

IATSE NATIONAL PENSION, NATIONAL HEALTH & WELFARE, ANNUITY, AND VACATION FUNDS
Trust Acceptance Agreement

The IATSE or the IATSE Local named below (the "Union") and the Employer named below agree as follows regarding benefits to the Pension, Health & Welfare, Annuity, and/or Vacation Fund, respectively and individually as specified below, for employees covered by the Collective Bargaining Agreement ("CBA") between them:

1. Trust Agreement (check off all applicable Funds per the terms of the CBA):

Employer agrees to be bound by all of the terms and provisions of :

- a. **PENSION:** The Agreement and Declaration of Trust (the "National Pension Fund Trust Agreement") establishing the IATSE National Pension Fund (the "National Pension Fund") as restated September 22, 2005, and as amended, and the National Pension Fund's Statement of Policy and Procedures for Collection of Contributions Payable by Employers (the "National Pension Fund Collection Guidelines")
- b. **HEALTH & WELFARE:** The Agreement and Declaration of Trust (the "Welfare Fund Trust Agreement") establishing the IATSE National Health and Welfare Fund (the "Welfare Fund") as restated September 22, 2005, and as amended, and the Welfare Fund's Statement of Policy and Procedures for Collection of Contributions Payable by Employers (the "Welfare Fund Collection Guidelines")
- c. **ANNUITY:** The Agreement and Declaration of Trust (the "Annuity Fund Trust Agreement") establishing the IATSE Annuity Fund (the "Annuity Fund") as restated September 22, 2005, and as amended, and the Annuity Fund's Statement of Policy and Procedures for Collection of Contributions Payable by Employers (the "Annuity Fund Collection Guidelines")
- d. **VACATION:** The Agreement and Declaration of Trust (the "Vacation Fund Trust Agreement") establishing the IATSE National Vacation Fund (the "Vacation Fund") as restated September 22, 2005, and as amended, and the Vacation Fund's Statement of Policy and Procedures for Collection of Contributions Payable by Employers (the "Vacation Fund Collection Guidelines")

Employer also agrees to be represented in the administration of the National Pension Fund, the Welfare Fund, the Annuity Fund, and/or the Vacation Fund, respectively as specified above, by the Employer Trustees therein named or by their successors.

2. Computation of Contributions

Commencing with the effective date for contributions under the CBA between the Union and Employer, and continuing through any renewals, extensions or amendments thereof, Employer agrees to contribute the sums specified in the CBA to the National Pension Fund, the Welfare Fund, the Annuity Fund, and/or the Vacation Fund, as applicable, for each and every employee whose position is covered by that Agreement.

3. Payment of Contributions

Payment of contributions as required above shall be made by check payable to the "IATSE National Pension Fund," the "IATSE National Health & Welfare Fund," or the "IATSE Annuity Fund," and must be received in the appropriate Fund Office not later than: **For Weekly Contributors, the end of the week following the week of employment; OR, For Monthly Contributors, the 20th day of each month following the month of employment.** Each payment of contributions shall be accompanied by a Remittance Report in the form supplied by the applicable Funds.

Check One: Monthly Contributor

Weekly Contributor

_____ (If CBA provides a different due date than set forth above, indicate due date here)

→ **Note:** Any 401(k) salary deferral contributions, to the Annuity Fund must be received by **no later than the 20th of the month following the month in which the work was performed** and the deductions withheld.

→ **Note:** For the purposes of Pension vesting, Employers **must** report the **number of days worked** regardless of the basis of Pension contributions.

Please refer to the Contributions & Collections Handbook for more information on submission of contributions, refunds, interest, etc.

4. Records

Employer agrees to maintain and make available to the Union, the Trustees or one or more of their designees for inspection and verification all of its records covering such employment in accordance with the Trust Agreements and the National Pension Fund, Welfare Fund, Annuity Fund, and/or Vacation Funds' Collection Guidelines, as applicable herein.

5. IRS Compliance

The Pension, Health & Welfare, Annuity, and Vacation Plans adopted by the Trustees shall comply with the requirements of the Internal Revenue Code so as to enable Employer to treat contributions to the National Pension Fund, the Welfare Fund, and the Annuity Fund, as a deduction for income tax purposes.

6. Terms of the CBA

If not already attached to this Trust Acceptance, a copy of the current CBA will be provided by the Employer upon request by the Funds Office. This Trust Acceptance Agreement shall continue in full force and effect until the parties sign a successor CBA that supersedes the current contribution rates, in which case the parties shall be required to sign a new Trust Acceptance Agreement and submit it to the appropriate Fund Office(s) for all Funds affected. Should the parties (i) fail to sign an extension agreement but continue performance of the CBA after its expiration date, or (ii) sign a renewal, extension or amendment of the CBA that does not change the current contribution rates, this Trust Acceptance Agreement shall automatically be deemed extended thereby unless written notice to the contrary is received by the National Pension Fund, the Welfare Fund, the Annuity Fund, and/or the Vacation Fund, as applicable herein.

7. TERM OF CONTRACT: From April 1, 2018 To September 30, 2021

8. TYPE OF CONTRACT: (e.g., Area Standards, Travelling Stage Employees Contract): TBSE Sports Broadcast

9. CONTRIBUTION RATES (Please complete for all applicable Funds):

PENSION

To Which Pension Plan Are You Contributing (Check One):

- Pension Plan B
 Pension Plan C

FROM	TO	% or \$	AMOUNT	(%) OF *	(\$ PER *	MINIMUM	MAXIMUM
April 1, 2018	March 31, 2020	\$	\$11.00	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> Shift		
April 1, 2020	March 31, 2021	\$	\$12.00	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> Shift		
April 1, 2021		\$	\$12.00	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> Shift		

* If percent (%), please check off whether percent of **gross** or **scale earnings**.
 If dollar amount (\$), please check off whether per **hour**, per **day** or per **shift**. If Other, please specify.

Note: For the purposes of Pension vesting, Employers **must** report the **number of days worked** regardless of the basis of Pension contributions.

HEALTH & WELFARE

To Which Health & Welfare Plan Are You Contributing (Check One):

- Health & Welfare Plan A (Note that Plan A has minimum daily rates)
 Health & Welfare Plan C

FROM	TO	% or \$	AMOUNT	(%) OF *	(\$ PER *	MINIMUM	MAXIMUM
April 1, 2018	March 31, 2019	\$	\$7.25	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		
April 1, 2019	March 31, 2021	\$	\$7.50	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		
April 1, 2021		\$	\$7.75	<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		

* If percent (%), please check off whether percent of **gross** or **scale earnings**.
 If dollar amount (\$), please check off whether per **hour**, per **day** or per **shift**. If Other, please specify.

ANNUITY

FROM	TO	% or \$	AMOUNT	(%) OF *	(\$ PER *	MINIMUM	MAXIMUM
April 1, 2018	March 31, 2021	%	4.00 %	<input checked="" type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		
April 1, 2021		%	4.00 %	<input checked="" type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		
				<input checked="" type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Shift		

* If percent (%), please check off whether percent of **gross** or **scale earnings**.
 If dollar amount (\$), please check off whether per **hour**, per **day** or per **shift**. If Other, please specify.

9. CONTRIBUTION RATES (continued)

Salary deferrals to the Annuity Fund

For salary deferrals (401(k) contributions) to the **Annuity Fund**, you must meet the requirements under (a) or (b):

- (a) The **Employer** contribution rate must be **3% or greater of employee's wages**, or
- (b) The employee is working under one of the following contracts (check one):

- Theatrical and Television Motion Picture Area Standards Agreement
- AICP Multi-State Supplement to the AICP West Agreement
- Single Signatory (i.e., one-off) theatrical motion picture and television agreement
- Low Budget theatrical and television motion picture term agreement
- Television term agreement
- Music Video Production Agreement

For salary deferrals under this section (b) no Highly Compensated Employees may participate. In addition, Employer agrees to timely provide salary information for all relevant periods for all employees eligible to participate or who would be eligible if they were not Highly Compensated Employees. (Employer check here if applicable and agreed) **Agreed**

Employer agrees to withhold the respective salary deferral (401(k) contributions) per the requirement above and submit same to the Annuity Fund by no later than the 10th of the month following the month in which the work was performed and the deductions were withheld. (Employer check here if applicable and agreed) **Agreed**

VACATION

FROM	TO	% or \$	AMOUNT	(%) OF *	(\$) PER *	MINIMUM	MAXIMUM	
				<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day	<input type="checkbox"/> Shift <input type="checkbox"/>		
				<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day	<input type="checkbox"/> Shift <input type="checkbox"/>		
				<input type="checkbox"/> Gross <input type="checkbox"/> Scale	<input type="checkbox"/> Hour <input type="checkbox"/> Day	<input type="checkbox"/> Shift <input type="checkbox"/>		

* If percent (%), please check off whether percent of **gross** or **scale earnings**.
If dollar amount (\$), please check off whether per **hour**, per **day** or per **shift**. If Other, please specify.

The parties hereto agree to the above provisions numbered 1-9:

FOR IATSE or IATSE Local # 796 (Fill in applicable union Local #): L796: ERIC NORBERG - PRESIDENT
 By: Int'l: Steve Belsky L796: Steve Belsky Int'l: Steve Belsky - Int'l Representative
 (Authorized IATSE Representative and Local Union Officer Signatures) (Print Name) (Title)
 Date: July 20, 20 18

FOR EMPLOYER:
Callahan Sports Broadcast Crewing 47 3947009
 (Insert Name of Employer) (Employer Federal Tax ID No.)
19210 Candlebrauk Cir Smg TX 77388
 (Address) (City, State, Zip)
713. 389-5191
 (Area Code/Telephone No.) (Area Code/Fax No.)
 By: Robyn Callahan Owner Robyn Callahan
 (Signature of Authorized Officer) (Title) (Print Name)
 Date: 7/3, 20 18

PAYROLL COMPANY (If Applicable)

 (Payroll Company) (Name of Contact Person)

 (Address) (City, State, Zip)

 (Area Code/Telephone No.) (Area Code/Fax No.)