

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 05-01-2023, and ending 04-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INT'L ALLIANCE OF THEATRICAL STAGE EMPLOYEES M P T A & A. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 207 W 25TH ST 4TH FLOOR. City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10001

D Employer identification number: 13-1575490. E Telephone number: (212) 730-1770. G Gross receipts \$ 136,234,987

F Name and address of principal officer: 207 W 25TH ST 4TH FLOOR NEW YORK, NY 10001

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number 0386

I Tax-exempt status: 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527

J Website: WWW.IATSE.NET

K Form of organization: Corporation Trust Association Other UNION

L Year of formation: 1893 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE OBJECTIVES OF THE INTERNATIONAL, AS THE REPRESENTATIVE OF ITS MEMBERS, ARE TO ESTABLISH NECESSARY PROCEDURES FOR THE AMICABLE ADJUSTMENT OF ALL DISPUTES WHICH MAY ARISE BETWEEN EMPLOYERS AND EMPLOYEES, AND TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING AND EMPLOYEE BENEFITS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer JAMES B WOOD GENERAL SECRETARY-TREASURER, Date 2024-12-17

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00539069, Firm's name SCHULTHEIS & PANETTIERI LLP, Firm's EIN 13-1577780, Firm's address 450 WIRELESS BLVD HAUPPAUGE, NY 11788, Phone no. (631) 273-4778

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE OBJECTIVES OF THE INTERNATIONAL, AS THE REPRESENTATIVE OF ITS MEMBERS, ARE TO ESTABLISH NECESSARY PROCEDURES FOR THE AMICABLE ADJUSTMENT OF ALL DISPUTES WHICH MAY ARISE BETWEEN EMPLOYERS AND EMPLOYEES, AND TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING AND EMPLOYEE BENEFITS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE OBJECTIVES OF THE INTERNATIONAL, AS THE REPRESENTATIVE OF ITS MEMBERS, ARE TO ESTABLISH NECESSARY PROCEDURES FOR THE AMICABLE ADJUSTMENT OF ALL DISPUTES WHICH MAY ARISE BETWEEN EMPLOYERS AND EMPLOYEES, AND TO IMPROVE WORKING CONDITIONS AND LIVING STANDARDS OF MEMBERS THROUGH COLLECTIVE BARGAINING, EDUCATION, TRAINING AND EMPLOYEE BENEFITS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like political activities, lobbying, donor funds, and fundraising.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions like 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, and 17. Includes a table with columns for question numbers and Yes/No responses.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MATTHEW D LOEB 207 W 25TH ST 4TH FLOOR NEW YORK, NY 10001 (212) 730-1770

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MATTHEW D LOEB INTERNATIONAL PRESIDENT	38.00 2.00			X			574,320	0	132,051
(2) JAMES B WOOD GENERAL SECRETARY-TREASURER	38.00 2.00			X			404,856	0	122,213
(3) MICHAEL J BARNES INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			271,697	0	106,330
(4) DAMIAN PETTI INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			74,179	0	26,460
(5) THOMAS DAVIS - THRU 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			200,838	0	69,880
(6) MICHAEL F MILLER INTERNATIONAL VICE-PRESIDENT	39.00 1.00			X			368,356	0	108,169
(7) JOHN LEWIS INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			333,028	0	97,687
(8) CRAIG CARLSON INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			243,126	0	98,411
(9) DANIEL E DI TOLLA - THRU 0124 INTERNATIONAL VICE-PRESIDENT	39.00 1.00			X			113,129	0	30,819
(10) COLLEEN A GLYNN INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			72,386	0	35,289
(11) JOHN FORD - THRU 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			34,179	0	31,455
(12) PAUL F DEAN JR INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			35,735	0	10,035
(13) CARLOS C COTA - EFF 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			0	0	0
(14) TONI BURNS - EFF 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			0	0	0
(15) PHIL S LOCICERO - THRU 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			37,173	0	21,770
(16) MARIELLE S THORNE - EFF 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			0	0	0
(17) CORINTHIA F HARPER -THRU 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			127,480	0	57,574

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) CHRISTOPHER H O'DONNELL INTERNATIONAL VICE-PRESIDENT-EFF1/24	7.00 0.00			X			23,010	0	12,902
(19) VANESSA HOLTGREWE - EFF 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			229,515	0	80,514
(20) JOANNE SANDERS - THRU 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			249,258	0	81,355
(21) CARL MULERT - EFF 0124 INTERNATIONAL VICE-PRESIDENT	40.00 0.00			X			0	0	0
(22) PATRICIA A WHITE INTERNATIONAL TRUSTEE	40.00 0.00			X			193,868	0	84,312
(23) ANDREW C OYAAS INTERNATIONAL TRUSTEE	4.00 0.00			X			19,309	0	20,818
(24) TUIA'ANA SCANLAN - EFF 0124 INTERNATIONAL TRUSTEE	4.00 0.00			X			0	0	0
(25) CARLOS C COTA - THRU 0124 INTERNATIONAL TRUSTEE	40.00 0.00			X			165,639	0	86,229
(26) SIOBHAN D VIPOND CLC DELEGATE	4.00 0.00			X			12,909	0	9,371
(27) SAMANTHA DULANEY GENERAL COUNSEL	1.00 0.00					X	319,315	0	105,258
(28) PETER MARLEY INTERNATIONAL REPRESENTATIVE	1.00 0.00					X	228,269	0	94,049
(29) ELIZABETH CAMPOS EXECUTIVE DIRECTOR	1.00 0.00					X	226,142	0	93,584
(30) FRANCIS O'HERN BROADCAST CO-DIRECTOR	1.00 0.00					X	212,739	0	99,518
(31) STEVE A BELSKY BROADCAST CO-DIRECTOR	1.00 0.00					X	209,910	0	74,866
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							4,980,365	0	1,790,919

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **75**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SCHULTHEIS & PANETTIERI LLP 450 WIRELESS BLVD HAUPPAUGE, NY 11788	ACCOUNTING	334,606
CLASSIC INCENTIVES LLC 2605 COLLIER RD MANASQUAN, NJ 08736	PROMOTIONAL ITEMS	249,274
O'DONOGHUE O'DONOGHUE 5301 WISCONSIN AVENW WASHINGTON, DC 20015	LEGAL	196,229
SPIVAK LIPTON LLP 1700 BROADWAY 21ST FL NEW YORK, NY 10019	LEGAL	178,001
THORSEN FRENCH ADVOCACY 405 1ST STREET WASHINGTON, DC 20003	CONSULTING	150,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e		
f All other contributions, gifts, grants, and similar amounts not included above		1f		
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				

Program Service Revenue		Business Code				
2a PER CAPITA TAXES		900099	37,665,663	37,665,663		
b PROCESSING FEES		900099	2,210,280	2,210,280		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			39,875,943			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,070,241			2,070,241	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			295,841	295,841			
	6a Gross rents	(i) Real	(ii) Personal					
		6a						
		b Less: rental expenses						
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a		93,541,065				
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)							
	d Net gain or (loss)							
	7c			-212,812				-212,812
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
8a								
b Less: direct expenses								
8b								
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19								
9a								
b Less: direct expenses								
9b								
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
10a								
b Less: cost of goods sold								
10b								
c Net income or (loss) from sales of inventory								

Other Revenue Misc Amt	11a OTHER INCOME	Business Code				
		900099	451,897	451,897		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			451,897			
12 Total revenue. See instructions			42,481,110	40,623,681	0	1,857,429

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,836,320			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	776,000			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,107,634			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,529,690			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,531,956			
9 Other employee benefits	2,740,295			
10 Payroll taxes	1,101,347			
11 Fees for services (non-employees):				
a Management				
b Legal	2,390,732			
c Accounting	329,879			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	268,461			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	144,525			
12 Advertising and promotion	422,236			
13 Office expenses	2,322,756			
14 Information technology	497,118			
15 Royalties				
16 Occupancy	916,711			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,790,477			
20 Interest				
21 Payments to affiliates	1,259,049			
22 Depreciation, depletion, and amortization				
23 Insurance	240,241			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOREIGN CURRENCY TRANS.	825,554			
b EDUCATION & TRAINING	559,180			
c MAINTENANCE & REPAIRS	67,285			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,657,446			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	290,672	1	175,204
	2 Savings and temporary cash investments	2,137,625	2	2,548,341
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,089,305	4	2,459,921
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	32,800	7	27,700
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	186,939	9	330,755
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,821,114		
	b Less: accumulated depreciation	10b 2,068,685	438,130	10c 752,429
	11 Investments—publicly traded securities	63,083,090	11	60,510,026
	12 Investments—other securities. See Part IV, line 11	182,378	12	243,766
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	34,012,177	15	35,695,775
16 Total assets: Add lines 1 through 15 (must equal line 33)	102,453,116	16	102,743,917	
Liabilities	17 Accounts payable and accrued expenses	709,707	17	588,913
	18 Grants payable		18	
	19 Deferred revenue	10,522,000	19	9,895,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	13,566,755	25	3,952,880
	26 Total liabilities. Add lines 17 through 25	24,798,462	26	14,436,793
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	77,654,654	27	88,307,124
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	77,654,654	32	88,307,124
33 Total liabilities and net assets/fund balances	102,453,116	33	102,743,917	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,481,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,657,446
3	Revenue less expenses. Subtract line 2 from line 1	3	823,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,654,654
5	Net unrealized gains (losses) on investments	5	-21,594
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,850,400
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	88,307,124

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Supplemental Financial Statements

2022

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number
13-1575490

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,068,685	2,068,685	0
e Other		752,429		752,429
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				752,429

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) DUE FROM RELATED ORGANIZATIONS, (2) INVENTORY, (3) through (9). Total row at the bottom.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, DEFERRED COMPENSATION PLAN, EMPLOYER DEPOSITS, CREDIT BALANCE LOCALS, and Total row at the bottom.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
------------------	-------------

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number
13-1575490

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	2	19	PROGRAM SERVICES	UNION BUSINESS	4,977,757
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2	19			4,977,757
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	2	19			4,977,757

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	DONATION	750,000		0		
(2)			NORTH AMERICA	DONATION	10,000		0		
(3)			NORTH AMERICA	DONATION	10,000		0		
(4)			NORTH AMERICA	DONATION	6,000		0		
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number
13-1575490

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ENTERTAINMENT COMMUNITY FUND 729 SEVENTH AVENUE NEW YORK, NY 10019	13-1635251	501(C)(3)	2,527,100	0			DONATION
(2) MOTION PICTURE & TELEVISION FUND 23388 MULHOLLAND DRIVEM/S 220 WOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	1,191,500	0			DONATION
(3) MUSEUM OF THE MOVING IMAGE 36-01 35TH AVENUE ASTORIA, NY 11106	11-2730714	501(C)(3)	55,000	0			DONATION
(4) UNION VETERANS COUNCIL 815 BLACK LIVES MATTER PLZ NW WASHINGTON, DC 20006	88-1296979	501(C)(3)	15,000	0			DONATION
(5) NJ AFL-CIO 106 WEST STATE STREET TRENTON, NJ 08608	22-3142633	501(C)(3)	11,000	0			DONATION
(6) OPERATION WARM PO BOX 822431 PHILADELPHIA, PA 19182	38-3663310	501(C)(3)	8,920	0			DONATION
(7) BEHIND THE SCENES PO BOX 368 LAKEVILLE, CT 06039	38-3715781	501(C)(3)	8,800	0			DONATION
(8) AFL-CIO TECHNOLOGY INSTITUTE 815 BLACK LIVES MATTER PLZ NW WASHINGTON, DC 20006	87-1908508	501(C)(3)	7,000	0			DONATION
(9) DIRECTORS GUILD FOUNDATION 7920 SUNSET BLVD LOS ANGELES, CA 90046	95-6052151	501(C)(3)	6,000	0			DONATION
(10) SCREEN ACTORS GUILD 5757 WILSHIRE BLVD 7TH FLOOR LOS ANGELES, CA 90036	45-4931719	501(C)(5)	6,000	0			DONATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART IV- ADDITIONAL SUPPLEMENTAL INFORMATION	SCHEDULE I, PART I, LINE 2, GRANTS AND DONATIONS TO U.S. ORGANIZATIONS: SIGNIFICANT GRANTS AND DONATIONS ARE APPROVED BY THE GENERAL EXECUTIVE BOARD AND RECORDS ARE KEPT FOR ALL THE DONATIONS AND CONTRIBUTIONS MADE.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number

13-1575490

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATTHEW D LOEB INTERNATIONAL PRESIDENT	(i)	573,248	0	1,072	89,899	42,152	706,371	0
	(ii)	0	0	0	0	0	0	0
2 JAMES B WOOD GENERAL SECRETARY-TREASURER	(i)	403,211	0	1,645	89,899	32,314	527,069	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL J BARNES INTERNATIONAL VICE-PRESIDENT	(i)	269,893	0	1,804	74,016	32,314	378,027	0
	(ii)	0	0	0	0	0	0	0
4 THOMAS DAVIS - THRU 0124 INTERNATIONAL VICE-PRESIDENT	(i)	198,634	0	2,204	54,712	15,168	270,718	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL F MILLER INTERNATIONAL VICE-PRESIDENT	(i)	367,112	0	1,244	89,899	18,270	476,525	0
	(ii)	0	0	0	0	0	0	0
6 JOHN LEWIS INTERNATIONAL VICE-PRESIDENT	(i)	333,028	0	0	89,899	7,788	430,715	0
	(ii)	0	0	0	0	0	0	0
7 CRAIG CARLSON INTERNATIONAL VICE-PRESIDENT	(i)	240,114	0	3,012	66,232	32,179	341,537	0
	(ii)	0	0	0	0	0	0	0
8 CORINTHIA F HARPER - THRU 0124 INTERNATIONAL VICE-PRESIDENT	(i)	127,155	0	325	34,728	22,846	185,054	0
	(ii)	0	0	0	0	0	0	0
9 VANESSA HOLTGREWE - EFF 0124 INTERNATIONAL VICE-PRESIDENT	(i)	229,025	0	490	62,525	17,989	310,029	0
	(ii)	0	0	0	0	0	0	0
10 JOANNE SANDERS - THRU 0124 INTERNATIONAL VICE-PRESIDENT	(i)	244,640	0	4,618	67,903	13,452	330,613	0
	(ii)	0	0	0	0	0	0	0
11 PATRICIA A WHITE INTERNATIONAL TRUSTEE	(i)	191,811	0	2,057	52,814	31,498	278,180	0
	(ii)	0	0	0	0	0	0	0
12 CARLOS C COTA - THRU 0124 INTERNATIONAL TRUSTEE	(i)	165,358	0	281	45,123	41,106	251,868	0
	(ii)	0	0	0	0	0	0	0
13 SAMANTHA DULANEY GENERAL COUNSEL	(i)	318,243	0	1,072	86,988	18,270	424,573	0
	(ii)	0	0	0	0	0	0	0
14 PETER MARLEY INTERNATIONAL REPRESENTATIVE	(i)	224,136	0	4,133	62,185	31,864	322,318	0
	(ii)	0	0	0	0	0	0	0
15 ELIZABETH CAMPOS EXECUTIVE DIRECTOR	(i)	225,670	0	472	61,606	31,978	319,726	0
	(ii)	0	0	0	0	0	0	0
16 FRANCIS O'HERN BROADCAST CO-DIRECTOR	(i)	211,513	0	1,226	57,954	41,564	312,257	0
	(ii)	0	0	0	0	0	0	0
17 STEVE A BELSKY BROADCAST CO-DIRECTOR	(i)	208,684	0	1,226	57,184	17,682	284,776	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE INTERNATIONAL PROVIDES FIRST CLASS TRAVEL FOR ITS PRESIDENT AND GENERAL SECRETARY-TREASURER AND THEIR SPOUSES AS DEEMED NECESSARY TO CONDUCT OFFICIAL BUSINESS AND, IN CERTAIN CIRCUMSTANCES, PERMITS FIRST CLASS TRAVEL FOR VICE PRESIDENTS. SPOUSAL TRAVEL COSTS ARE CONSIDERED TAXABLE COMPENSATION, IF APPLICABLE.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number

13-1575490

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . \$. \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JONAS LOEB	FAMILY MEMBER	119,843	SALARY		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

Explanation

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A**Employer identification number**

13-1575490

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS. ALL MEMBERS HAVE VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A	GOVERNING BODY IS ELECTED BY MEMBERSHIP. ALL MEMBERS HAVE VOTING RIGHTS.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED IN COORDINATION WITH OFFICERS WHO WORK FULL TIME FOR THE ORGANIZATION. ONCE COMPLETE, THE FORM WAS PROVIDED TO THE ORGANIZATION'S GENERAL EXECUTIVE BOARD FOR THEIR REVIEW PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AND TO MEMBERS TO THE EXTENT REQUIRED BY LAW.
FORM 990, PART XI, LINE 9:	PENSION RELATED EXPENSES OTHER THAN BENEFIT COSTS 9,850,400.
PART IV LINE 12 & PART XI QUESTION 2D	THE ORGANIZATION RECEIVES AN ANNUAL AUDITED FINANCIAL STATEMENT ON THE ACCRUAL BASIS OF ACCOUNTING OF THE CONSOLIDATED BOOKS AND RECORDS OF THE ORGANIZATION AND ITS RELATED REALTY HOLDING CORPORATIONS AND POLITICAL ACTION COMMITTEES.

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INT'L ALLIANCE OF THEATRICAL STAGE
EMPLOYEES M P T A & A

Employer identification number

13-1575490

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IATSE REALTY CORPORATION 2210 WEST OLIVE AVENUE BURBANK, CA 91506 95-4761036	REAL ESTATE HOLDING	CA	501(C)2	N/A	IATSE	Yes	
(2) IATSE GENERAL OFFICE BUILDING CORP 207 W 25TH ST 4TH FLR NEW YORK, NY 10001 45-4786111	REAL ESTATE HOLDING	NY	501(C)2	N/A	IATSE	Yes	
(3) STATE AND LOCAL PAC OF IATSE 207 W 25TH STREET 4TH FLR NEW YORK, NY 10001 35-2468302	POLITICAL ACTION COMMITTEE	NY	527	N/A	N/A		No
(4) POLITICAL ACTION COMMITTEE OF IATSE 207 W 25TH STREET 4TH FLR NEW YORK, NY 10001 13-1575490	POLITICAL ACTION COMMITTEE	NY	527	N/A	N/A		No
(5) IATSE FEDERAL SPEECH PAC 207 W 25TH STREET NEW YORK, NY 10001 46-0889074	POLITICAL ACTION COMMITTEE	NY	527	N/A	N/A		No
(6) IATSE INTERNATIONAL OFFICE BUILDING CORP 207 W 25TH STREET NEW YORK, NY 10001	REAL ESTATE HOLDING	CA	N/A	N/A	IATSE		No
(7) WALSHDITOLLASPIVAK FOUNDATION 207 W 25TH STREET 4TH FLR NEW YORK, NY 10001 13-6208834	CHARITABLE CONTRIBUTIONS	NY	501 (C) (3)	509 (A)	N/A		No
(8) IATSE STAFF RETIREMENT FUND 207 W 25TH STREET 4TH FLR NEW YORK, NY 10001 13-3104369	DEFINED BENEFIT PENSION PLAN	NY	501 (A)	N/A	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IATSE REALTY CORPORATION	D	14,149,470	COST
(2) IATSE REALTY CORPORATION	K	297,163	COST
(3) IATSE GENERAL OFFICE BUILDING CORP	D	19,895,813	COST
(4) IATSE GENERAL OFFICE BUILDING CORP	K	500,000	COST
(5) IATSE GENERAL OFFICE BUILDING CORP	R	333,000	COST
(6) IATSE FEDERAL SPEECH PAC	R	205,000	COST
(7) IATSE INTERNATIONAL OFFICE BUILDING CORP	D	2,499,826	COST
(8) IATSE STAFF RETIREMENT FUND	P	450,565	COST
(9) IATSE REALTY CORPORATION	R	104,746	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**