SCHEDULE H	Financial Information	OMB No. 1210-0110					
( <b>Form 5500</b> )  Department of the Treasury  Internal Revenue Service	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).	2019					
Department of Labor Employee Benefits Security Administration	► File as an attachment to Form 5500.						
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection					
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019							
A Name of plan  MOTION PICTURE INDUSTRY PENSION P	B Three-digit plan number (PN) ► 001						
C Plan sponsor's name as shown on line 2a of Form 5500		<b>D</b> Employer Identification Number (EIN)					
BOARD OF DIRECTORS, MOTION PICTURE	95-1810805						
Part I Asset and Liability Statement							

## Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4869399	5567908
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7736646	6708616
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	161821473	197906778
(2) U.S. Government securities	1c(2)	415518452	481776454
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2490236	3022178
( <b>B</b> ) Common	1c(3)(B)	152838457	141329401
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
( <b>B</b> ) Common	1c(4)(B)	467957918	524931176
(5) Partnership/joint venture interests	1c(5)	206757505	297474097

b Earnings on investments:

(1) Interest

(6) Real estate (other than employer real property)	1c(6)	193216308	202598499			
(7) Loans (other than to participants)	1c(7)					
(8) Participant loans	1c(8)					
(9) Value of interest in common/collective trusts	1c(9)	48435642	307334374			
(10) Value of interest in pooled separate accounts	1c(10)	54538631	57450110			
(11) Value of interest in master trust investment accounts	1c(11)					
(12) Value of interest in 103-12 investment entities	1c(12)	939638278	847620681			
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	790544090	862884029			
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)					
(15) Other	1c(15)	288756159	303488925			
1d Employer-related investments:		(a) Beginning of Year	(b) End of Year			
(1) Employer securities	1d(1)					
(2) Employer real property	1d(2)					
e Buildings and other property used in plan operation	1e	36894515	39692374			
f Total assets (add all amounts in lines 1a through 1e)	<b>1f</b>	3772013709	4279785600			
Liabilities						
<b>g</b> Benefit claims payable	1g					
h Operating payables	1 <b>h</b>	5339247	5606730			
i Acquisition indebtedness	1i					
j Other Liabilities	1j					
k Total liabilities (add all amounts in lines 1g through1j)	1k	5339247	5606730			
Net Assets						
l Net assets (subtract line 1k from line 1f)	11	3766674462	4274178870			
Part II Income and Expense Statement						
2 Plan income, expenses, and changes in net assets for the year. Include all income and expensary payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.						
2f, and 2g.	WIIII5, 0015, 10	ris, and 100-12 125 do not compr	ctc inics 2a, 2b(1)(L), 2c,			
Income		(a) Amount	(b) Total			
a Contributions:		, ,				
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	449284061				
(B) Participants	2a(1)(B)	215387				
(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)		449499448			
	` '					

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9615528	
(B) U.S. Government securities	2b(1)(B)	10607882	
(C) Corporate debt instruments	2b(1)(C)	10565113	
( <b>D</b> ) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
( <b>F</b> ) Other	2b(1)(F)		
(G) Total interest. Add lines <b>2b(1)(A)</b> through (F)	2b(1)(G)		30788523
(2) Dividends: (A) Preferred stock	2b(2)(A)		
( <b>B</b> ) Common stock	2b(2)(B)	6805166	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22940662	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C)	2b(2)(D)		29745828
(3) Rents	2b(3))		1278526
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3920121530	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3874801626	
(C) Subtract line $2b(4)(B)$ from line $2b(4)(A)$ and enter result	2b(4)(C)		45319904
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	2858807	
( <b>B</b> ) Other	2b(5)(B)	128665490	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b>	2b(5)(C)		131524297
		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32975371
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4363823
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	<b>2b(9)</b>		49003765
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		99029084
c Other Income	2c		6927068
<b>d</b> Total income. Add all income amounts in column (b) and enter total	2d		880455637
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	342421816	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		342421816
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2947081	

(	(2) Contract administrator fees	)				
(	(3) Investment advisory and management fees	)		14901	1268	
(	(4) Other	·		12681	1064	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	)				30529413
<b>j</b> To	tal expenses. Add all expense amounts in column (b) and enter total					372951229
	Net Income and Reconcilation					
kΝ	et income (loss). Subtract line 2j from line 2d <b>2k</b>					507504408
	ransfers of assets:					
(	(1) To this plan	)				
	(2) From this plan	)				
Part	III Accountant's Opinion					
3	Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to	to this Form 55	00. Cor	nplete lin	e 3d if an o	pinion is not attached.
a	The attached opinion of an independent qualified public accountant for this plan is (see instructions):			-		-
	$(1) \boxtimes \text{Unmodified} \qquad (2) \square \text{ Qualified} \qquad (3) \square \text{ Disclaimer} \qquad (4) \square \text{ Adverse}$					
	_Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?			$\square$ Yes	$\boxtimes$ No	
$\mathbf{c}$	Enter the name and EIN of the accountant (or accounting firm) below:					
	(1) Name: MILLER KAPLAN ARASE LLP (2) EIN: 95-2036255					
d	The opinion of an independent qualified public accountant is not attached because:					
	(1) $\square$ This form is filed for a CCT, PSA, or MTIA (2) $\square$ It will be attached to the next Form 550	00 pursuant to	29 CFI	3.2520.10	4-50.	
	TIV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f,	f, 4g, 4h, 4k, 4n	n, 4n, o	r 5.		
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.					
	During the plan year:	11 00 000		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period describe					
	2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instruction		4 -		v	
1.	Voluntary Fiduciary Correction Program.)		4a		X	
D	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the classified during the year as uncollectible? Disregard participant loans secured by participant's according to the plan or fixed income obligations due the plan in default as of the close of the plan in default as of the close o					
	(Attach Schedule G (Form 5500) Part I if "Yes" is checked)		4b	X		211898
0	Were any leases to which the plan was a party in default or classified during the year as uncollecti		40	Λ		211030
C	Schedule G (Form 5500) Part II if "Yes" is checked.)		4c		X	
А	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repo		10		21	
u	4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		4d		X	
e	Was this plan covered by a fidelity bond?		4e	X	43	3000000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					300000
-	dishonesty?	~ <i>j</i> 11444 01	4f		X	

$\mathbf{g}$	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?	4g	X		1444608373
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established	J			
	market nor set by an independent third party appraiser?	4h		X	
i					
•	for format requirements.)	$4\mathrm{i}$	X		
i	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach	11	- 11		
J	schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<b>4</b> j	X		
1_	· · · · · · · · · · · · · · · · · · ·	<b>4</b> J	Λ		
K	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought	41		37	
_	under the control of the PBGC?	4k		X	
	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			
5a	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				
<b>5</b> b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla	n(s) to v	vhich ass	ets or liab	pilities were transferred.
	(See instructions.)	, ,			
	5b(1) Name of plan(s)	5b(2) EIN(s)		$I(\mathbf{s})$	5b(3) PN(s)
5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)?	🗵 Yes	$\square$ $\square$ $N$	o $\square$ N	ot determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 42480	055	(See	instructi	ons.)