|                  | HARBOURVEST PARTNERS XII, LP                                       | 4,904,145             | 4,051,245             |
|                  | IFM GLOBAL INFRASTRUCTURE (US), LP                                 | 7,923,590             | 3,253,789             |
|                  | IRONSIDES DIRECT INVESTMENT FUND V, LP                             | 7,366,916             | 4,533,651             |
|                  | IRONSIDES PARTNERSHIP FUND V, LP                                   | 6,337,562             | 3,920,910             |
|                  | LEXINGTON CAPITAL PARTNERS VII OFFSHORE FUND                       | 210,235               | 1,403,596             |
|                  | LOOMIS SAYLES CORE FIXED INCOME TRUST FUND                         | 14,761,971            | 12,665,698            |
|                  | PAUL CAPITAL PARTNERS IX, LP                                       | 136,072               | 3,434,766             |
|                  | PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP           | 6,803,660             | 3,774,400             |
|                  | <u>TOTALS - PARTNERSHIPS</u>                                       | <u>\$ 63,441,489</u>  | <u>\$ 49,226,813</u>  |
|                  | <u>TOTALS</u>                                                      | <u>\$ 226,362,858</u> | <u>\$ 170,455,889</u> |

\* Party in interest

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

| <u>Identity of<br/>Party Involved</u> | <u>Description<br/>of Asset</u>                                            | <u>Interest<br/>Rate (%)</u> | <u>Maturity<br/>Date</u> | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost of<br/>Asset</u> | <u>Net Gain<br/>or (Loss)</u> |
|---------------------------------------|----------------------------------------------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-------------------------------|
| Northern Trust:                       | Collective Short Term<br>Investment Fund                                   | Var.                         | N/A                      | \$ 50,792,316             | \$ -                     | \$ 50,792,316            | \$ -                          |
|                                       |                                                                            |                              |                          | -                         | 50,587,725               | 50,587,725               | -                             |
|                                       | NTGI-QM Collective<br>Daily All Country<br>World Index Fund<br>Non-Lending | Var.                         | N/A                      | 2,894,350                 | -                        | 2,894,350                | -                             |
|                                       |                                                                            |                              |                          | -                         | 9,648,910                | 5,790,729                | 3,858,181                     |
| Brigade Capital<br>Management         | Alps Ser Trust Brigade<br>Inc Fund                                         | Var.                         | N/A                      | 16,279,627                | -                        | 16,279,627               | -                             |

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503  
Plan Number: 001

Form 5500 for 2024 Plan Year

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

| Sch MB, line 8(b)2 – Schedule of Active Participant Data |         |                 |           |        |        |        |       |          |           |           |          |        |     |         |           |           |
|----------------------------------------------------------|---------|-----------------|-----------|--------|--------|--------|-------|----------|-----------|-----------|----------|--------|-----|---------|-----------|-----------|
| YEARS OF CREDITED SERVICE                                |         |                 |           |        |        |        |       |          |           |           |          |        |     |         |           |           |
| Attained Age                                             | Under 1 |                 |           | 1 to 4 |        | 5 to 9 |       | 10 to 14 |           |           | 15 to 19 |        |     | Average |           |           |
|                                                          | No.     | Average Accrued |           | No.    | Comp.  | No.    | Comp. | No.      | Average   |           | No.      | Comp.  | No. | Comp.   | Average   |           |
|                                                          |         | Comp.           | Mon. Ben. |        |        |        |       |          | Mon. Ben. | Mon. Ben. |          |        |     |         | Mon. Ben. | Mon. Ben. |
| Under 25                                                 | 0       |                 |           | 9      |        |        |       | 3        |           |           | 0        |        |     |         |           |           |
| 25 - 29                                                  | 0       |                 |           | 17     |        |        |       | 31       | 90,411    | 204.23    | 6        |        |     |         |           |           |
| 30 - 34                                                  | 0       |                 |           | 146    | 51,928 | 42.17  | 72    | 88,591   | 187.11    | 23        | 89,290   | 524.41 | 6   |         |           |           |
| 35 - 39                                                  | 0       |                 |           | 27     | 48,753 | 61.52  | 56    | 91,160   | 244.65    | 26        | 103,824  | 590.23 | 15  |         |           |           |
| 40 - 44                                                  | 0       |                 |           | 8      |        |        | 21    | 84,157   | 218.97    | 24        | 99,286   | 703.89 | 20  | 104,205 | 1,092.43  |           |
| 45 - 49                                                  | 0       |                 |           | 9      |        |        | 20    | 68,263   | 236.10    | 21        | 89,606   | 558.36 | 30  | 97,380  | 1,085.26  |           |
| 50 - 54                                                  | 0       |                 |           | 7      |        |        | 18    |          |           | 19        |          |        | 20  | 85,356  | 957.98    |           |
| 55 - 59                                                  | 0       |                 |           | 3      |        |        | 12    |          |           | 10        |          |        | 22  | 82,443  | 1,004.86  |           |
| 60 - 64                                                  | 0       |                 |           | 8      |        |        | 2     |          |           | 8         |          |        | 10  |         |           |           |
| 65 - 69                                                  | 0       |                 |           | 0      |        |        | 8     |          |           | 1         |          |        | 2   |         |           |           |
| 70 & Up                                                  | 0       |                 |           | 1      |        |        | 0     |          |           | 0         |          |        | 0   |         |           |           |



**IATSE Local No. 33 Pension Trust Fund**

**EIN: 95-6377503  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

|                                               | January 1, 2024                                                                                                                                       | January 1, 2023                                                                                                                                       |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Cost Method</b>                  | Accrued Benefit (Unit Credit)                                                                                                                         | Accrued Benefit (Unit Credit)                                                                                                                         |
| <b>Interest Rate</b>                          | 7.25%                                                                                                                                                 | 7.25%                                                                                                                                                 |
| <b>RPA '94 Current Liability</b>              | 3.29%                                                                                                                                                 | 2.55%                                                                                                                                                 |
| <b>Salary Increases</b>                       | 3.0% per year                                                                                                                                         | 5.0% in 2024 then 3.0% per year to retirement                                                                                                         |
| <b>Total Payroll Growth (for projections)</b> | 3.0% per year                                                                                                                                         | 5.0% in 2024 then 3.0% per year to retirement                                                                                                         |
| <b>Mortality</b>                              |                                                                                                                                                       |                                                                                                                                                       |
| Healthy Lives                                 | Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020                                  | Pri-2012 Mortality with Blue Collar Adjustment, Set Forward 1 Year, with Generational Projection Using Scale MP-2020                                  |
| Post-disability mortality                     | Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020                                           | Pri-2012 Disabled Annuitant Mortality, Set Forward 1 Year, with Generational Projection using Scale MP-2020                                           |
| Current Liability                             | Pri-2014 with prescribed projection                                                                                                                   | RP-2014 with prescribed projection                                                                                                                    |
| <b>Disability</b>                             |                                                                                                                                                       |                                                                                                                                                       |
| Incidence                                     | See next page for rates                                                                                                                               | See next page for rates                                                                                                                               |
| <b>Withdrawal Rates</b>                       | See next page for rates                                                                                                                               | See next page for rates                                                                                                                               |
| <b>Retirement Rates</b>                       | See next page for rates                                                                                                                               | See next page for rates                                                                                                                               |
| <b>Marital Status</b>                         | <ul style="list-style-type: none"> <li>➤ Retiree data included spouse information</li> <li>➤ 75% of non-retirees are assumed to be married</li> </ul> | <ul style="list-style-type: none"> <li>➤ Retiree data included spouse information</li> <li>➤ 75% of non-retirees are assumed to be married</li> </ul> |
| <b>Employer Contributions</b>                 | \$11,958,000 in 2024 and \$12,933,000 in 2025                                                                                                         | \$12,772,000 per year                                                                                                                                 |
| <b>Administrative Expenses</b>                | \$800,000 per year                                                                                                                                    | \$750,000 per year                                                                                                                                    |
| <b>Asset Valuation Method</b>                 | 5-Year Amortization of Gains/losses with phase-in                                                                                                     | 5-Year Amortization of Gains/losses with phase-in                                                                                                     |
| <b>Unknown Date of Birth</b>                  | If no birth date is provided, the participant is assumed to be age 30 at date of entry.                                                               | If no birth date is provided, the participant is assumed to be age 30 at date of entry.                                                               |

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503  
Plan Number: 001

Form 5500 for 2024 Plan Year

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

**Probabilities of Separation from Active Service – Sample Rates**

| MALE |       |            | FEMALE |       |            |
|------|-------|------------|--------|-------|------------|
| Age  | Death | Disability | Age    | Death | Disability |
| 20   | 0.07% | 0.06%      | 20     | 0.02% | 0.06%      |
| 25   | 0.08  | 0.09       | 25     | 0.03  | 0.09       |
| 30   | 0.09  | 0.11       | 30     | 0.04  | 0.11       |
| 35   | 0.11  | 0.15       | 35     | 0.06  | 0.15       |
| 40   | 0.13  | 0.22       | 40     | 0.08  | 0.22       |
| 45   | 0.14  | 0.54       | 45     | 0.10  | 0.54       |
| 50   | 0.19  | 0.92       | 50     | 0.13  | 0.92       |
| 55   | 0.30  | 1.52       | 55     | 0.21  | 1.52       |
| 60   | 0.50  | 2.45       | 60     | 0.33  | 2.45       |

| Years of Service | Withdrawal | Years of Service | Withdrawal |
|------------------|------------|------------------|------------|
| 0                | 10.0%      | 9                | 4.0%       |
| 1                | 10.0%      | 10               | 3.0%       |
| 2                | 9.0%       | 11               | 3.0%       |
| 3                | 8.0%       | 12               | 3.0%       |
| 4                | 7.0%       | 13               | 3.0%       |
| 5                | 6.0%       | 14               | 3.0%       |
| 6                | 5.0%       | 15 &             | 2.0%       |
| 7                | 4.0%       | Over             |            |
| 8                | 4.0%       |                  |            |

**Retirement Rates**

| Age   | Ret. Rate,<br>Less Than 30<br>Yrs of Service | Ret. Rate,<br>30 or More<br>Yrs of Service |
|-------|----------------------------------------------|--------------------------------------------|
| 55-60 | 5%                                           | 5%                                         |
| 61    | 5%                                           | 10%                                        |
| 62    | 5%                                           | 10%                                        |
| 63    | 5%                                           | 10%                                        |
| 64    | 5%                                           | 25%                                        |
| 65-68 | 40%                                          | 40%                                        |
| 69    | 50%                                          | 50%                                        |
| 70    | 100%                                         | 100%                                       |

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here . . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)


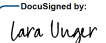
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . .

**Part II Basic Plan Information - enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1a</b> Name of plan</p> <p>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</p>                                                                                                                                                                                                                                                                                                                            | <p><b>1b</b> Three-digit plan number (PN) ▶ 001</p>                                                                                                                                                                                                        |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES,<br/>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND</p> <p>1200 WILSHIRE BLVD 5TH FL<br/>LOS ANGELES, CA 90017</p> | <p><b>1c</b> Effective date of plan<br/>07/01/1965</p> <p><b>2b</b> Employer Identification Number (EIN)<br/>95-6377503</p> <p><b>2c</b> Plan Sponsor's telephone number<br/>213-406-2330</p> <p><b>2d</b> Business code (see instructions)<br/>713900</p> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                                                                                                                                                                    |            |                                                              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <p>Signed by:<br/><br/><small>1C3867828CB2485</small></p> <p><b>Signature of plan administrator</b></p>         | 10/13/2025 | Jennifer Loew                                                |
|                  |                                                                                                                                                                                                    | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | <p>DocuSigned by:<br/><br/><small>81C08E06610C4718</small></p> <p><b>Signature of employer/plan sponsor</b></p> | 10/13/2025 | Lara Unger                                                   |
|                  |                                                                                                                                                                                                    | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <p><b>Signature of DFE</b></p>                                                                                                                                                                     | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 240311

|                                                                                                          |                                                            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br>95-6377503                |
|                                                                                                          | <b>3c</b> Administrator's telephone number<br>213-406-2330 |

|                                                                                                                                                                                                                                                                                            |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                    | <b>5</b> 2126                     |
| <b>6</b> 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).                                                                                                                                   |                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .                                                                                                                                                                                                | <b>6a(1)</b> 1094                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year . . . . .                                                                                                                                                                                                      | <b>6a(2)</b> 1011                 |
| <b>b</b> Retired or separated participants receiving benefits . . . . .                                                                                                                                                                                                                    | <b>6b</b> 656                     |
| <b>c</b> Other retired or separated participants entitled to future benefits. . . . .                                                                                                                                                                                                      | <b>6c</b> 419                     |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . .                                                                                                                                                                                                                                    | <b>6d</b> 2086                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .                                                                                                                                                                              | <b>6e</b> 184                     |
| <b>f</b> Total. Add lines 6d and 6e. . . . .                                                                                                                                                                                                                                               | <b>6f</b> 2270                    |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                               | <b>6g(1)</b> 0                    |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                                     | <b>6g(2)</b> 0                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .                                                                                                                                             | <b>6h</b> 0                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .                                                                                                                                                   | <b>7</b> 84                       |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**JANUARY 1, 2024 TO DECEMBER 31, 2024**

| <u>Identity of<br/>Party Involved</u> | <u>Description<br/>of Asset</u>                                            | <u>Interest<br/>Rate (%)</u> | <u>Maturity<br/>Date</u> | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost of<br/>Asset</u>    | <u>Net Gain<br/>or (Loss)</u> |
|---------------------------------------|----------------------------------------------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|-------------------------------|
| Northern Trust:                       | Collective Short Term<br>Investment Fund                                   | Var.                         | N/A                      | \$ 50,792,316             | \$ -<br>50,587,725       | \$ 50,792,316<br>50,587,725 | \$ -<br>-                     |
|                                       | NTGI-QM Collective<br>Daily All Country<br>World Index Fund<br>Non-Lending | Var.                         | N/A                      | 2,894,350<br>-            | -<br>9,648,910           | 2,894,350<br>5,790,729      | -<br>3,858,181                |
| Brigade Capital<br>Management         | Alps Ser Trust Brigade<br>Inc Fund                                         | Var.                         | N/A                      | 16,279,627                | -                        | 16,279,627                  | -                             |

**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 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.

|                                                                                                                                           |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND                                                                       | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BOARD OF TRUSTEES, I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND | <b>D</b> Employer Identification Number (EIN)<br>95-6377503 |

**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) 227868413  
 (2) Actuarial value of assets for funding standard account ..... 1b(2) 236956833

**c** (1) Accrued liability for plan using immediate gain methods ..... 1c(1) 320742253

(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) 320742253

**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) 513871446


(b) Expected increase in current liability due to benefits accruing during the plan year ..... 1d(2)(b) 3838921

(c) Expected release from "RPA '94" current liability for the plan year ..... 1d(2)(c) 28530586

(3) Expected plan disbursements for the plan year ..... 1d(3) 28418135

**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.

|                                                                                           |                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                                      | <br>Signature of actuary | 10/3/2025<br>Date                                      |
| JOHN R. BOTSFORD, F.S.A.<br>Type or print name of actuary                                 |                                                                                                             | 23-06305<br>Most recent enrollment number              |
| MILLIMAN, INC.<br>Firm name<br>500 YGNACIO VALLEY ROAD, SUITE 498, WALNUT CREEK, CA 94596 |                                                                                                             | 415-403-1333<br>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

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

Schedule MB (Form 5500) 2024  
v. 240311

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 227868413                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 852                               | 331179767                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 380                               | 48151059                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 6194337                      |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 128346283                    |
| <b>(c)</b> Total active .....                                                                                                       | 1048                              | 134540620                    |
| <b>(4)</b> Total .....                                                                                                              | 2280                              | 513871446                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 44.34%                       |

**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 |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
|                       | 11642333                       | 0                            |                       |                                |                              |
|                       |                                |                              |                       |                                |                              |
|                       |                                |                              |                       |                                |                              |
|                       |                                |                              |                       |                                |                              |
|                       |                                |                              |                       |                                |                              |
|                       |                                |                              | <b>Totals ▶</b>       | <b>3(b)</b>                    | 11642333                     |
|                       |                                |                              |                       |                                | <b>3(c)</b>                  |
|                       |                                |                              |                       |                                | 0                            |
|                       |                                |                              |                       |                                | <b>3(d)</b>                  |
|                       |                                |                              |                       |                                | 0                            |

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

**4** Information on plan status:

|                                                                                                                                                                         |           |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                         | <b>4a</b> | 73.9%                                                    |
| <b>b</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 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> 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 |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                    | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. .... <input type="checkbox"/>                      |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                  |           |                                                          |

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

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

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> 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            |
| <b>m</b> 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 ..... | <b>5m</b> |                                                                     |

**6 Checklist of certain actuarial assumptions:**

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                                   | <b>6a</b>                                                                                        | 3.29%                                                                                                                                           |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</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                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                        | <b>6c(1)</b>                                                                                     | 9P+1                                                                                                                                            |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | 9FP+1                                                                                                                                           |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.25 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | 3.00% <input type="checkbox"/> N/A                                                                                                              |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 7.25%                                                                                                                                           |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 5.5%                                                                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 12.5%                                                                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 772487                                                                                                                                          |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7 New amortization bases established in the current plan year:**

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5660884             | 588704                         |
|                  |                     |                                |
|                  |                     |                                |

**8 Miscellaneous information:**

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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 |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                 | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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            |  |
| <b>(4)</b> 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)) .....                                                                                                                                                                                                                  | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                          | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

|                                                                         |           |         |
|-------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 2370308 |

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

|              |  | Outstanding balance |          |
|--------------|--|---------------------|----------|
| <b>9c(1)</b> |  | 137120235           | 20244951 |
| <b>9c(2)</b> |  |                     | 0        |
| <b>9c(3)</b> |  |                     | 0        |
|              |  | <b>9d</b>           | 1639606  |
|              |  | <b>9e</b>           | 24254865 |

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

**e** Total charges. Add lines 9a through 9d.....

**Credits to funding standard account:**

**f** Prior year credit balance, if any.....

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

|           |          |
|-----------|----------|
| <b>9f</b> | 18729105 |
| <b>9g</b> | 11642333 |

**h** Amortization credits as of valuation date.....

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

**j** Full funding limitation (FFL) and credits:

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

|              |  | Outstanding balance |          |
|--------------|--|---------------------|----------|
| <b>9h</b>    |  | 34605710            | 12756775 |
|              |  | <b>9i</b>           | 2697377  |
| <b>9j(1)</b> |  | 122236314           |          |
| <b>9j(2)</b> |  | 230974296           |          |
|              |  | <b>9j(3)</b>        | 0        |

**k (1)** Waived funding deficiency .....

**(2)** Other credits .....

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

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

**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year .....
- (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 .....
  - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....
- (3) Total as of valuation date .....

|                 |          |
|-----------------|----------|
| <b>9k(1)</b>    | 0        |
| <b>9k(2)</b>    | 0        |
| <b>9l</b>       | 45825590 |
| <b>9m</b>       | 21570725 |
| <b>9n</b>       |          |
| <b>9o(1)</b>    | 0        |
| <b>9o(2)(a)</b> | 0        |
| <b>9o(2)(b)</b> | 0        |
| <b>9o(3)</b>    | 0        |
| <b>10</b>       | 0        |

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

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

Yes  No

**IATSE Local No. 33 Pension Trust Fund****EIN: 95-6377503  
Plan Number: 001****Form 5500 for 2024 Plan Year****Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments**

| <b>Plan Year</b> | <b>Active Participants</b> | <b>Terminated Vested Participants</b> | <b>Retired Participants and Beneficiaries Receiving Payments</b> | <b>Total</b> |
|------------------|----------------------------|---------------------------------------|------------------------------------------------------------------|--------------|
| 2024             | 554,709                    | 615,885                               | 27,243,485                                                       | 28,414,078   |
| 2025             | 1,449,367                  | 954,655                               | 26,386,460                                                       | 28,790,482   |
| 2026             | 2,235,988                  | 1,137,155                             | 25,494,897                                                       | 28,868,041   |
| 2027             | 3,008,414                  | 1,281,656                             | 24,588,966                                                       | 28,879,036   |
| 2028             | 3,700,680                  | 1,426,988                             | 23,693,891                                                       | 28,821,559   |
| 2029             | 4,306,673                  | 1,521,145                             | 22,770,255                                                       | 28,598,073   |
| 2030             | 4,873,093                  | 1,682,510                             | 21,818,728                                                       | 28,374,331   |
| 2031             | 5,375,003                  | 1,822,374                             | 20,840,151                                                       | 28,037,528   |
| 2032             | 5,811,852                  | 2,001,850                             | 19,835,738                                                       | 27,649,440   |
| 2033             | 6,166,904                  | 2,173,170                             | 18,807,383                                                       | 27,147,457   |
| 2034             | 6,477,477                  | 2,257,790                             | 17,757,873                                                       | 26,493,140   |
| 2035             | 6,764,024                  | 2,445,881                             | 16,690,897                                                       | 25,900,802   |
| 2036             | 7,010,554                  | 2,587,384                             | 15,611,085                                                       | 25,209,024   |
| 2037             | 7,192,812                  | 2,615,391                             | 14,523,976                                                       | 24,332,179   |
| 2038             | 7,318,056                  | 2,619,925                             | 13,435,885                                                       | 23,373,866   |
| 2039             | 7,452,044                  | 2,637,373                             | 12,353,628                                                       | 22,443,045   |
| 2040             | 7,547,127                  | 2,610,145                             | 11,284,430                                                       | 21,441,702   |
| 2041             | 7,624,664                  | 2,631,119                             | 10,235,958                                                       | 20,491,740   |
| 2042             | 7,614,616                  | 2,630,402                             | 9,216,148                                                        | 19,461,165   |
| 2043             | 7,632,380                  | 2,652,747                             | 8,232,963                                                        | 18,518,089   |
| 2044             | 7,589,503                  | 2,606,598                             | 7,294,046                                                        | 17,490,147   |
| 2045             | 7,536,145                  | 2,622,398                             | 6,406,493                                                        | 16,565,035   |
| 2046             | 7,436,685                  | 2,591,781                             | 5,576,516                                                        | 15,604,982   |
| 2047             | 7,281,886                  | 2,521,032                             | 4,809,153                                                        | 14,612,071   |
| 2048             | 7,105,174                  | 2,444,492                             | 4,108,107                                                        | 13,657,773   |
| 2049             | 6,884,315                  | 2,386,333                             | 3,475,641                                                        | 12,746,289   |
| 2050             | 6,639,877                  | 2,310,574                             | 2,912,297                                                        | 11,862,748   |
| 2051             | 6,401,034                  | 2,220,637                             | 2,416,856                                                        | 11,038,528   |
| 2052             | 6,136,486                  | 2,152,729                             | 1,986,602                                                        | 10,275,816   |
| 2053             | 5,872,229                  | 2,068,921                             | 1,617,592                                                        | 9,558,741    |
| 2054             | 5,581,657                  | 2,004,038                             | 1,304,984                                                        | 8,890,679    |
| 2055             | 5,292,795                  | 1,891,400                             | 1,043,338                                                        | 8,227,533    |
| 2056             | 4,985,926                  | 1,777,079                             | 826,879                                                          | 7,589,884    |
| 2057             | 4,689,669                  | 1,656,981                             | 649,789                                                          | 6,996,439    |
| 2058             | 4,440,271                  | 1,539,997                             | 506,458                                                          | 6,486,725    |
| 2059             | 4,141,601                  | 1,436,625                             | 391,633                                                          | 5,969,860    |
| 2060             | 3,850,718                  | 1,326,697                             | 300,535                                                          | 5,477,951    |

**IATSE Local No. 33 Pension Trust Fund**

**EIN: 95-6377503  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments (cont'd)**

|      |           |           |         |           |
|------|-----------|-----------|---------|-----------|
| 2061 | 3,578,886 | 1,226,611 | 228,901 | 5,034,398 |
| 2062 | 3,313,457 | 1,128,252 | 173,021 | 4,614,730 |
| 2063 | 3,053,799 | 1,034,426 | 129,758 | 4,217,982 |
| 2064 | 2,801,827 | 943,843   | 96,499  | 3,842,169 |
| 2065 | 2,563,318 | 858,975   | 71,115  | 3,493,408 |
| 2066 | 2,337,206 | 779,645   | 51,889  | 3,168,739 |
| 2067 | 2,123,776 | 705,687   | 37,442  | 2,866,905 |
| 2068 | 1,923,711 | 636,808   | 26,684  | 2,587,203 |
| 2069 | 1,736,113 | 572,747   | 18,755  | 2,327,615 |
| 2070 | 1,561,436 | 513,243   | 12,978  | 2,087,657 |
| 2071 | 1,398,771 | 458,065   | 8,829   | 1,865,665 |
| 2072 | 1,248,154 | 407,023   | 5,894   | 1,661,071 |
| 2073 | 1,109,222 | 359,919   | 3,857   | 1,472,998 |

**IATSE Local No. 33 Pension Trust Fund**

**EIN: 95-6377503  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and  
Withdrawal Liability Payments**

| <b>Plan Year</b> | <b>Employer<br/>Contributions</b> | <b>Withdrawal<br/>Liability<br/>Payments</b> | <b>Total</b> |
|------------------|-----------------------------------|----------------------------------------------|--------------|
| 2024             | \$12,447,000                      | \$ 0                                         | \$12,447,000 |
| 2025             | 12,821,000                        | 0                                            | 12,821,000   |
| 2026             | 13,205,000                        | 0                                            | 13,205,000   |
| 2027             | 13,602,000                        | 0                                            | 13,602,000   |
| 2028             | 14,010,000                        | 0                                            | 14,010,000   |
| 2029             | 14,430,000                        | 0                                            | 14,430,000   |
| 2030             | 14,863,000                        | 0                                            | 14,863,000   |
| 2031             | 15,309,000                        | 0                                            | 15,309,000   |
| 2032             | 15,768,000                        | 0                                            | 15,768,000   |
| 2033             | 16,241,000                        | 0                                            | 16,241,000   |

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503  
Plan Number: 001

Form 5500 for 2024 Plan Year

Schedule MB, line 6 – Summary of Plan Provisions

**Plan Effective Date:** January 1, 1965.

**Contributions:** Employers contribute 6% of gross covered earnings. Starting 11/1/2005, contribute rate increased to 10% of gross covered earnings. Upon adoption of Preferred Schedule of Rehabilitation Plan, contribution rate increases to 11.5% of gross covered earnings after 7/1/2011, and then to 12% on or before 1/1/2013.

**Service Credits** One pension credit for each year in which the participant works at least 870 hours of covered employment.

**Vesting:** 5 years of Pension Credits

**Normal Retirement:**

- a) Eligibility – Age 65 and 10 years of Pension Credits (5 Years if 1 hour of covered employment on or after January 1, 1999)
- b) Benefit Amount – The sum of (i), (ii), (iii), (iv), (v) and (vi), where:
  - (i) \$35.75 times full years of Past Service from 1/1/45 to 12/31/64
  - (ii) .2585% of total gross covered earnings between 1/1/65 and 12/31/07
  - (iii) .1810% of total gross covered earnings between 1/1/08 and 7/31/09
  - (iv) .0306% of total gross covered earnings between 8/1/09 and 12/31/11
  - (v) .1750% of total gross covered earnings between 1/1/12 and 12/31/12
  - (vi) .1183% of total gross covered earnings between 1/1/13 and 12/31/17
  - (vii) .0929% of total gross covered earnings between 1/1/18 and 12/31/19
  - (viii) .0481% of total gross covered earnings on or after 1/1/20
- c) Benefit Form – 3 years certain and life thereafter.

**Early Retirement:**

- a) Eligibility – Age 55 and has at least 20 years of Pension Credits.
- b) Benefit Amount – Actuarial equivalent of accrued normal benefit. However, for retirement on or after age 61 with at least 30 years of Pension Credits, reduction to accrued normal benefit for early retirement is 3% for each year less than age 65.
- c) Benefit Form – 3 years certain and life thereafter.

**Disability Retirement:**

- a) Eligibility – Age plus Years of Pension Credits equal to 80 or higher.
- b) Benefit Amount – Equal to accrued normal benefit to date of disablement.
- c) Benefit Form – 3 years certain and life thereafter.

**Pre-Retirement Survivor's Death Benefit:** A surviving spouse, married for a least one year, shall be entitled to a death benefit, upon the death of the participant, if he has at least 5 Years of Pension Credits. The monthly benefit is equal to 50% of the benefit the participant would have received had he or she terminated employment, if still employed, on the date of death and retired on the Qualified Joint and Survivor Annuity form on the date of earliest retirement age.

If not eligible for a spouse benefit, and if the participant has at least 10 Years of Pension Credits, the accrued normal pension will be paid to the designated beneficiary for 36 months starting at the time of death.

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**DECEMBER 31, 2024**

| <u>No. of<br/>Shares</u> | <u>Common Stocks</u>                   | <u>Fair<br/>Value</u> | <u>Cost</u>          |
|--------------------------|----------------------------------------|-----------------------|----------------------|
| 2,255                    | AGREE RLTY CORP                        | \$ 158,865            | \$ 152,880           |
| 975                      | ALEXANDRIA REAL ESTATE EQUITIES INC    | 95,111                | 105,503              |
| 905                      | AMERICAN HEALTHCARE REIT INC COME      | 25,720                | 21,313               |
| 1,687                    | CAMDEN PRPERTY TR SH BEN INT           | 195,759               | 205,845              |
| 3,165                    | COUSINS PROPERTIES INC                 | 96,976                | 98,768               |
| 1,846                    | CTO REALTY GROWTH INC                  | 36,385                | 33,322               |
| 1,754                    | CUBESMART                              | 75,159                | 90,032               |
| 1,590                    | DIGITAL REALTY TR INC                  | 281,955               | 237,093              |
| 760                      | EASTGROUP PROPERTIES INC               | 121,972               | 136,261              |
| 5,907                    | EMPIRE ST REALTY TR INC                | 60,960                | 65,702               |
| 2,542                    | EQUITY LIFESTYLE PROPERTIES INC        | 169,297               | 169,819              |
| 4,243                    | EQUITY RESIDENTIAL EFF                 | 304,478               | 308,495              |
| 437                      | EQUINIX INC                            | 412,043               | 350,201              |
| 4,414                    | ESSENTIAL PROPERTIES REALTY TR         | 138,070               | 142,383              |
| 174                      | ESSEX PROPERTY TR                      | 49,667                | 49,710               |
| 1,168                    | EXTRA SPACE STORAGE INC                | 174,733               | 164,642              |
| 4,020                    | FOUR CORNERS PROPERTY TR INC           | 109,103               | 116,420              |
| 2,570                    | FRONTVIEW REIT INC                     | 46,594                | 48,830               |
| 1,895                    | HEALTHPEAK OP LLC                      | 38,412                | 38,560               |
| 5,740                    | HOST HOTELS & RESORTS INC              | 100,565               | 106,641              |
| 4,241                    | INVITATION HOMES INC                   | 135,585               | 136,146              |
| 610                      | IRON MTN INC                           | 64,117                | 57,047               |
| 2,674                    | KIMCO REALTY CORPORATION               | 62,652                | 53,912               |
| 2,829                    | KITE REALTY GROUP TR                   | 71,404                | 60,507               |
| 1,528                    | LTC PROPERTIES INC                     | 52,793                | 55,688               |
| 6,275                    | MEDICAL PROPERTIES TR INC REIT         | 24,786                | 30,775               |
| 2,863                    | OUTFRONT MEDIA INCE                    | 50,785                | 53,651               |
| 3,466                    | PROLOGIS INC                           | 366,356               | 390,656              |
| 434                      | PUB STORAGE                            | 129,957               | 130,427              |
| 1,766                    | REALTY INCOME CORP                     | 94,322                | 113,615              |
| 2,007                    | REGENCY CTRS CORP                      | 148,377               | 150,510              |
| 5,850                    | RLJ LODGING TR L P                     | 59,728                | 60,135               |
| 1,222                    | SIMON PROPERTY GROUP INC               | 210,441               | 171,749              |
| 3,795                    | STAG INDL INC                          | 128,347               | 143,854              |
| 2,740                    | URBAN EDGE PROPERTIES COM              | 58,910                | 49,427               |
| 3,262                    | VENTAS INC REIT                        | 192,099               | 165,627              |
| 2,220                    | VORNADO REALTY TR COM                  | 93,329                | 97,517               |
| 2,255                    | WELLTOWER INC REIT                     | 284,197               | 193,718              |
|                          | <u>TOTALS - COMMON STOCKS</u>          | <u>\$ 4,920,009</u>   | <u>\$ 4,757,381</u>  |
| <u>Face<br/>Value</u>    | <u>Short Term Investment Fund</u>      |                       |                      |
| \$ 1,431,543             | COLLECTIVE SHORT TERM INVESTMENT FUND* | \$ 1,431,543          | \$ 1,431,543         |
| <u>No. of<br/>Shares</u> | <u>Mutual Funds</u>                    |                       |                      |
| 1,573,136                | ALPS SER TRUST BRIGADE INC FUND        | \$ 15,904,408         | \$ 16,279,627        |
| 581,977                  | ARTISAN GLOBAL VALUE FUND              | 12,820,959            | 10,809,112           |
| 188,386                  | FIRST EAGLE GLOBAL FUND                | 12,702,864            | 11,236,417           |
|                          | <u>TOTALS - MUTUAL FUNDS</u>           | <u>\$ 41,428,231</u>  | <u>\$ 38,325,156</u> |

**I.A.T.S.E. LOCAL NO. 33 PENSION TRUST FUND**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 95-6377503; PLAN NO. 001**  
**DECEMBER 31, 2024**

| No. of<br>Shares | <u>Common/Collective Trusts</u>                                    | Fair<br>Value         | Cost                  |
|------------------|--------------------------------------------------------------------|-----------------------|-----------------------|
| 298,700          | ARTISAN GLOBAL OPPORTUNITIES TRUST FUND                            | \$ 12,446,809         | \$ 7,118,010          |
| 522,902          | GQG PARTNERS GLOBAL EQUITY CIT CLASS B                             | 12,141,793            | 5,422,497             |
| 92,853           | NTGI-QM COLLECTIVE DAILY AGGREGATE BOND INDEX FUND NON-LENDING*    | 13,947,403            | 13,426,348            |
| 205,442          | NTGI-QM COLLECTIVE DAILY ALL COUNTRY WORLD INDEX FUND NON-LENDING* | 52,706,918            | 30,529,240            |
| 60,802           | NTGI-QM COLLECTIVE DAILY TIPS INDEX FUND NON-LENDING*              | 10,119,262            | 6,794,100             |
| 310,087          | PAYDEN & RYGEL CIT EMERGING MARKETS BOND FUND                      | 4,773,876             | 4,666,309             |
| 108,010          | SSGA S&P GLOBAL LARGE MID CAP NATURAL RESOURCES INDEX FUND         | 1,761,643             | 1,330,416             |
|                  | <u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>                           | <u>\$ 107,897,704</u> | <u>\$ 69,286,920</u>  |
|                  | <u>Limited Liability Company</u>                                   |                       |                       |
| 375              | MORGAN STANLEY PRIME PROPERTY FUND                                 | \$ 7,243,882          | \$ 7,428,076          |
|                  | <u>Partnerships</u>                                                |                       |                       |
|                  | ABERDEEN ENERGY & RESOURCES PARTNERS V, LP                         | \$ 5,387,560          | \$ 3,932,089          |
|                  | AEW PARTNERS REAL ESTATE FUND IX, LP                               | 5,462,433             | 4,841,779             |
|                  | AEW PARTNERS REAL ESTATE FUND X, LP                                | 244,199               | 335,887               |
|                  | DOVER STREET VIII CAYMAN FUND, LP                                  | 254,130               | 615,417               |
|                  | EQUUS INVESTMENT PARTNERSHIP X, LP                                 | 1,018,283             | 263,586               |
|                  | HARBOURVEST 2023 GLOBAL FEEDER FUND, LP                            | 2,630,733             | 2,200,000             |
|                  | HARBOURVEST PARTNERS XII, LP                                       | 4,904,145             | 4,051,245             |
|                  | IFM GLOBAL INFRASTRUCTURE (US), LP                                 | 7,923,590             | 3,253,789             |
|                  | IRONSIDES DIRECT INVESTMENT FUND V, LP                             | 7,366,916             | 4,533,651             |
|                  | IRONSIDES PARTNERSHIP FUND V, LP                                   | 6,337,562             | 3,920,910             |
|                  | LEXINGTON CAPITAL PARTNERS VII OFFSHORE FUND                       | 210,235               | 1,403,596             |
|                  | LOOMIS SAYLES CORE FIXED INCOME TRUST FUND                         | 14,761,971            | 12,665,698            |
|                  | PAUL CAPITAL PARTNERS IX, LP                                       | 136,072               | 3,434,766             |
|                  | PORTFOLIO ADVISORS PRIVATE EQUITY FUND VIII OFFSHORE, LP           | 6,803,660             | 3,774,400             |
|                  | <u>TOTALS - PARTNERSHIPS</u>                                       | <u>\$ 63,441,489</u>  | <u>\$ 49,226,813</u>  |
|                  | <u>TOTALS</u>                                                      | <u>\$ 226,362,858</u> | <u>\$ 170,455,889</u> |

\* Party in interest

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503  
Plan Number: 001

Form 5500 for 2024 Plan Year

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

AMORTIZATION CHARGES – MINIMUM CONTRIBUTION

| Description                | Date Established | Initial Amortization Base | Outstanding Balance | Remaining Period | Annual Amortization |
|----------------------------|------------------|---------------------------|---------------------|------------------|---------------------|
| Amendment                  | 1/1/1995         | \$ 1,165,762              | \$ 96,803           | 1                | \$ 96,803           |
| Assumption Change          | 1/1/1996         | 2,206,632                 | 351,532             | 2                | 181,915             |
| Amendment                  | 1/1/1997         | 1,085,649                 | 249,199             | 3                | 88,943              |
| Amendment                  | 1/1/1998         | 5,590,985                 | 1,645,644           | 4                | 455,557             |
| Assumption Change          | 1/1/1999         | 2,295,492                 | 813,093             | 5                | 186,140             |
| Amendment                  | 1/1/2000         | 336,601                   | 137,867             | 6                | 27,177              |
| Assumption Change          | 1/1/2000         | 1,324,654                 | 542,571             | 6                | 106,955             |
| Amendment                  | 1/1/2001         | 761,871                   | 351,132             | 7                | 61,280              |
| Assumption Change          | 1/1/2001         | 1,420,764                 | 654,797             | 7                | 114,276             |
| Amendment                  | 1/1/2002         | 336,474                   | 171,063             | 8                | 26,970              |
| Assumption Change          | 1/1/2002         | 1,487,343                 | 756,149             | 8                | 119,217             |
| Assumption Change          | 1/1/2003         | 8,089,692                 | 4,469,023           | 9                | 646,385             |
| Assumption Change          | 1/1/2004         | 1,526,661                 | 905,742             | 10               | 121,633             |
| Assumption Change          | 1/1/2006         | 879,693                   | 585,953             | 12               | 69,705              |
| Assumption Change          | 1/1/2007         | 929,000                   | 648,864             | 13               | 73,418              |
| Amendment                  | 1/1/2007         | 2,007,814                 | 1,402,359           | 13               | 158,675             |
| Experience loss (2008 inv) | 1/1/2009         | 48,383,163                | 35,174,327          | 14               | 3,806,542           |
| Experience loss            | 1/1/2012         | 13,513,912                | 3,983,970           | 3                | 1,421,946           |
| Amendment                  | 1/1/2012         | 4,987,746                 | 1,470,411           | 3                | 524,815             |
| Experience loss            | 1/1/2013         | 3,357,264                 | 1,273,719           | 4                | 352,599             |
| Assumption Change          | 1/1/2013         | 3,899,770                 | 1,479,542           | 4                | 409,576             |
| Experience loss            | 1/1/2015         | 8,562,547                 | 4,545,820           | 6                | 896,099             |
| Experience loss            | 1/1/2016         | 18,253,057                | 10,927,094          | 7                | 1,907,006           |
| Experience loss            | 1/1/2017         | 14,795,172                | 9,787,956           | 8                | 1,543,201           |
| Experience loss            | 1/1/2018         | 13,707,907                | 9,869,692           | 9                | 1,427,519           |
| Experience loss            | 1/1/2019         | 12,762,106                | 9,881,345           | 10               | 1,326,978           |
| Assumption Change          | 1/1/2020         | 13,568,844                | 11,189,942          | 11               | 1,408,758           |
| Experience loss            | 1/1/2020         | 2,806,711                 | 2,314,635           | 11               | 291,401             |
| Assumption Change          | 1/1/2021         | 7,080,625                 | 6,179,951           | 12               | 735,168             |
| Assumption Change          | 1/1/2022         | 6,798,355                 | 6,243,431           | 13               | 706,436             |
| Experience loss            | 1/1/2023         | 3,492,035                 | 3,355,725           | 14               | 363,154             |
| Experience loss            | 1/1/2024         | 5,660,884                 | <u>5,660,884</u>    | 15               | <u>588,704</u>      |
| Total Charges              |                  |                           | \$ 137,120,235      |                  | \$ 20,244,951       |

IATSE Local No. 33 Pension Trust Fund

EIN: 95-6377503  
Plan Number: 001

Form 5500 for 2024 Plan Year

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)

**AMORTIZATION CREDITS – MINIMUM CONTRIBUTION**

| Description       | Date Established | Initial Amortization Base | Outstanding Balance | Remaining Period | Annual Amortization |
|-------------------|------------------|---------------------------|---------------------|------------------|---------------------|
| Combined base     | 1/1/2022         | 47,479,402                | 27,830,147          | 2.431078         | 12,023,528          |
| Assumption change | 1/1/2023         | 7,050,788                 | <u>6,775,563</u>    | 14               | <u>733,247</u>      |
| Total Credits     |                  |                           | \$ 34,605,710       |                  | \$ 12,756,775       |

**IATSE Local No. 33 Pension Trust Fund**

**EIN: 95-6377503  
Plan Number: 001**

**Form 5500 for 2024 Plan Year**

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions**

**Administrative Expense**

We have increased our assumed administrative expenses from \$750k to \$800k to more accurately match plan experience.

**RPA Interest Assumption**

The RPA interest assumption was changed from 2.55% to 3.29% in order to remain within the permitted range.