

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE
2b Employer Identification Number (EIN) 52-1021473
2c Plan Sponsor's telephone number 301-593-1265
2d Business code (see instructions) 711100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Irving C Clay (10/14/2025) and Rylan Haderlie (10/15/2025).

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	480
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	399
	6a(2)	464
	6b	69
	6c	0
	6d	533
	6e	
	6f	533
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	45

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4C 4D 4E 4F 4L 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE</p>	<p>D Employer Identification Number (EIN) 52-1021473</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	06104801	533	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		24086
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	24086
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		9314
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	9314
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE	D Employer Identification Number (EIN) 52-1021473	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3303	500	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	66385
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE</p>	<p>D Employer Identification Number (EIN) 52-1021473</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10314	482	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 3041	(b) Total amount of fees paid 10645
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BOLTON PARTNERS
1 W. PENNSYLVANIA AVE
TOWSON, MD 21204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3041	10645	SUPPLEMENTAL COMMISSIONS PAID	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b		0
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)		0
d Total of balance and additions (add lines 7b and 7c(6))	7d		
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)		0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f		0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))			9a(4)
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))			9b(3)
(4) Claims charged			9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	304140
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE</p>	<p>D Employer Identification Number (EIN) 52-1021473</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HEALTHSPRING LIFE AND HEALTH INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-8534298	12902	3345344	100	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SERVICE PROVIDER FAILED TO RESPOND TO OUR REQUEST. PREMIUMS PAID TO THE CARRIER WERE NOT PROVIDED.

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE	D Employer Identification Number (EIN) 52-1021473	

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

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

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

(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)

BENEFITS ADMINISTRATION CORPORATION

52-1139156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 14 50	SERVICE PROVIDER	224806	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BOLTON PARTNERS, INC.

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 16	SERVICE PROVIDER	22000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SARFINO AND RHOADES, LLP

52-0961657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	SERVICE PROVIDER	47525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

O'DONOGHUE AND O'DONOGHUE

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	SERVICE PROVIDER	45528	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CFA, LLC

10455 MILL RUN ROAD
OWINGS MILLS, MD 21117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	SERVICE PROVIDER	28154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CVS CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	SERVICE PROVIDER	822945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

DELTA DENTAL OF PENNSYLVANIA

23-1667011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	SERVICE PROVIDER	174131	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZELIS CLAIMS INTEGRITY

86-1040704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	SERVICE PROVIDER	17553	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALL A DOCTOR

166 ALBANY TURNPIKE, SUITE 8
CANTON, CT 06019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	SERVICE PROVIDER	44258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
LABOR FIRST, LLC 06-1750191	13 15	SERVICE PROVIDER FAILED TO RESPOND TO SCHEDULE C INFORMATION REQUEST LETTER INQUIRING ABOUT ANY INDIRECT COMPENSATION RECEIVED DURING THE PLAN YEAR.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
AMERICA HEALTH HOLDINGS, INC. 31-1368946	13 50	SERVICE PROVIDER FAILED TO RESPOND TO SCHEDULE C INFORMATION REQUEST LETTER INQUIRING ABOUT ANY INDIRECT COMPENSATION RECEIVED DURING THE PLAN YEAR.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE	D Employer Identification Number (EIN) 52-1021473

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	171814	-17443
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	660290	668686
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	316542	647864
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1846086	2598519
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5537358	7559198
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	8532090 11456824
Liabilities			
g	Benefit claims payable.....	1g	697756 453985
h	Operating payables.....	1h	28128 17261
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	725884 471246
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	7806206 10985578

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6141625
	(B) Participants.....	2a(1)(B)	210444
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	6352069
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	338722
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	338722
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1858202
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1858202
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-98037
c Other income	2c		94902
d Total income. Add all income amounts in column (b) and enter total	2d		6687656

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1835020	
(2) To insurance carriers for the provision of benefits	2e(2)	1093868	
(3) Other	2e(3)	200411	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3129299
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	224806	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	47525	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3569	
(7) Actuarial fees	2i(7)	22000	
(8) Legal fees	2i(8)	45528	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	35557	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		378985
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3508284

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3179372
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SARFINO AND RHOADES, LLP

(2) EIN: 52-0961657

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of International Alliance of Theatrical Stage Employees Local 22 Welfare Fund, 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 International Alliance of Theatrical Stage Employees Local 22 Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Alliance of Theatrical Stage Employees Local 22 Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

Sarpino and Rhoads, LLP

October 15, 2025

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

	DECEMBER 31,	
	2024	2023
ASSETS		
Investments, at fair value:		
Fixed income mutual funds	\$ 7,559,198	\$ 5,537,358
Short-term money funds	861,241	585,813
Total Investments	\$ 8,420,439	\$ 6,123,171
Receivables:		
Employer contributions	\$ 668,686	\$ 660,290
Pharmacy rebates	165,961	161,151
Due from stop loss insurer	317,653	-
Due from IATSE Local 22 Pension Fund	66,515	99,393
Dividends	20,484	13,209
Other receivables	39,082	-
Total Receivables	\$ 1,278,381	\$ 934,043
Other assets:		
Cash	\$ 1,719,835	\$ 1,432,087
Prepaid expenses	38,169	42,789
Property and equipment, net	-	-
Total Other assets	\$ 1,758,004	\$ 1,474,876
TOTAL ASSETS	\$ 11,456,824	\$ 8,532,090
LIABILITIES		
Accounts payable	\$ 17,261	\$ 28,128
TOTAL LIABILITIES	\$ 17,261	\$ 28,128
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,439,563	\$ 8,503,962

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

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

FOR THE YEARS ENDED
DECEMBER 31,

	2024		2023	
	Amount	Percent	Amount	Percent
ADDITIONS:				
Contributions:				
Employers	\$ 6,141,625	91.88	\$ 6,310,220	88.80
Participants	210,444	3.15	440,131	6.19
Total Contributions	\$ 6,352,069	95.03	\$ 6,750,351	94.99
Investment income:				
Interest and dividends	\$ 338,722	5.07	\$ 173,834	2.45
Net appreciation (depreciation) in fair value of investments	(98,037)	(1.47)	173,685	2.44
Total investment income	\$ 240,685	3.60	\$ 347,519	4.89
Less, investment expenses	(3,569)	(0.05)	(2,074)	(0.03)
Net investment income	\$ 237,116	3.55	\$ 345,445	4.86
Miscellaneous income	\$ 94,902	1.42	\$ 10,313	0.15
TOTAL ADDITIONS	\$ 6,684,087	100.00	\$ 7,106,109	100.00
DEDUCTIONS:				
Claims and premiums paid	\$ 3,373,070	50.46	\$ 2,588,716	36.43
General and administrative expenses	375,416	5.62	446,524	6.28
TOTAL DEDUCTIONS	\$ 3,748,486	56.08	\$ 3,035,240	42.71
NET INCREASE	\$ 2,935,601	43.92	\$ 4,070,869	57.29
NET ASSETS AVAILABLE FOR BENEFITS:				
BEGINNING OF YEAR	8,503,962		4,433,093	
END OF YEAR	\$ 11,439,563		\$ 8,503,962	

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

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	DECEMBER 31,	
	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Claims and premiums payable	\$ 70,985	\$ 17,756
Claims incurred but not reported	383,000	680,000
TOTAL AMOUNTS CURRENTLY PAYABLE	\$ 453,985	\$ 697,756
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS:		
Future benefits based on participants' accumulated eligibility	1,563,000	1,114,000
TOTAL OBLIGATIONS OTHER THAN POST- RETIREMENT BENEFIT OBLIGATIONS	\$ 2,016,985	\$ 1,811,756
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current retirees	\$ 1,131,428	\$ 1,342,014
Other participants fully eligible for benefits	3,683,726	4,153,268
Other participants not yet fully eligible for benefits	6,867,278	6,547,496
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	\$ 11,682,432	\$ 12,042,778
TOTAL BENEFIT OBLIGATIONS	\$ 13,699,417	\$ 13,854,534

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

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	FOR THE YEARS ENDED DECEMBER 31,	
	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Balance at beginning of year	\$ 697,756	\$ 378,101
Claims and premiums incurred	3,129,299	2,908,371
Claims and premiums paid	<u>(3,373,070)</u>	<u>(2,588,716)</u>
BALANCE AT END OF YEAR	<u>\$ 453,985</u>	<u>\$ 697,756</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS:		
Balance at beginning of year	\$ 1,114,000	\$ 1,248,000
Net change during year:		
Future benefits based on participants' accumulated eligibility	<u>449,000</u>	<u>(134,000)</u>
BALANCE AT END OF YEAR	<u>\$ 1,563,000</u>	<u>\$ 1,114,000</u>
TOTAL OBLIGATIONS OTHER THAN POST- RETIREMENT BENEFIT OBLIGATIONS	<u>\$ 2,016,985</u>	<u>\$ 1,811,756</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	\$ 12,042,778	\$ 10,040,809
Increase (decrease) during the year attributable to:		
Expected increase due to the passage of time	791,961	658,196
Change in discount rate	(1,152,307)	379,633
Increase due to updated healthcare cost trend assumption	-	605,134
Demographic experience	-	650,650
Change in mortality assumption	-	(267,838)
Change in per capita costs	<u>-</u>	<u>(23,806)</u>
BALANCE AT END OF YEAR	<u>\$ 11,682,432</u>	<u>\$ 12,042,778</u>
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 13,699,417</u>	<u>\$ 13,854,534</u>

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

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

Note 1. **Description of Plan**

The following description of the International Alliance of Theatrical Stage Employees Local 22 Welfare Fund (the “Plan”) provides only general information about the Plan’s provisions. Participants should refer to the Plan agreement for a complete description of the Plan’s provisions.

General - International Alliance of Theatrical Stage Employees Local 22 Welfare Fund is a multiemployer defined benefit health and welfare plan that was formed in 1962 under an agreement and declaration of trust. This agreement has been subsequently amended and now provides, among other things, for employer contributions based on gross earnings of employees working in covered employment under the jurisdiction of the International Alliance of Theatrical Stage Employees, Local 22 and Local 772. The Plan is governed by the Board of Trustees.

Plan assets are held in a voluntary employees’ beneficiary association (VEBA) trust. The Plan provides benefits for eligible participants and their dependents and is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility - Participants establish initial eligibility for Plan benefits by meeting the minimum monthly earnings requirement and can enroll eligible dependents to receive Plan benefits. Generally, a participant will remain eligible for coverage by meeting the monthly earnings requirement. The Plan also allows for continued eligibility through self-payment for those participants who have previously attained initial eligibility but do not qualify for coverage by meeting the minimum monthly earnings requirement in a subsequent month. The Plan also provides retiree coverage for eligible retirees. Participants should refer to the Plan document for the earnings thresholds and continuation of coverage contribution rates.

Benefits - The Plan provides for accident, hospital, medical, prescription, surgical, dental, vision, disability and death benefits for eligible members as specified in the Plan. Retired participants are entitled to similar health benefits. The Plan also provides for continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits - The Plan fully insures the life insurance and accidental death and dismemberment benefits for active participants. The Plan purchases insurance contracts for these insured benefits. Premium payments are paid to the insurance company by the Plan.

Stop Loss Coverage - The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount).

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

Note 1. **Description of Plan** - (Continued)

Self-Insured Benefits - All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan’s third party benefits administrator under administrative services only (ASO) arrangements. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan’s actual utilization pattern of specific drugs.

Contributions - During 2024 and 2023, contribution rates for participating employers were between eight percent (8%) and nineteen percent (19%) of wages earned by employees working in covered employment during 2024 and 2023. The costs of the post retirement benefit plan are shared by the Plan’s participating employers and retirees. Retiree monthly contribution rates were as follows as of December 31, 2024 and 2023:

<u>Retirees:</u>	<u>2024</u>	<u>2023</u>
Prior to age 62	\$ 712.31	\$ 712.31
Age 62 to 64	\$ 590.61	\$ 590.61
On Medicare with 20 Pension credits	\$ 100.00	\$ 100.00
On Medicare with less than 20 Pension credits	\$ 200.00	\$ 200.00

Participants should refer to the Summary Plan Description for contribution rates for family and other benefit options.

Note 2. **Significant Accounting Policies**

Basis of Accounting and Use of Estimates - The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Board of Trustees determines the Plan’s valuation policies and procedures. See Note 6 for a discussion of fair value measurements.

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

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

Net appreciation and depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Property and Equipment - Property and equipment is stated at cost less accumulated depreciation. The Plan provides for depreciation of its property and equipment on the straight-line method based on an estimated useful life of five years.

Payment of Benefits - Health claims and premiums are recorded when paid by the Plan.

Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. The Plan pays administrative expenses that consist primarily of fees paid to third party administrators and other service providers. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits.

Stop Loss - Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling \$352,534 have been netted with claims paid in the accompanying statement of changes in net assets for the year ended December 31, 2024.

Refunds and Rebates - Refunds from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Rebates totaling \$346,557 and \$334,562 have been netted with claims paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

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

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

Medicare Subsidy - The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) added a prescription drug benefit under Medicare Part D. It also provided a federal subsidy to sponsors of retiree health care benefit plans that provide a prescription drug benefit to Medicare-eligible retirees. In order for a plan to receive a subsidy, the benefit it provides must be at least actuarially equivalent to the Medicare Part D Standard Benefit. The Plan's prescription drug benefit is at least actuarially equivalent, so the Plan is eligible to receive the subsidy. Due to the selection of a fully insured Medicare Advantage program, there is no longer an anticipated Part D reimbursement.

Note 3. **Related Party Transactions and Party in Interest Transactions** - The Plan has common Trustees with the International Alliance of Theatrical Stage Employees Local 22 Pension Fund (the Pension Fund).

During 2022, the Plan leased office space from and shared personnel costs such as wages and payroll taxes with the Pension Fund. At December 31, 2024 and 2023, the Plan was owed \$66,515 and \$99,393, respectively, for reimbursements of certain costs, as well as retiree contributions withheld by the Pension Fund on behalf of the Plan.

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

Note 4. **Priorities Upon Termination of the Plan** - Although it has not expressed any intention to do so, the Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active participants. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to any employer or be used for purposes other than for the exclusive benefit of the Plan's participants.

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

Note 5. **Property and Equipment** - The principal categories of property and equipment as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023, are as follows:

	2024	2023
Furniture	\$ 13,210	\$ 13,210
Computer equipment	2,588	2,588
Subtotals	\$ 15,798	\$ 15,798
Less, Accumulated depreciation	15,798	15,798
Totals	\$ -	\$ -

Note 6. **Fair Value Measurements** - The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

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

Note 6. **Fair Value Measurements** - (Continued)

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

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

Short - Term Money Funds - Valued by the institutional fund management at the stated price of the fund which approximates the original cost of the investment.

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

	December 31, 2024			Total
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Fixed income mutual funds	\$ 7,559,198	\$ -	\$ -	\$ 7,559,198
Short-term money funds	<u>861,241</u>	<u>-</u>	<u>-</u>	<u>861,241</u>
Totals	<u>\$ 8,420,439</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,420,439</u>

	December 31, 2023			Total
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Fixed income mutual funds	\$ 5,537,358	\$ -	\$ -	\$ 5,537,358
Short-term money funds	<u>585,813</u>	<u>-</u>	<u>-</u>	<u>585,813</u>
Totals	<u>\$ 6,123,171</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,123,171</u>

Transfers Between Levels

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

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

Note 7. **Postretirement Benefit Obligations** - Postretirement benefit obligations have been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. Postretirement benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The postretirement benefit obligation represents the amount that is expected to be funded by contributions from the Plan's participating employers and from existing Plan assets. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated participants and their beneficiaries and dependents, and (b) active participants and their beneficiaries and dependents after retirement from service with participating employers.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 7.0% annual rate of increase in the per capita cost of covered medical claims and prescription drugs was assumed for 2025, decreasing annually to an ultimate rate of 4.0% in 2075). These assumptions are consistent with those used to measure the benefit obligation at December 31, 2023.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$1,633,046 and \$1,628,837, respectively.

The other significant actuarial assumptions used in determining the present value of postretirement benefit obligations as of December 31, 2024 and 2023 were (a) life expectancy of participants (Pri-2012 Blue Collar Dataset Employee Headcount-Weighted Mortality Table made fully generational using Scale MP-2019), (b) retirement age assumptions (participants with 30 credits are assumed to retire when they have 34 credits and participants who reach age 62 with 10 credits are assumed to retire at 63, otherwise age 65), (c) discount rate (5.49% in 2024 and 4.75% in 2023).

The Plan received \$40,404 in Medicare subsidies during the years ended December 31, 2023. Due to the selection of a fully insured Medicare Advantage program effective January 1, 2023, there is no longer an anticipated Part D reimbursement factored into the valuation.

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

Note 7. **Postretirement Benefit Obligations** - (Continued)

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

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not yet covered by the contribution rate provided by the current collective bargaining agreements. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

Note 8. **Claims Incurred but not Reported and Other Benefit Obligations** - Plan Obligations at December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Accumulated eligibility credits represent an obligation of the Plan arising from prior employee service for which participating employer contributions have been received. This benefit obligation is generally determined by applying the average cost of benefits per eligible participants to accumulated eligibility credit and by taking into consideration other appropriate assumptions such as medical cost inflation.

Obligations for health claims incurred but not reported and for accumulated eligibility credits at December 31, 2024 and 2023 are presented at estimated amounts. Obligations for health claims incurred but not reported represent claims paid in 2025 and 2024 that relate to claims incurred prior to December 31, 2024 and 2023, respectively.

Note 9. **Reconciliation of Financial Statements to Form 5500** - The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 11,439,563	\$ 8,503,962
Claims and premiums payable	(70,985)	(17,756)
Claims incurred but not reported	<u>(383,000)</u>	<u>(680,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 10,985,578</u>	<u>\$ 7,806,206</u>

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

Note 9. **Reconciliation of Financial Statements to Form 5500** - (Continued)

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the years ended December 31:

	2024	2023
Benefits paid per the financial statements	\$ 3,373,070	\$ 2,588,716
Add: Amounts payable at end of year	453,985	697,756
Less: Amounts payable at beginning of year	(697,756)	(378,101)
Benefits paid per the Form 5500	\$ 3,129,299	\$ 2,908,371

Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported, are not considered liabilities under GAAP, therefore, these claims and premiums are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Note 10. **Tax Status** - The VEBA trust funding certain benefits of the Plan received an exemption letter from the IRS stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

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

Note 11. **Concentration of Contributions** - The concentration of contributions from one employer totaled 40% in 2024 and 44% in 2023. Significant changes in contributions from this employer could have an adverse effect on the Plan's operations.

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

Note 12. **Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At December 31, 2024, the Plan's cash exceeded federally insured limits by \$1,531,937.

Note 13. **Subsequent Events** - Subsequent events have been evaluated through October 15, 2025 the date the financial statements were available to be issued.

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE
EMPLOYEES LOCAL 22 WELFARE FUND
SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES**

FOR THE YEARS ENDED
DECEMBER 31,

	2024		-	
	Amount	Percent	Amount	Percent
Third party administrator	\$ 224,806	3.36	\$ 244,440	3.44
Accounting and auditing	47,525	0.71	43,225	0.61
Legal	45,528	0.68	95,693	1.35
Consultant	22,000	0.33	29,048	0.41
Office expense	16,113	0.24	16,925	0.24
Printing and postage	11,350	0.17	9,938	0.14
Insurance	4,175	0.06	4,206	0.06
Affordable Care Act (ACA) fees	2,206	0.03	1,886	0.03
Miscellaneous	749	0.01	-	-
Telephone	738	0.01	668	0.01
Travel	226	-	-	-
Depreciation	-	-	495	0.01
TOTAL GENERAL AND ADMINISTRATIVE EXPENSES	\$ 375,416	5.60	\$ 446,524	6.30

International Alliance of Theatrical Stage Employees Local 22 Welfare Fund

EIN: 52-1021473

Plan Year: 2024

Plan No. 501

Form 5500, Schedule H, Line 4I

ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

Schedule of Assets Held

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
861,240.630	ALLSPRING TREAS PLUS MM FD-SVC #454 CUSIP VP4530003	861,240.63 861,240.63	100.0000 12/31/24	861,240.63	0.00 0.00	4.08 4.08
	TOTAL OTHER MONEY MARKET FUNDS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
	TOTAL OTHER CASH EQUIVALENTS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
	TOTAL CASH EQUIVALENTS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
MUTUAL FUNDS						
MUTUAL FUNDS - CORPORATE BONDS						
200,979.951	DODGE & COX INCOME FD COM #147 CUSIP 256210105	2,512,604.42 2,541,317.42	12.3800 12/31/24	2,488,131.79	24,472.63- 53,185.63-	4.20 4.24
249,645.451	VANGUARD SHORT TERM-INVEST GRD #539 CUSIP 922031836	2,533,024.18 2,560,977.74	10.3100 12/31/24	2,573,844.60	40,820.42 12,866.86	4.15 4.08
263,420.133	VANGUARD TOTL BD MKT INDX - ADM #584 CUSIP 921937603	2,521,193.88 2,555,153.81	9.4800 12/31/24	2,497,222.86	23,971.02- 57,930.95-	3.60 3.64
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	7,566,822.48 7,657,448.97		7,559,199.25	7,623.23- 98,249.72-	3.98 3.99
	TOTAL MUTUAL FUNDS	7,566,822.48 7,657,448.97		7,559,199.25	7,623.23- 98,249.72-	3.98 3.99
CASH						



ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
	PENDING CASH	17,442.63-		17,442.63-		
		17,442.63-				
	TOTAL CASH	17,442.63-		17,442.63-		
		17,442.63-				
	ACCRUED INCOME	20,483.90		20,483.90		
		20,483.90				
	TOTAL SECURITIES	8,431,104.38		8,423,481.15	7,623.23-	3.99
		8,521,730.87			98,249.72-	4.00

International Alliance of Theatrical Stage Employees Local 22 Welfare Fund
 EIN: 52-1021473 Plan Year: 2024
 Plan No. 501 Form 5500, Schedule H, Line 4J
 Schedule of Reportable Transactions

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

IATSE WELF VNGRD
 ACCOUNT NUMBER 8056000059

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			6,125,648.44			
COMPARATIVE VALUE (5%)			306,282.42			
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
05/06/24 B	980,000	1.000	0	980,000-*	980,000	
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
05/08/24 S	870,000	1.000	0	870,000 *	870,000	0
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
09/10/24 B	1,120,000	1.000	0	1,120,000-*	1,120,000	
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
09/11/24 S	987,000	1.000	0	987,000 *	987,000	0
ISSUE: 921937603 - VANGUARD TOTL BD MKT INDX - ADM #584						
09/10/24 B	32,326	9.930	0	321,000-*	321,000	
ISSUE: 922031836 - VANGUARD SHORT TERM-INVEST GRD #539						
09/10/24 B	34,957	10.470	0	366,000-*	366,000	
GRAND TOTAL			0	4,644,000	4,644,000	0

FOOTNOTES

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

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

IATSE WELF VNGRD
 ACCOUNT NUMBER 8056000059

SINGLE / BY BROKER						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		6,125,648.44			
	COMPARATIVE VALUE (5%)		306,282.42			

*** NO TRANSACTIONS QUALIFIED ***

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

IATSE WELF VNGRD
 ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			6,125,648.44			
COMPARATIVE VALUE (5%)			306,282.42			

ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454

01/02/24 B	2,478	1.000	0	2,478-	2,478	
02/01/24 B	2,472	1.000	0	2,472-	2,472	
02/01/24 B	0	1.000	0	0-	0	
03/01/24 B	2,315	1.000	0	2,315-	2,315	
04/01/24 B	2,479	1.000	0	2,479-	2,479	
05/01/24 B	2,400	1.000	0	2,400-	2,400	
05/06/24 B	980,000	1.000	0	980,000-*	980,000	
06/03/24 B	3,110	1.000	0	3,110-	3,110	
07/01/24 B	2,867	1.000	0	2,867-	2,867	
08/01/24 B	2,976	1.000	0	2,976-	2,976	
09/03/24 B	2,977	1.000	0	2,977-	2,977	
09/10/24 B	1,120,000	1.000	0	1,120,000-*	1,120,000	
10/01/24 B	3,279	1.000	0	3,279-	3,279	
11/01/24 B	3,242	1.000	0	3,242-	3,242	
12/02/24 B	3,034	1.000	0	3,034-	3,034	
SUB-TOTAL OF BUYS # 15			0	2,133,629	2,133,629	
03/20/24 S	227	1.000	0	227	227	0
05/08/24 S	870,000	1.000	0	870,000 *	870,000	0
05/16/24 S	74	1.000	0	74	74	0
05/24/24 S	112	1.000	0	112	112	0
06/20/24 S	115	1.000	0	115	115	0
09/11/24 S	987,000	1.000	0	987,000 *	987,000	0
09/20/24 S	335	1.000	0	335	335	0
12/20/24 S	338	1.000	0	338	338	0
SUB-TOTAL OF SALES # 8			0	1,858,201	1,858,201	0
SUB-TOTAL			0	3,991,830	3,991,830	0

ISSUE: 256210105 - DODGE & COX INCOME FD COM #147

03/25/24 R	1,537	12.420	0	19,087-	19,087	
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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
06/25/24 R	1,849	12.480	0	23,071-	23,071	
09/25/24 R	2,008	12.940	0	25,989-	25,989	
12/18/24 R	2,084	12.410	0	25,857-	25,857	
SUB-TOTAL OF REINVS # 4			0	94,004	94,004	
05/07/24 B	22,672	12.350	0	280,000-	280,000	
09/10/24 B	22,866	13.120	0	300,000-	300,000	
SUB-TOTAL OF BUYS # 2			0	580,000	580,000	
SUB-TOTAL			0	674,004	674,004	0
ISSUE: 921937603 - VANGUARD TOTL BD MKT INDX - ADM #584						
01/31/24 R	551	9.660	0	5,325-	5,325	
02/29/24 R	540	9.500	0	5,131-	5,131	
03/31/24 R	576	9.550	0	5,497-	5,497	
04/30/24 R	584	9.290	0	5,423-	5,423	
05/31/24 R	670	9.420	0	6,313-	6,313	
06/30/24 R	685	9.480	0	6,491-	6,491	
07/31/24 R	695	9.670	0	6,724-	6,724	
08/31/24 R	695	9.770	0	6,787-	6,787	
09/30/24 R	738	9.870	0	7,282-	7,282	
10/31/24 R	818	9.600	0	7,857-	7,857	
11/30/24 R	801	9.680	0	7,750-	7,750	
12/31/24 R	852	9.480	0	8,078-	8,078	
SUB-TOTAL OF REINVS # 12			0	78,658	78,658	
05/07/24 B	31,283	9.430	0	295,000-	295,000	
09/10/24 B	32,326	9.930	0	321,000-*	321,000	
SUB-TOTAL OF BUYS # 2			0	616,000	616,000	
SUB-TOTAL			0	694,658	694,658	0
ISSUE: 922031836 - VANGUARD SHORT TERM-INVEST GRD #539						
01/31/24 R	546	10.240	0	5,588-	5,588	
02/29/24 R	571	10.160	0	5,802-	5,802	
03/31/24 R	588	10.200	0	5,997-	5,997	



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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
04/30/24 R	606	10.100	0	6,120-	6,120	
05/31/24 R	706	10.170	0	7,180-	7,180	
06/30/24 R	741	10.190	0	7,547-	7,547	
07/31/24 R	751	10.320	0	7,752-	7,752	
08/31/24 R	757	10.390	0	7,866-	7,866	
09/30/24 R	832	10.460	0	8,706-	8,706	
10/31/24 R	899	10.330	0	9,286-	9,286	
11/30/24 R	890	10.360	0	9,221-	9,221	
12/31/24 R	908	10.310	0	9,365-	9,365	
SUB-TOTAL OF REINVS # 12			0	90,430	90,430	
05/07/24 B	29,007	10.170	0	295,000-	295,000	
09/10/24 B	34,957	10.470	0	366,000-*	366,000	
SUB-TOTAL OF BUYS # 2			0	661,000	661,000	
SUB-TOTAL			0	751,430	751,430	0
GRAND TOTAL			0	6,111,922	6,111,922	0

FOOTNOTES

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

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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		6,125,648.44			
	COMPARATIVE VALUE (5%)		306,282.42			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***



International Alliance of Theatrical Stage Employees Local 22 Welfare Fund
 EIN: 52-1021473 Plan Year: 2024
 Plan No. 501 Form 5500, Schedule H, Line 4J
 Schedule of Reportable Transactions

PAGE 37

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

IATSE WELF VNGRD
 ACCOUNT NUMBER 8056000059

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			6,125,648.44			
COMPARATIVE VALUE (5%)			306,282.42			
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
05/06/24 B	980,000	1.000	0	980,000-*	980,000	
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
05/08/24 S	870,000	1.000	0	870,000 *	870,000	0
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
09/10/24 B	1,120,000	1.000	0	1,120,000-*	1,120,000	
ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454						
09/11/24 S	987,000	1.000	0	987,000 *	987,000	0
ISSUE: 921937603 - VANGUARD TOTL BD MKT INDX - ADM #584						
09/10/24 B	32,326	9.930	0	321,000-*	321,000	
ISSUE: 922031836 - VANGUARD SHORT TERM-INVEST GRD #539						
09/10/24 B	34,957	10.470	0	366,000-*	366,000	
GRAND TOTAL			0	4,644,000	4,644,000	0

FOOTNOTES

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

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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SINGLE / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		6,125,648.44			
	COMPARATIVE VALUE (5%)		306,282.42			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***

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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			6,125,648.44			
COMPARATIVE VALUE (5%)			306,282.42			

ISSUE: VP4530003 - ALLSPRING TREAS PLUS MM FD-SVC #454

01/02/24 B	2,478	1.000	0	2,478-	2,478	
02/01/24 B	2,472	1.000	0	2,472-	2,472	
02/01/24 B	0	1.000	0	0-	0	
03/01/24 B	2,315	1.000	0	2,315-	2,315	
04/01/24 B	2,479	1.000	0	2,479-	2,479	
05/01/24 B	2,400	1.000	0	2,400-	2,400	
05/06/24 B	980,000	1.000	0	980,000-*	980,000	
06/03/24 B	3,110	1.000	0	3,110-	3,110	
07/01/24 B	2,867	1.000	0	2,867-	2,867	
08/01/24 B	2,976	1.000	0	2,976-	2,976	
09/03/24 B	2,977	1.000	0	2,977-	2,977	
09/10/24 B	1,120,000	1.000	0	1,120,000-*	1,120,000	
10/01/24 B	3,279	1.000	0	3,279-	3,279	
11/01/24 B	3,242	1.000	0	3,242-	3,242	
12/02/24 B	3,034	1.000	0	3,034-	3,034	
SUB-TOTAL OF BUYS # 15			0	2,133,629	2,133,629	
03/20/24 S	227	1.000	0	227	227	0
05/08/24 S	870,000	1.000	0	870,000 *	870,000	0
05/16/24 S	74	1.000	0	74	74	0
05/24/24 S	112	1.000	0	112	112	0
06/20/24 S	115	1.000	0	115	115	0
09/11/24 S	987,000	1.000	0	987,000 *	987,000	0
09/20/24 S	335	1.000	0	335	335	0
12/20/24 S	338	1.000	0	338	338	0
SUB-TOTAL OF SALES # 8			0	1,858,201	1,858,201	0
SUB-TOTAL			0	3,991,830	3,991,830	0

ISSUE: 256210105 - DODGE & COX INCOME FD COM #147

03/25/24 R	1,537	12.420	0	19,087-	19,087	
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REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
06/25/24 R	1,849	12.480	0	23,071-	23,071	
09/25/24 R	2,008	12.940	0	25,989-	25,989	
12/18/24 R	2,084	12.410	0	25,857-	25,857	
SUB-TOTAL OF REINVS # 4			0	94,004	94,004	
05/07/24 B	22,672	12.350	0	280,000-	280,000	
09/10/24 B	22,866	13.120	0	300,000-	300,000	
SUB-TOTAL OF BUYS # 2			0	580,000	580,000	
SUB-TOTAL			0	674,004	674,004	0
ISSUE: 921937603 - VANGUARD TOTL BD MKT INDX - ADM #584						
01/31/24 R	551	9.660	0	5,325-	5,325	
02/29/24 R	540	9.500	0	5,131-	5,131	
03/31/24 R	576	9.550	0	5,497-	5,497	
04/30/24 R	584	9.290	0	5,423-	5,423	
05/31/24 R	670	9.420	0	6,313-	6,313	
06/30/24 R	685	9.480	0	6,491-	6,491	
07/31/24 R	695	9.670	0	6,724-	6,724	
08/31/24 R	695	9.770	0	6,787-	6,787	
09/30/24 R	738	9.870	0	7,282-	7,282	
10/31/24 R	818	9.600	0	7,857-	7,857	
11/30/24 R	801	9.680	0	7,750-	7,750	
12/31/24 R	852	9.480	0	8,078-	8,078	
SUB-TOTAL OF REINVS # 12			0	78,658	78,658	
05/07/24 B	31,283	9.430	0	295,000-	295,000	
09/10/24 B	32,326	9.930	0	321,000-*	321,000	
SUB-TOTAL OF BUYS # 2			0	616,000	616,000	
SUB-TOTAL			0	694,658	694,658	0
ISSUE: 922031836 - VANGUARD SHORT TERM-INVEST GRD #539						
01/31/24 R	546	10.240	0	5,588-	5,588	
02/29/24 R	571	10.160	0	5,802-	5,802	
03/31/24 R	588	10.200	0	5,997-	5,997	



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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
04/30/24 R	606	10.100	0	6,120-	6,120	
05/31/24 R	706	10.170	0	7,180-	7,180	
06/30/24 R	741	10.190	0	7,547-	7,547	
07/31/24 R	751	10.320	0	7,752-	7,752	
08/31/24 R	757	10.390	0	7,866-	7,866	
09/30/24 R	832	10.460	0	8,706-	8,706	
10/31/24 R	899	10.330	0	9,286-	9,286	
11/30/24 R	890	10.360	0	9,221-	9,221	
12/31/24 R	908	10.310	0	9,365-	9,365	
SUB-TOTAL OF REINVS # 12			0	90,430	90,430	
05/07/24 B	29,007	10.170	0	295,000-	295,000	
09/10/24 B	34,957	10.470	0	366,000-*	366,000	
SUB-TOTAL OF BUYS # 2			0	661,000	661,000	
SUB-TOTAL			0	751,430	751,430	0
GRAND TOTAL			0	6,111,922	6,111,922	0

FOOTNOTES

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

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

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER		PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		UNIT PRICE -----	EXPENSE INCURRED -----			
	BEGINNING MARKET VALUE		6,125,648.44			
	COMPARATIVE VALUE (5%)		306,282.42			

*** NO TRANSACTIONS QUALIFIED ***



International Alliance of Theatrical Stage Employees Local 22 Welfare Fund

EIN: 52-1021473

Plan Year: 2024

Plan No. 501

Form 5500, Schedule H, Line 4I

ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

Schedule of Assets Held

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
CASH EQUIVALENTS						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
861,240.630	ALLSPRING TREAS PLUS MM FD-SVC #454 CUSIP VP4530003	861,240.63 861,240.63	100.0000 12/31/24	861,240.63	0.00 0.00	4.08 4.08
	TOTAL OTHER MONEY MARKET FUNDS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
	TOTAL OTHER CASH EQUIVALENTS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
	TOTAL CASH EQUIVALENTS	861,240.63 861,240.63		861,240.63	0.00 0.00	4.08 4.08
MUTUAL FUNDS						
MUTUAL FUNDS - CORPORATE BONDS						
200,979.951	DODGE & COX INCOME FD COM #147 CUSIP 256210105	2,512,604.42 2,541,317.42	12.3800 12/31/24	2,488,131.79	24,472.63- 53,185.63-	4.20 4.24
249,645.451	VANGUARD SHORT TERM-INVEST GRD #539 CUSIP 922031836	2,533,024.18 2,560,977.74	10.3100 12/31/24	2,573,844.60	40,820.42 12,866.86	4.15 4.08
263,420.133	VANGUARD TOTL BD MKT INDX - ADM #584 CUSIP 921937603	2,521,193.88 2,555,153.81	9.4800 12/31/24	2,497,222.86	23,971.02- 57,930.95-	3.60 3.64
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	7,566,822.48 7,657,448.97		7,559,199.25	7,623.23- 98,249.72-	3.98 3.99
	TOTAL MUTUAL FUNDS	7,566,822.48 7,657,448.97		7,559,199.25	7,623.23- 98,249.72-	3.98 3.99
CASH						



ASSET STATEMENT
AS OF DECEMBER 31, 2024

IATSE WELF VNGRD
ACCOUNT NUMBER 8056000059

<u>PAR VALUE / SHARES</u>	<u>DESCRIPTION</u>	<u>HISTORICAL COST/ REVALUED COST</u>	<u>UNIT PRICE PRICING DATE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED G/L HISTORICAL COST / REVALUED COST</u>	<u>YIELD ON COST / MARKET</u>
	PENDING CASH	17,442.63-		17,442.63-		
		17,442.63-				
	TOTAL CASH	17,442.63-		17,442.63-		
		17,442.63-				
	ACCRUED INCOME	20,483.90		20,483.90		
		20,483.90				
	TOTAL SECURITIES	8,431,104.38		8,423,481.15	7,623.23-	3.99
		8,521,730.87			98,249.72-	4.00

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

B This return/report is: a single-employer plan 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)

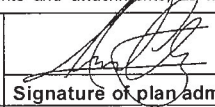
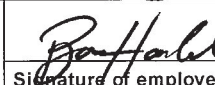
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES LOCAL 22 WELFARE</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES - MOVING PICTURE MACHINE</p> <p>11247 C LOCKWOOD DR SILVER SPRING, MD 20901-4556</p>	<p>1c Effective date of plan <u>01/01/1972</u></p> <p>2b Employer Identification Number (EIN) <u>52-1021473</u></p> <p>2c Plan Sponsor's telephone number <u>301-593-1265</u></p> <p>2d Business code (see instructions) <u>711100</u></p>

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

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

SIGN HERE		10/14/2025	Irving C Clay
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2025	Ryan Haderlie
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE