

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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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 PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF DIRECTORS, MOTION PICTURE INDUSTRY PENSION	D Employer Identification Number (EIN) 95-1810805	

Part I Asset and Liability Statement

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.

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

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(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)	1f	3772013709	4279785600
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	5339247	5606730
i Acquisition indebtedness	1i		
j Other Liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5339247	5606730
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3766674462	4274178870

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	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
b Earnings on investments:		
(1) Interest		

- (A) Interest-bearing cash (including money market accounts and certificates of deposit)
- (B) U.S. Government securities
- (C) Corporate debt instruments
- (D) Loans (other than to participants)
- (E) Participant loans
- (F) Other
- (G) Total interest. Add lines **2b(1)(A)** through **(F)**
- (2) Dividends: (A) Preferred stock
- (B) Common stock
- (C) Registered investment company shares (e.g. mutual funds)
- (D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**
- (3) Rents
- (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds
- (B) Aggregate carrying amount (see instructions).....
- (C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result.....
- (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....
- (B) Other.....
- (C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**.....
- (6) Net investment gain (loss) from common/collective trusts
- (7) Net investment gain (loss) from pooled separate accounts
- (8) Net investment gain (loss) from master trust investment accounts
- (9) Net investment gain (loss) from 103-12 investment entities
- (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....
- c** Other Income.....
- d** Total income. Add all income amounts in column (b) and enter total.....

Expenses

- e** Benefit payment and payments to provide benefits:
- (1) Directly to participants or beneficiaries, including direct rollovers.....
- (2) To insurance carriers for the provision of benefits.....
- (3) Other.....
- (4) Total benefit payments. Add lines 2e(1) through (3)
- f** Corrective distributions (see instructions)
- g** Certain deemed distributions of participant loans (see instructions)
- h** Interest expense.....
- i** Administrative expenses: (1) Professional fees

2b(1)(A)	9615528	
2b(1)(B)	10607882	
2b(1)(C)	10565113	
2b(1)(D)		
2b(1)(E)		
2b(1)(F)		
2b(1)(G)		30788523
2b(2)(A)		
2b(2)(B)	6805166	
2b(2)(C)	22940662	
2b(2)(D)		29745828
2b(3)		1278526
2b(4)(A)	3920121530	
2b(4)(B)	3874801626	
2b(4)(C)		45319904
2b(5)(A)	2858807	
2b(5)(B)	128665490	
2b(5)(C)		131524297
	(a) Amount	(b) Total
2b(6)		32975371
2b(7)		4363823
2b(8)		
2b(9)		49003765
2b(10)		99029084
2c		6927068
2d		880455637
2e(1)	342421816	
2e(2)		
2e(3)		
2e(4)		342421816
2f		
2g		
2h		
2i(1)	2947081	

- 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?
- 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?.....
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if “Yes” is checked, and see instructions for format requirements.)
- 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.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?
- 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** 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 _____

4g	X		1444608373
4h		X	
4i	X		
4j	X		
4k		X	
4l		X	
4m			
4n			

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined
If “Yes” is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4248055. (See instructions.)