Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/02/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

3601 WEST OLIVE AVENUE
SUITE 300
BURBANK, CA 91505

2b Employer Identification Number (EIN) 95-2110997

2c Plan Sponsor's telephone number 818-954-9400

2d Business code (see instructions) 512100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	BARRY GORDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	ROBERT W. JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	64171
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	28242
a(2) Total number of active participants at the end of the plan year	**6a(2)**	32482
b Retired or separated participants receiving benefits	**6b**	13571
c Other retired or separated participants entitled to future benefits	**6c**	20086
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	66139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1195
f Total. Add lines **6d** and **6e**	**6f**	67334
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	4816

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

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[X]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-1211670	68241	796011		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	172493990

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	4321077082
(2)	Actuarial value of assets for funding standard account	**1b(2)**	4279292727
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	5727614827
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	5727614827
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	12245346080
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	237815560
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	323831003
(3)	Expected plan disbursements for the plan year	**1d(3)**	324740489

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	10/06/2022
Signature of actuary	Date
CARY FRANKLIN	20-04013
Type or print name of actuary	Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC	818-691-2002
Firm name	Telephone number (including area code)
5200 LANKERSHIM BLVD, SUITE 740, NORTH HOLLYWOOD, CA 91601	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	4321077082
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		14621	3875973331
(2) For terminated vested participants		21308	3713038816
(3) For active participants:			
(a) Non-vested benefits			241245734
(b) Vested benefits			4415088199
(c) Total active		28242	4656333933
(4) Total		64171	12245346080
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	35.29 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
12/31/2021	357788063				

	Totals ►	**3(b)**	357788063	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	5721134

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	74.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☒ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☒ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.43 %			
			Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:						
(1) Males		**6c(1)**	A		A	
(2) Females		**6c(2)**	A		A	
d Valuation liability interest rate		**6d**	7.25 %		7.25 %	
e Expense loading		**6e**	15.9 %	☐ N/A	%	☒ N/A
f Salary scale		**6f**	4.00 %	☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	7.6 %			
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	8.3 %			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-30563101	-3178410
4	172148277	17902562

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	105386504
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	2258143743	297066147
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	29177817
e Total charges. Add lines 9a through 9d		**9e**	431630468

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	493515524
g	Employer contributions. Total from column (b) of line 3		**9g**	357788063
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 316306119		73835611
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	51941138
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 2195646343		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 6963146037		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	977080336
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	545449868
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	95-2110997

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ANACAP CREDIT OPPORTUNITIES IV, L.P

98-1474419

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

APOLLO HYBRID VALUE FUND, L.P.

83-0750729

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

ARES ENERGY OPPORTUNITIES FUND B, L

82-3985701

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

ARES EPIC CO-INVEST DELAWARE FEEDER

83-2662239

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

ARES SPECIAL OPPORTUNITIES FUND

98-1463109

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

ASCRIBE OPPORTUNITIES FUND IV, L.P.

35-2602652

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

AURORA EQUITY PARTNERS VI, L.P.

83-4361484

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

AVENUE ASIA SPECIAL SITUATIONS FUND

83-2354154

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

AVISTA CAPITAL PARTNERS IV, L.P.

98-1276813

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

AVISTA CAPITAL PARTNERS V, L.P.

83-3470750

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

BALANCE POINT CAPITAL PARTNERS V.

85-1892172

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

BCP SPECIAL OPPORTUNITIES FUND II

98-1481286

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

BLACKSTONE CAPITAL OPPORTUNITIES

345 PARK AVENUE
31ST FLOOR
NEW YORK, NY 10154

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

BLACKSTONE CAPITAL PARTNERS VIII

83-3123842

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

BLACKSTONE TACTICAL OPPORTUNITIES

82-4602635

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

CARLYLE CREDIT OPPORTUNITIES FUND

87-3865673

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

CASTLELAKE AVIATION IV STABLE YIELD

84-2627877

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

CASTLELAKE INCOME OPPORTUNITIES II

86-3248011

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

CASTLELAKE INCOME OPPORTUNITIES

98-1456932

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

CASTLELAKE V DISLOCATED OPPORTUNITI

85-2277383

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

CASTLELAKE V, L.P.

82-1221295

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

COMVEST CREDIT PARTNERS V, L.P.

98-1513020

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

CRESCENT DIRECT LENDING FUND III

98-1558735

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

CVC CAPITAL PARTNERS VIII, L.P.

98-1545245

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

FIRST EAGLE DIRECT LENDING FUND IV,

57-1156902

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

FIRST EAGLE DIRECT LENDING FUND V

86-2522820

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

GREAT HILL EQUITY PARTNERS VIII

87-2535033

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

GSO ENERGY SELECT OPPORTUNITIES

83-2354154

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

GTCR FUND XIII, L.P.

98-1594001

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

HPS MEZZANINE PARTNERS 2019, L.P.

98-1467630

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

ICG EUROPE FUND VII, L.P.

98-1422180

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

ICG EUROPE FUND VIII SCSP

6H, ROUTE DE TREVES
SENNINGERBERG, NIEDERANVE L2633 LU

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

ICG RECOVERY FUND II SCSP

6H, ROUTE DE TREVES
SENNINGERBERG, NIEDERANVE L2633 LU

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

INSIGHT PARTNERS XII, L.P.

1114 AVENUE OF THE AMERICAS
36TH FLOOR
NEW YORK, NY 10036

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

K5 PRIVATE INVESTORS, L.P.

27-4741827

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

KELSO INVESTMENT ASSOCIATES X, L.P.

82-3640202

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

KELSO INVESTMENT ASSOCIATES XI, L.P

87-2275466

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

KPS SPECIAL SITUATIONS FUND V, L.P.

98-1509288

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

L CATTERTON GROWTH IV, L.P.

83-1671274

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

LBC CREDIT PARTNERS V, L.P.

555 EAST LANCASTER AVE
SUITE 450
RADNOR, PA 19087

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

LONE STAR FUND XI, L.P.

98-1441228

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

NEWQUEST ASIA FUND IV, L.P.

98-1481362

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

NEWVIEW CAPITAL FUND I, L.P.

83-1595868

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

OAK HILL CAPITAL PARTNERS IV, L.P.

98-1226036

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

OAK HILL CAPITAL PARTNERS V, L.P.

98-1456404

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

OAKTREE OPPORTUNITIES FUND XI, L.P.

98-1538989

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

PLATINUM EQUITY CAPITAL PARTNERS V.

83-3315161

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

PLATINUM EQUITY SMALL CAP FUND, L.P

82-3265925

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

ROARK CAPITAL PARTNERS V, L.P.

98-1391237

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

STG ALLEGRO FUND, L.P.

87-0990805

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

STG VI, L.P.

85-1749593

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

THOMAS H. LEE EQUITY FUND IX, L.P.

85-4208740

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

THOMAS H. LEE EQUITY FUND VIII, L.P

82-2870469

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

WEBSTER CAPITAL II-A, L.P.

32-0544068

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

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

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

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

BRIDGEWATER

98-0501379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	6784205	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ARTISAN GLOBAL PARTNERS

39-1807188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	2415498	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JP MORGAN ASSET MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 52	NONE	2410874	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NATIONAL INVESTMENT SERVICES

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1777566	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WALTER SCOTT PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1592461	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VOYA ALTERNATIVE ASSET MANAGEMENT

13-3863170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1509796	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

27-6331814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1134755	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ABS INVESTMENT MANAGEMENT LLC

13-4205457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1125448	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1066462	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BEACHPOINT CAPITAL

80-0242162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1007795	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

OAKTREE CAPITAL MANAGEMENT

26-0189082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	935136	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LAZARD ASSET MANAGEMENT LLC

50-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	911106	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	871220	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

KABOUTER MANAGEMENT

20-0236475

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	854542	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 53	NONE	755640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NEWTON CAPITAL MANAGEMENT LLC

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	649364	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SEGAL BRYANT HAMMILL

81-0848820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	466457	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	444494	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NIGRO, KARLIN, SEGAL & FELDSTEIN

95-3632775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 60 50 70	NONE	378646	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COGNIZANT WORLDWIDE LIMITED

13-3924155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	317859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDYWINE GLOBAL

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	292421	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BDO

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	285137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH + BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	274244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES, LLC.

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	265494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001553

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	228402	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 18 19 25 51 52	NONE	225175	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BUSH GOTTLIEB, A LAW CORP.

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	200138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PROSKAUER ROSE, LLP.

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	185415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP, INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	181125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	174460	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 001568

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	167962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000213

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	165684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000195

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	146312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000100

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	133012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS AND SIMON, LLP.

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	130839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001380

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VECTOR RESOURCES, INC.

95-4154511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	91745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER TECHTRONICS

95-4101994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000175

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 062065

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001574

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000136

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE HARTFORD

06-0294398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	72648	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 083918

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71379	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEXUSTEK

84-1432041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	71141	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000305

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68972	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000126

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67748	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000264

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 001392

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAPESTONE, INC.

43-3125724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	64061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000282

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000284

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60683	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 001293

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59921	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000304

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000170

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 050202

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000140

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000220

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001212

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	54979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001417

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	54226	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001399

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	54008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000351

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53874	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 001427

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53343	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INVENGER TECHNOLOGIES, INC

35-2223949

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	49939	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000370

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48617	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000242

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48053	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000159

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000338

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000356

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000362

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000283

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000335

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWER LAW GROUP, A PROFESSIONAL CO

82-3315514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	43760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000291

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000332

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42487	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000352

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42183	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CSC CONVANSYS, CORP.

38-2606945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	41188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ROBERT HALF INTERNATIONAL

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 61	NONE	40464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 067934

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROGRESS SOFTWARE, CORP.

04-2746201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40241	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000296

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40062	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000348

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 001559

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39277	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 001219

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000113

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001059

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATACCAMA CORP

99-0361800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	38430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000337

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000230

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37324	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000222

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000182

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36609	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000276

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000146

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000161

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001400

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000208

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000277

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001538

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000263

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000299

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001005

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000278

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001131

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000177

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001552

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000327

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000229

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001551

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31933	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000271

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31685	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000254

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31671	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000069

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001318

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000369

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 072929

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCOUNTING PRINCIPALS

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000367

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001541

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28696	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000151

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28190	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAREER STRATEGIES TEMPORARY, INC.

95-4263858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27653	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 001111

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27603	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000249

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000292

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE FILE NUMBER 000388

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000357

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000353

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADMINISTRATIVE SYSTEMS, INC.

90-0951700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64	NONE	23986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AJILON PROFESSIONAL STAFFING, LLC

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UKG, INC.

65-0694077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	19201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MODIS, INC

65-0000600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 61	NONE	13416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG GLUSKER

95-2161045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THERMAL CONCEPTS, INC.

71-1043751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLOUDFLARE, INC.

27-0805829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	11600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLEGRO SOLUTIONS, INC.

45-2216372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEDWATCH, LLC

16-1662117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	9873	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INSIGHT GLOBAL, LLC

84-3001688

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 61	NONE	7436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION BANK

94-0304228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 50	NONE	6864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUADIENT LEASING USA, INC.

94-2388882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	6768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY (EASTERN STATES),

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID L. WEISSMAN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARRAY

85-0748969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1211670-038	P	40669500

a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II ACCOUNT

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-1211670-039	P	131824490

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6038770-001	C	171529807

a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): BRANDYWINE GLOBAL INVESTMENT MGMT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-0412248-017	E	65351254

a Name of MTIA, CCT, PSA, or 103-12 IE: BRIDGEWATER PURE ALPHA MAJOR MARKET

b Name of sponsor of entity listed in (a): BRIDGEWATER PURE ALPHA MAJOR MARKET

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0674465-001	E	123098833

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL WEATHER PORTFOLIO, LTD.

b Name of sponsor of entity listed in (a): ALL WEATHER PORTFOLIO, LTD.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0501379-001	E	364412050

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY GROUP TRUST

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5545100-001	E	121646793

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2929221-016	E	243535718

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-2021943-001	C	4292633

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
16-1626084-002	C	4714759

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-4783986-001	C	5967600

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR MACRO ALLOCATION FUND

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6331814-011	C	108011309

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3653822-021	C	370744195

a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC GLOBAL DEFENSIVE EQUITY

b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-0463932-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
76-6192146-003	E	373083282

a Name of MTIA, CCT, PSA, or 103-12 IE: SBH INTERNATIONAL SMALL CAP TRUST

b Name of sponsor of entity listed in (a): SEI COLLECTIVE TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0848820-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-003	C	701024909

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NEWTON GLOBAL RETURN

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-231	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

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	44513057	142263343
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11551013	18413192
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1696884	28144769
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	47344223	330554912
(2) U.S. Government securities	1c(2)	93759839	77806760
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	146915884	155720741
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	528099778	552907516
(6) Real estate (other than employer real property)	1c(6)	76335585	87000403
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1302193178	1366285212
(10) Value of interest in pooled separate accounts	1c(10)	141864408	172493990
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	1276557271	1291127930
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	244497411	259611162
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	412802452	440225901

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	5688927	4567876
f	Total assets (add all amounts in lines 1a through 1e)	1f	4333819910	4927123707
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	9752298	8385253
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2990530	1957986
k	Total liabilities (add all amounts in lines 1g through1j)	1k	12742828	10343239
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4321077082	4916780468

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)	352066929	
	(B) Participants	2a(1)(B)		
	(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)		352066929
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32520	
	(B) U.S. Government securities	2b(1)(B)	1358908	
	(C) Corporate debt instruments	2b(1)(C)	4699997	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	22340182	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28431607
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1623225	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1623225
	(3) Rents	2b(3)		4998452
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	714638869	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	709109100	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5529769
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	30946505	
	(B) Other	2b(5)(B)	117398268	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		148344773

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		329852115
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		39766684
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		18968608
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13596144
c Other income	2c		5747307
d Total income. Add all **income** amounts in column (b) and enter total	2d		948925613
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	306406079	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		306406079
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2027594	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	31429855	
(4) Other	2i(4)	13358699	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		46816148
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		353222227
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		595703386
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WITHUM SMITH & BROWN, PC **(2)** EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		3791843128
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?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 428966.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS

D Employer Identification Number (EIN)
95-2110997

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 8

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 43 % Investment-Grade Debt: 12 % High-Yield Debt: 4 % Real Estate: 9 % Other: 32 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[ ] Effective duration [ ] Macaulay duration [X] Modified duration [ ] Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? [ ] Yes [ ] No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

[ ] Yes.

[ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

[ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

[ ] No. Other. Provide explanation _____

SAG·Producers
PENSION PLAN

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN
Financial Statements
December 31, 2021 and 2020
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Screen Actors Guild-Producers Pension Plan
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December 31, 2021 and 2020

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withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Screen Actors Guild - Producers Pension Plan:

Opinion

We have audited the financial statements of the Screen Actors Guild - Producers Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Form 5500, supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021 and Form 5500, schedule H, line 4j - schedule of reportable transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith + Brown, PC

October 14, 2022

Screen Actors Guild - Producers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Investments	$ 4,839,928,533	$ 4,268,637,207
SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,805,994	1,732,822
Total investments - at fair value	4,841,734,527	4,270,370,029
Receivables		
Employers' contributions	18,413,192	11,551,013
Accrued interest and dividends	1,160,239	1,125,444
Receivable for sale of securities	-	495,586
Receivable from SAG-AFTRA Health Plan	26,979,592	-
Receivable from SAG-AFTRA Producers Industry Advancement and Cooperative Fund	-	75,854
Receivable from Business Arts Plaza Inc.	4,938	-
Total receivables	46,557,961	13,247,897
Cash	34,263,343	44,513,057
Fixed assets - net of accumulated depreciation and amortization	4,086,635	4,881,491
Prepaid expenses	481,241	807,436
Total assets	4,927,123,707	4,333,819,910
Liabilities		
Accounts payable and accrued expenses	8,385,253	9,752,298
Payable for purchase of securities	19,948	140,000
Due to SAG-AFTRA Health Plan	-	1,117,708
Due to SAG-AFTRA Producers Industry Advancement and Cooperative Fund	132,044	-
Due to SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,805,994	1,732,822
Total liabilities	10,343,239	12,742,828
Net assets available for benefits	$ 4,916,780,468	$ 4,321,077,082

The Notes to Financial Statements are an integral part of these statements.

Screen Actors Guild - Producers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 556,058,093	$ 330,639,560
Interest income	28,431,607	26,419,515
Dividend income	1,623,225	1,172,596
Net income from income-producing property	4,998,173	4,596,796
Total investment income	591,111,098	362,828,467
Investment expenses	(31,429,855)	(29,370,817)
Net investment income	559,681,243	333,457,650
Employers' contributions	352,066,929	245,453,941
Withdrawal liability income	5,721,134	2,149,305
Other income	26,452	25,109
Total additions	917,495,758	581,086,005
Deductions		
Benefit payments		
Pension benefits	304,394,875	298,223,915
Death benefits	2,011,204	1,208,542
Total benefit payments	306,406,079	299,432,457
General and administrative expenses	15,386,293	14,589,615
Total deductions	321,792,372	314,022,072
Net increase	595,703,386	267,063,933
Net assets available for benefits		
Beginning of year	4,321,077,082	4,054,013,149
End of year	$ 4,916,780,468	$ 4,321,077,082

The Notes to Financial Statements are an integral part of these statements.

1. PLAN DESCRIPTION AND FUNDING

The following brief description of the Screen Actors Guild - Producers Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description ("SPD") for complete information.

General

The Plan was established in January 1961 to provide retirement benefits for eligible actors. The Plan is a multiemployer defined benefit pension plan subject to the provisions of section 401 of the Internal Revenue Code (the "IRC"), the Labor Management Relations Act and the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Board of Trustees (the "Trustees") of the Plan, which is comprised of an equal number of union representatives and contributing employer representatives, is the Plan Administrator.

The Plan covers actors who have performed services in television and theatrical motion pictures, television commercials or other entertainment related areas, such as new media, for an employer under a collective bargaining agreement with SAG-AFTRA that specifically requires contributions to the Plan, as well as Plan Office staff and employees of SAG-AFTRA, and the SAG-AFTRA Foundation.

Participation

Participants earn one pension credit for each year worked in covered employment, subject to certain restrictions. Pension credits are units that measure the amount of time participants have worked in employment covered by the Plan. An annual pension credit is based on earnings credit in covered employment. For the years ended December 31, 2021 and 2020, the minimum earnings required to earn a pension credit was $20,000. Some participants may earn pension credits at a lower earnings' threshold for prior service, for military service or under an alternative program. Under the alternative program, days of employment required for one pension credit is 70 days in a calendar year. Participants become vested upon accumulation of ten pension credits or upon accumulation of five pension credits by or after age 65 without a permanent break in service and meeting an activity test. Some participants become eligible under special rules when they attain retirement age.

Plan Benefits and Vesting

The Plan provides for monthly benefit payments (a regular pension) to participants who have attained age 65 and have earned at least ten pension credits. Alternatively, participants may elect the partial lump sum option under which a lump sum payment (equivalent to 12 times the monthly benefit) is made at retirement, accompanied by reduced monthly benefit payments thereafter. Effective January 1, 1999, under the Limited Five-Year Vesting option, participants who have no permanent break in service and satisfy an activity test are considered vested after accumulating at least five pension credits. Participants may also be eligible for reduced retirement benefits as early as age 55, with ten pension credits. The maximum pension benefit for participants with 35 or more pension credits is $8,000 per month and the minimum benefit for participants with at least ten pension credits at age 65 is $220 per month. The maximum pension amount may be increased if the annuity starting date is after age 65. The Plan provides for the payment of death benefits to beneficiaries of participants who had not retired but had met the service requirements for vesting. In addition, options are available at reduced benefits where the Plan makes provisions for designated beneficiaries in the event of a retired participant's death. Participants should refer to the SPD for complete information.

Employers' Contributions
The Boards of Trustees of the Plan, the SAG-AFTRA Health Plan (the "Health Plan"), and the SAG-AFTRA Producers Industry Advancement and Cooperative Fund (the "IACF"), have authorized the allocation of contributions received from producers among the Plan, the Health Plan and the IACF pursuant to provisions of collective bargaining agreements with SAG-AFTRA. The Plan is funded by contributions from producers at rates applied to the actors' compensation as specified under the collective bargaining agreements. Generally, the producers are required to submit contributions to the Plan within 30 days from the date that the performers are paid. Contributions to the Plan for the years ended December 31, 2021 and 2020 exceeded the minimum funding requirement under ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
These financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions which affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits and the disclosure of contingencies, if any, at the date of the financial statements and additions to and deductions from net assets and changes in the actuarial present value of accumulated plan benefits during the reporting period. Actual results may differ from those estimates.

Investment in Income-Producing Property
The Plan owns 100% of Business Arts Plaza, Inc. ("BAPI"), a California not-for-profit corporation, whose primary source of revenue is rental income from commercial real estate. Rental income is recorded on the accrual basis. BAPI is carried at fair value as an investment of the Plan.

Investment Valuation and Income Recognition
Investments are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Cash held in investment accounts is reported as investments. See Note 4 on fair value measurements for details and methodologies used.

In accordance with the policy of presenting investments at fair value, net appreciation (net unrealized and realized gain or loss) in fair value of investments is reported on the statements of changes in net assets available for benefits for the period in which it occurs.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services that the participants have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated participants or their beneficiaries, b) beneficiaries of participants who have died, c) present active participants or their beneficiaries, and d) inactive participants who are vested.

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuaries. The actuarial present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals or retirement) between the valuation dates and the expected date of payment.

The significant assumptions used in the determination of the actuarial present value of accumulated plan benefit are detailed in Note 3.

Benefits
Benefits are recognized when paid.

Withdrawal Liability Income
The Plan complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of a “withdrawal liability” on a contributing employer that partially or totally withdraws from the Plan.

During the years ended December 31, 2021 and 2020, the Plan assessed withdrawal liability against certain employers. The Plan’s independent actuary made a computation of the resulting withdrawal liability assessment, which represents the employer’s share of the Plan’s unfunded obligations. These amounts, net of an allowance for uncollectible accounts, are included with employers’ contributions receivable on the statement of net assets available for benefits.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable any amounts received by the Plan during the 90-day period subsequent to the fiscal year-end date which relates to performances on or before December 31 of the respective years and an estimate based on delinquent accounts. No provision for uncollectible accounts has been reported, as management believes all receivables to be collectible.

Management of the Plan, in the normal course of business, contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the Plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.

Fixed Assets, Depreciation and Amortization
Fixed assets are capitalized at cost. Costs of major additions, replacements and improvements are capitalized, and maintenance and repairs which do not improve or extend the useful lives of the respective assets are charged to expense as incurred.

Depreciation and amortization are provided on the straight-line method over the estimated useful lives of the related assets. The estimated useful lives are as follows:

Description	Estimated Life (Years)
Computer equipment and software	3-15
Office equipment and furniture	3-10
Computer licenses	Term of licenses
Leasehold improvements	10

Operating Expenses

Shared administrative and operating expenses of the Plan, the Health Plan, and the IACF are paid first by the Plan. A charge is apportioned to each Plan or the IACF based on the type of expense and the type of service or activity attributable to that entity. Salary and related benefits for personnel who work exclusively for one Plan or the IACF are charged to that entity. Certain shared costs are allocated in a ratable and consistent method to ensure a fair charge among the Plan, the Health Plan, and the IACF. The basis of allocation to each Plan or the IACF is approved periodically by the boards of trustees.

Accounting Principles Adopted

For the year ended December 31, 2021, management adopted the changes in accounting principles reflected in Accounting Standards Update ("ASU") No. 2017-12, *Derivatives and Hedging* (Topic 815): *Targeted Improvements to Accounting for Hedging Activities,* which was amended by ASU 2019-12, *Financial Instruments - Credit Losses* (Topic 326), *Derivatives and Hedging* (Topic 815). ASU 2019-12 amended the effective dates for ASU 2017-12 to effective for fiscal years beginning after December 15, 2020, and interim periods within fiscal years beginning after December 15, 2021. The ASU simplified and expanded the eligible hedging strategies for financial and nonfinancial risks and created more transparency in how hedging results are presented and disclosed. See Note 5 for additional detail.

Future Changes in Accounting Standards

In February 2016, the Financial Accounting Standards Board ("FASB") issued ASU No. 2016-02, *Leases* (Topic 842), which supersedes existing lease accounting standards. Together with subsequent amendments, this created Accounting Standards Codification Topic 842 ("ASC 842"). ASC 842 requires that a lessee recognize a right-of-use asset and a corresponding liability for its obligation under virtually all operating leases, as well as expands disclosure requirements. On June 3, 2020, the FASB approved an extended the effective date which now makes ASC 842 effective for periods beginning after December 15, 2021, and the interim period within fiscal years beginning after December 15, 2022. ASC 842 effective for annual reporting periods beginning after December 15, 2021. Early adoption was permitted. Management is currently evaluating the effect of the adoption of ASC 842 on its net assets and its changes in net assets.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2021 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 14, 2022, the date that the financial statements were available to be issued and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits as of December 31, 2020:

Vested benefits	
Participants currently receiving benefits	$ 2,522,745,525
Other participants	2,965,017,205
	5,487,762,730
Nonvested benefits	67,703,820
Present value of administrative expenses	
Vested participants	190,014,122
Nonvested participants	2,344,249
	192,358,371
Total actuarial present value of accumulated plan benefits at December 31, 2020	$ 5,747,824,921

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2020 consisted of the following:

Actuarial present value of accumulated plan benefits at January 1, 2020	$ 5,390,136,724
Changes to actuarial assumptions	195,218,573
Benefits accumulated, net liability gain or loss, changes in data	69,365,876
Benefits and administrative expenses paid	(314,022,072)
Interest	407,125,820
Total actuarial present value of accumulated plan benefits at December 31, 2020	$ 5,747,824,921

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. Following is a listing of significant actuarial assumptions used in the valuation as of December 31, 2020:

- Mortality based on the 2016 version of the RP 2014 Mortality Tables (separate for males and females, and by annuitant/non-annuitant status). No future improvement was assumed.

- Retirement rates:

Age	Percent Retiring Each Year Actives	Inactive Vested
55	10.0%	10.0%
56-61	5.0%	5.0%
62	5.0%	5.0%
63	5.0%	5.0%
64	7.5%	15.0%
65	22.5%	40.0%
66	22.5%	30.0%
67	15.0%	20.0%
68	15.0%	15.0%
69	20.0%	15.0%
70	30.0%	25.0%
71+	100.0%	100.0%

- Assumed net investment return of 7.25% per year, compounded annually, net of investment expense.
- Administrative expenses - $15,000,000

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of January 1, 2021. Had the valuation been performed as of December 31, 2020, there would be no material differences.

Since the prior valuation, the interest rate assumption decreased from 7.5% to 7.25%, the operating expense assumption was lowered from $15.5 million to $15 million, the interest rate for the partial lump sum was changed from 4% to 3.25%, and the election rate for partial lump sums was changed from 60% to 55%. There have been no other assumption changes since the prior valuation.

The present value of the annual administrative expenses is included in the present value of accumulated plan benefits. The amount included is equal to the expected expenses for the upcoming year payable as a perpetuity, discounted at the Plan's actuarial interest rate.

4. FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establish a fair value reporting hierarchy and define three broad levels of inputs (the assumptions that market participants would use in pricing the asset or liability) as noted below:

Level 1 - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2021 and 2020.

- *Registered investment companies* are valued at the closing price reported in the active market in which the funds are traded.
- *Corporate bonds, asset backed securities, and U.S. and other government securities* are valued by pricing services based on yields currently available on comparable issues with similar credit ratings and broker quotes from dealers who are market makers in these investments.
- *Real estate* consists of an investment in real property (“BAPI”) and is stated at estimated fair value as determined by an independent appraisal.
- Certain *short-term investments* are recorded at cost, which equals fair value. Other short-term investments represent the Plan’s derivative positions which are valued at closing quoted market prices in active markets in which the securities are traded.
- Except for one real estate investment fund*, private and real estate investment funds* are carried at the net asset value (“NAV”), or its equivalent, of the shares or interest held by the Plan at year end, which is based on the fair value of the underlying securities and bonds. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value.
- One *real estate investment fund* is carried at the offering price NAV, which represents the share price at which shares may be subscribed.

The preceding methods produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2021 and 2020, there were no transfers in or out of Level 3.

As of December 31, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2021			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate bonds	$ -	$ 110,101,804	$ -	$ 110,101,804
Asset backed securities	-	45,618,937	-	45,618,937
U.S. and other government securities	-	109,004,181	-	109,004,181
Registered investment companies	259,611,162	-	-	259,611,162
Real estate	-	-	87,000,403	87,000,403
Short-term investments	-	330,554,912	-	330,554,912
Total investments in the fair value hierarchy	$ 259,611,162	$ 595,279,834	$ 87,000,403	$ 941,891,399
Investments measured at net asset value				3,791,843,128
Uninvested cash				108,000,000
Total investments at fair value				$ 4,841,734,527

	2020			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate bonds	$ -	$ 104,301,709	$ -	$ 104,301,709
Asset backed securities	-	42,614,175	-	42,614,175
U.S. and other government securities	-	119,274,865	-	119,274,865
Registered investment companies	244,497,411	-	-	244,497,411
Real estate	-	-	76,335,585	76,335,585
Short-term investments	-	47,344,223	-	47,344,223
Total investments in the fair value hierarchy	$ 244,497,411	$ 313,534,972	$ 76,335,585	$ 634,367,968
Investments measured at net asset value				3,636,002,061
Total investments at fair value				$ 4,270,370,029

Included in registered investment companies at December 31, 2021 and 2020 is $1,805,994 and $1,732,822, respectively, of investments related to the SAG-Producers Pension Plan 457 Deferred Compensation Plan sponsored by the Plan. This amount is reported on the statements of net assets available for benefits as investments at fair value and as a corresponding liability due to SAG-Producers Pension Plan 457 Deferred Compensation Plan.

The tables below represent reconciliations for the years ended December 31 of assets measured at fair value on a recurring basis using level 3 inputs.

	2021	2020
Balance at beginning of year	$ 76,335,585	$ 76,416,864
Unrealized gains (losses)	10,664,818	(81,279)
Balance at end of year	$ 87,000,403	$ 76,335,585

Investment policies, guidelines and procedures have been established by the Trustees of the Plan and may be modified or amended only at the direction of the Trustees. In establishing and determining the reasonableness of investment valuations, the Plan enlists the assistance of investment managers and fiduciaries who review the performance of investments to ensure adherence to those policies, guidelines and procedures.

Investments are monitored by management, as assisted by the Plan's independent fiduciary, to review pricing models and methodologies, to analyze changes in fair value from period to period, to report valuations and changes in valuations to the Trustees and to verify compliance with the presentation of investments in accordance with accounting principles generally accepted in the United States of America.

The following table represents the Plan's level 3 investment, the valuation techniques used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs as of December 31:

2021				
Investment	**Fair Value**	**Principal Valuation Technique**	**Unobservable Inputs**	**Significant Input Values**
Real estate	$ 87,000,403	Income capitalization approach	DCF $/SF (NRA)	$525/SF
			Holding period	11 years
			Terminal capitalization rate	6.00%
			Internal rate of return	6.75%

2020				
Investment	**Fair Value**	**Principal Valuation Technique**	**Unobservable Inputs**	**Significant Input Values**
Real estate	$ 76,335,585	Income capitalization approach	DCF $/SF (NRA)	$454/SF
			Holding period	11 years
			Terminal capitalization rate	6.25%
			Internal rate of return	6.75%

The fair values of the following investments as of December 31 have been determined using the net asset value per unit of the investment:

	2021		2020			
	Fair Value	**Unfunded Commitments**	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
US Equity Managers (a)	$ 701,024,907	$ -	$ 414,912,838	$ -	Daily	None
Global Equity Managers (b)	743,827,477	-	547,144,173	-	Daily	None
International Equity Managers (c)	322,376,995	-	349,291,705	-	Daily/Monthly	30 Days
Emerging Markets Equity Managers (d)	121,646,793	-	113,439,916	-	Daily/Monthly	5 Days
Long/Short Equity Managers (e)	42,298,022	-	251,485,120	-	Monthly/Quarterly	45 Days
Fixed Income Managers (f)	332,857,036	-	395,930,430	-	Daily/Monthly/ Quarterly	45 to 60 Days
Real Estate Managers (g)	489,610,129	11,757,209	428,678,008	11,757,209	Quarterly/Upon Liquidation	45 to 90 Days/Upon Liquidation
GTAA/Risk Parity Managers (h)	472,423,359	-	683,066,028	-	Daily/Monthly	5 to 14 Days
Global Macro Managers (i)	237,222,962	-	291,826,869	-	Monthly	5 Days
Private Debt Managers (j)	141,248,553	230,981,354	83,353,897	163,734,268	Upon Liquidation	Upon Liquidation
Private Equity (k)	187,306,895	172,640,319	76,873,077	145,081,275	Upon Liquidation	Upon Liquidation
	$ 3,791,843,128	$ 415,378,882	$ 3,636,002,061	$ 320,572,752		

(a) This fund strives to approximate the risk and return characterized by the S&P 500 index.

(b) These funds aim to seek maximum long term capital growth by investing primarily in equity securities and publicly traded corporate equities of non-U.S. companies across a broad capitalization range.

(c) These funds aim to achieve long term capital appreciation by investing in equity securities and common stock, of small and mid-sized companies located outside of the United States, including emerging markets.

(d) These funds strive to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of issuers that are located, or do significant business, in emerging markets countries.

(e) These funds aim to provide a defensive equity exposure and deliver returns similar to the global equity markets with less volatility as compared to underlying markets.

(f) These funds aim to achieve interest income and long term capital appreciation by investing in U.S. fixed income instruments and non U.S. developed and emerging markets sovereign debt securities, high yield fixed income corporate securities, domestic corporate preferred stock and preferred-like fixed income securities.

(g) These funds invest in U.S. real estate, properties and related real estate across European markets, infrastructure-related assets located primarily in U.S., Canada, Western Europe and Australia and real estate investments either directly owned or through partnership interest on income producing real estate.

(h) These funds aim to provide attractive returns with relatively limited risks with no material bias to perform better or worse in any particular type of economic environment by investing in a diversified group of equities, bonds and cash, as well as other assets held via tradable securities, including real estate, commodities, currencies and 'alternative' strategies.

(i) These funds aim to achieve substantial capital appreciation in a wide range of asset classes using proprietary investment systems developed by the investment manager.

(j) These funds invest primarily in debt and equity securities to offer an opportunity for growth and provide an attractive risk return profile. These investments are across various sectors.

(k) These funds generally invest in private equity and equity related investments in established, mature companies or business units to achieve substantial capital appreciation. These investments are across various sectors.

5. DERIVATIVES

Derivatives are financial arrangements or instruments, such as futures contracts, whose values are dependent upon or derived from one or more underlying assets. Underlying assets may include stocks, bonds, currencies and market indexes. The derivatives themselves are contracts between two or more parties based upon the underlying asset. The Plan may use futures contracts to gain exposure to, or hedge against, changes in the value of equities, debt or foreign currencies. A futures contract represents a commitment for the future purchase or sale of an asset at a specified price on a specified date. Investments in derivatives contracts are subject to additional risks that can result in the loss of all or part of an investment. The Plan’s derivative activity and exposure to derivative contracts are classified by the primary underlying risks: international equity index and fixed income price risks. The Plan records its derivatives activities at fair value. Gains and losses from derivatives are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

At December 31, the volume of the Plan's derivative activities based on their notional amounts and number of contracts, categorized by primary underlying risk, are as follows:

	2021		
	Number of Contracts	Maturity Date	Notional Amount
International Equity Index Futures			
MSCI EAFE Future	1,166	Mar-2022	$ 132,582,516
Fixed income futures			
Future U.S. Treasury Note 5 year	432	Mar-2022	52,214,259
Future U.S. Treasury Note 2 year	290	Mar-2022	63,328,468
Future U.S. Treasury Note 10 year	235	Mar-2022	30,533,281
Future U.S. Treasury Long bond	107	Mar-2022	17,115,319
Future U.S. Treasury Ultra Note 10 year	96	Mar-2022	13,949,454
Future U.S. Treasury Ultra Bond	149	Mar-2022	29,081,333
Total fixed income futures			206,222,114
			$ 338,804,630

	2020		
	Number of Contracts	Maturity Date	Notional Amount
Fixed income futures			
Future U.S. Treasury Note 5 year	265	Mar-2021	$ 33,402,792
Future U.S. Treasury Note 10 year	121	Mar-2021	16,702,007
Future U.S. Treasury long bond	142	Mar-2021	24,669,091
Total fixed income futures			74,773,890
			$ 74,773,890

Notional amounts do not quantify risk or represent assets or liabilities of the Plan but are used in the calculation of cash settlements under the contracts.

As of December 31, 2021, the fair value of futures contracts in the statement of net assets available for benefits is $3,344,624 and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2021, the Plan recognized net appreciation in the fair value of futures contracts of $4,864,406 which is included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

As of December 31, 2020, the fair value of futures contracts in the statement of net assets available for benefits is $(40,335) and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2020, the Plan recognized net depreciation in the fair value of futures contracts of $(143,102) which is included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

6. FIXED ASSETS

At December 31, fixed assets were comprised of the following:

	2021	2020
Office furniture	$ 812,486	$ 813,114
Office equipment	235,316	235,316
Computer equipment, software and licenses	28,711,888	28,301,217
Leasehold improvements	1,101,023	1,101,023
Projects in progress	1,902,086	1,556,086
	32,762,799	32,006,756
Less: Accumulated depreciation and amortization	(28,676,164)	(27,125,265)
	$ 4,086,635	$ 4,881,491

Total depreciation and asset retirements expense of $1,558,905 and $1,619,799 is included in general and administrative expenses on the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, respectively.

7. RELATED PARTY TRANSACTIONS

During 2021 and 2020, the Plan provided administrative services to the Health Plan, IACF and BAPI.

Under the terms of the funding arrangement between the Plan, Health Plan, IACF and BAPI, repayment to the Plan for current month expenses is due by the end of the month following such funding. In addition, an asset (related party receivable) or a liability (related party payable) will exist on the Plan's statements of net assets available for benefits until the balance is settled.

As of December 31, the Plan's receivable from and payable to related parties were as follows:

	2021	2020
Receivable due from related parties		
Health plan	$ 26,979,592	$ -
IACF	-	75,854
BAPI	4,938	-
	$ 26,984,530	$ 75,854
Payable due to related parties		
Health plan	$ -	$ 1,117,708
IACF	132,044	-
	$ 132,044	$ 1,117,708

Administrative expenses funded by the Plan are charged to related parties as described in Note 2. These expenses include certain transactions with related parties as follows: salaries and related expenses paid to employees of the Plan, rent expense paid to BAPI, and other administrative expenses such as professional fees, software maintenance, hardware and equipment maintenance, stationery and office supplies, postage, and insurance.

The following table summarizes these charges for the years ended December 31, and the allocation to the Plan, Health Plan and IACF:

	2021			
	Pension Plan	**Health Plan**	**IACF**	**Total**
Salaries and related expenses	$ 5,538,784	$ 14,646,682	$ 275,990	$ 20,461,456
Rent expense	861,673	2,314,801	32,208	3,208,682
Other administrative expenses	7,426,931	12,985,115	328,384	20,740,430
Total	$ 13,827,388	$ 29,946,598	$ 636,582	$ 44,410,568

	2020			
	Pension Plan	**Health Plan**	**IACF**	**Total**
Salaries and related expenses	$ 5,258,787	$ 14,801,067	$ 264,886	$ 20,324,740
Rent expense	731,389	2,124,164	26,998	2,882,551
Other administrative expenses	6,979,640	14,491,218	377,328	21,848,186
Total	$ 12,969,816	$ 31,416,449	$ 669,212	$ 45,055,477

The cost of certain fixed assets acquired is allocated to the Plan, Health Plan, and IACF. For the years ended December 31, 2021 and 2020, the cost that was allocated to the Plan was $128,119 and $1,371,046, respectively.

8. LEASING ACTIVITIES

BAPI is the lessor of an office building. The leases are non-cancelable and expire on various dates through 2027. Net income from income-producing property of $4,998,173 and $4,596,796 is presented net of BAPI operating expenses for the years ended December 31, 2021 and 2020, respectively.

Financial information, at fair value, of BAPI as of and for the year ended December 31:

	2021	**2020**
Assets	$ 87,991,215	$ 77,174,578
Liabilities	$ 990,812	$ 838,993
Net income from income-producing property	$ 4,998,173	$ 4,596,796

The future minimum lease payments to be received under non-cancelable operating leases are as follows:

2022	$ 6,796,420
2023	6,236,525
2024	4,809,699
2025	1,654,051
2026	1,242,754
Thereafter	742,582
	$ 21,482,031

The Plan leases office space from BAPI. The Plan has a non-cancelable lease that extends through February 28, 2025. The Plan recognized rent expense, prior to allocation of expenses to related parties (Note 7), and BAPI recognized rental income of $2,660,426 and $2,882,551 related to this lease for the years ended December 31, 2021 and 2020, respectively, and because BAPI is reflected in these financial statements as an investment and not consolidated, these amounts were not eliminated in consolidation. The future minimum lease payments to be paid to BAPI under this non-cancelable operating lease are as follows:

2022	$ 2,240,834
2023	2,310,194
2024	2,379,553
2025	396,592
	$ 7,327,173

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Fair values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial status of the Plan.

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

Cash is a financial instrument that subjects the Plan to concentrations of credit risk. The Plan maintains cash balances at a high-quality financial institution. While the Plan attempts to limit any financial exposure, its cash balances exceed federally insured limits. The Plan has not experienced any losses on such accounts.

Management continues to evaluate the effects of the COVID-19 (the “Virus”) in the United States and its impact on the Plan and has concluded that while it is reasonably possible that the virus could have a negative effect on the Plan’s financial position and changes therein, particularly with regard to investments, the specific impact is not readily determinable as of the date of these financial statements.

10. TAX STATUS

The Plan is a qualified plan under Section 401(a) and the underlying trust is exempt from federal income taxes under Section 501(a) of the IRC. The Plan obtained a favorable determination letter dated February 18, 2016, in which the Internal Revenue Service (the “IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC subject to the adoption of certain amendments. The amendments were adopted within the time prescribed by the IRS. Therefore, the Trustees believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2021 and 2020 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and other participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by the governing documents and in accordance with ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time of the priority of those benefits.

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the SPD, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

Screen Actors Guild - Producers Pension Plan
EIN 95-2110997
Plan Number 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Interest Bearing Cash							
	United States dollar	STIF	VAR	N/A	330,554,912	$ 330,554,912	$ 330,554,912
	Uninvested cash	STIF	N/A	N/A	108,000,000	108,000,000	108,000,000
						438,554,912	438,554,912
Government Bonds							
	UNITED STATES OF AMER TREAS NOTES 1.0% 07-31-2028	Government Bonds	1.00%	7/31/2028	10,792,000	10,536,217	11,271,194
	UNITED STATES TREAS NTS DTD 03/15/2021 .25% 03-15-2024	Government Bonds	0.25%	3/15/2024	10,055,000	9,988,181	9,936,382
	UNITED STS TREAS 0.625% 12-31-2027	Government Bonds	0.63%	12/31/2027	8,763,000	8,581,206	8,391,599
	UNITED STATES OF AMER TREAS NOTES WIT 1 1/8 11/30/26 1.25% DUE 11-30-2026 BEO	Government Bonds	1.25%	11/30/2026	7,871,000	7,875,940	7,871,000
	UNITED STATES TREAS BDS DTD 08/15/2020 1.375% 08-15-2050	Government Bonds	1.38%	8/15/2050	4,619,000	4,290,343	4,065,442
	UNITED STATES OF AMER TREAS NOTES 1.125%DUE 10-31-2026	Government Bonds	1.13%	10/31/2026	3,799,000	3,780,997	3,776,147
	UNITED STS TREAS 1.25% 05-31-2028	Government Bonds	1.25%	5/31/2028	3,784,000	3,837,574	3,749,708
	UNITED STATES OF AMER TREAS BONDS 2.0% 08-15-2051	Government Bonds	2.00%	8/15/2051	3,012,000	3,058,323	3,084,476
	UNITED STATES TREAS NTS WIT 0 1/4 08/15/24 .375% DUE 08-15-2024 BEO	Government Bonds	0.38%	8/15/2024	2,620,000	2,591,067	2,586,022
	UNITED STATES TREAS BDS WIT 1 7/8 08/15/41 1.75% DUE 08-15-2041 REG	Government Bonds	1.75%	8/15/2041	2,187,000	2,132,752	2,127,199
	UNITED STATES TREAS NTS 1.375% 11-15-2031	Government Bonds	1.38%	11/15/2031	1,478,000	1,459,592	1,461,142
	UNITED STATES TREAS NTS TREASURY NOTE 1.625% DUE 10-31-2023 REG	Government Bonds	1.63%	10/31/2023	791,000	811,084	804,379
	UNITED STATES TREAS NTS 1.125% DUE 12-31-2026	Government Bonds	1.13%	12/31/2026	600,000	599,227	599,766
	FEDERAL HOME LN MTG CORP POOL #SC-0047 3.0% DUE 01-01-2040 REG	Government Mortgage Backed Securities	3.00%	1/1/2040	1,193,657	1,271,431	1,268,878
	FNMA POOL #BF0214 3.5% 02-01-2052 BEO	Government Mortgage Backed Securities	3.50%	2/1/2052	1,170,462	1,276,352	1,264,143
	FNMA REMIC TR 2021-66 CL-WA VAR 5.60867%08-25-2049	Government Mortgage Backed Securities	5.62%	8/25/2049	942,425	1,069,652	1,068,755
	FNMA POOL #FM7607 3% 04-01-2038 BEO	Government Mortgage Backed Securities	3.00%	4/1/2038	980,410	1,044,137	1,032,139
	FNMA POOL #BM1257 2.5% DUE 04-01-2037 REG	Government Mortgage Backed Securities	2.50%	4/1/2037	915,776	957,306	941,479
	GNMA SER 20-11 CL PT FRN 12-20-2049	Government Mortgage Backed Securities	5.28%	12/20/2049	753,766	825,374	844,485
	FNMA POOL #MA0792 4.5% 07-01-2031 BEO	Government Mortgage Backed Securities	4.50%	7/1/2031	581,892	645,900	629,074
	FNMA POOL #AQ0413 3.5% 10-01-2042 BEO	Government Mortgage Backed Securities	3.50%	10/1/2042	568,090	579,008	613,742
	FEDERAL HOME LN MTG CORP POOL #G61996 4%01-01-2046 BEO	Government Mortgage Backed Securities	4.00%	1/1/2046	538,181	562,567	590,605
	FEDERAL HOME LN MTG CORP FHLMC #C9-1850 4% 09-01-2035	Government Mortgage Backed Securities	4.00%	9/1/2035	505,373	549,198	548,426
	GNMA SER 19-137 CLS WA 07-20-2040	Government Mortgage Backed Securities	5.04%	7/20/2040	445,746	491,574	491,946
	FNMA POOL #MA2198 3.5% 03-01-2035 BEO	Government Mortgage Backed Securities	3.50%	3/1/2035	453,482	482,391	485,152
	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9135 4% 01-01-2043 BEO	Government Mortgage Backed Securities	4.00%	1/1/2043	421,259	446,535	462,176
	FNMA POOL #MA0494 5% 08-01-2030 BEO	Government Mortgage Backed Securities	5.00%	8/1/2030	417,842	463,870	459,370
	FNMA POOL #FM1647 4% 07-01-2038 BEO	Government Mortgage Backed Securities	4.00%	7/1/2038	383,915	403,411	411,084
	FNMA POOL #MA2164 3.5% 02-01-2035 BEO	Government Mortgage Backed Securities	3.50%	2/1/2035	379,999	404,165	406,542
	FNMA POOL #725229 6% 03-01-2034 BEO	Government Mortgage Backed Securities	6.00%	3/1/2034	334,557	385,979	383,993
	GNMA POOL #784052 5.5% 07-20-2044 BEO	Government Mortgage Backed Securities	5.50%	7/20/2044	329,997	370,009	380,858
	FNMA POOL #MA2914 4% 02-01-2037 BEO	Government Mortgage Backed Securities	4.00%	2/1/2037	350,950	373,159	380,322
	FEDERAL HOME LN MTG CORP POOL #G60876 4%03-01-2042 BEO	Government Mortgage Backed Securities	4.00%	3/1/2042	330,816	349,218	363,053
	FEDERAL NATL MTG ASSN GTD MTG POOL #AH1831 4% 12-01-2040 BEO	Government Mortgage Backed Securities	4.00%	12/1/2040	310,987	335,757	340,379
	FNMA POOL #AV0692 4% 12-01-2043 BEO	Government Mortgage Backed Securities	4.00%	12/1/2043	308,514	326,687	337,197
	FNMA POOL #MA1959 3.5% 07-01-2034 BEO	Government Mortgage Backed Securities	3.50%	7/1/2034	313,027	331,653	334,892
	FNMA POOL# CA1563 4.5% 04-01-2048	Government Mortgage Backed Securities	4.50%	4/1/2048	274,699	291,610	293,785
	GNMA SER 18-128 CLS KW VAR RT 6.61661% 11-20-2047	Government Mortgage Backed Securities	6.61%	11/20/2047	225,805	261,934	262,436
	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9448 2.935% DUE 07-01-2026 BEO	Government Mortgage Backed Securities	2.94%	7/1/2026	182,238	179,277	190,850
	FNMA POOL #MA3440 3.5% 08-01-2038 BEO	Government Mortgage Backed Securities	3.50%	8/1/2038	176,361	175,204	185,612
	FEDERAL HOME LN MTG CORP POOL #A97047 4.5% 02-01-2041 BEO	Government Mortgage Backed Securities	4.50%	2/1/2041	163,007	175,576	180,327
	CMO FEDERAL HOME LN MTG CORP SERIES K-1514 CLASS A1 2.48% 07-25-2034	Gov't-issued Commercial Mortgage-Backed	2.48%	7/25/2034	663,460	666,742	692,381
	FHLMC MULTICLASS 1.238% SRS K-1516 CL A1 DUE 01-25-2035	Gov't-issued Commercial Mortgage-Backed	1.24%	1/25/2035	303,100	303,095	289,619
	FNMA POOL BN7379 4.5% 02-01-2049	Gov't-issued Commercial Mortgage-Backed	4.50%	1/25/2049	1,110,000	1,201,098	1,245,138
	UNITED STATES OF AMER TREAS NOTES INFL IDX T-BOND .875% 01-15-2029	Index Linked Government Bonds	0.88%	1/15/2029	555,000	600,845	703,466
						77,343,217	77,806,760
Corprate Bonds							
	PVTPL MILL CITY MORTGAGE LOAN TRUST NT CL M1 VAR RT 05-25-2058	Asset Backed Securities	3.75%	5/25/2058	1,327,997	1,411,240	1,385,479
	EXETER AUTOMOBILE 1.96% DUE 01-17-2028	Asset Backed Securities	1.96%	1/17/2028	1,295,000	1,294,912	1,291,569
	PVTPL TOWD PT MTG TR SER 19-SJ1 CL M2 FLTG 10-25-2058 BEO	Asset Backed Securities	4.75%	11/25/2058	1,253,000	1,306,057	1,259,040
	PVTPL TOWD PT MTG TRSER 19-MH1 CL M1 FRN 11-25-2058 BEO	Asset Backed Securities	3.25%	11/25/2058	1,130,000	1,142,713	1,157,507
	PVTPL TOWD PT MTG TR 2019-MH1 ASSET BACKED NT CL M2 VAR RT DUE 11-25-2058	Asset Backed Securities	3.50%	11/25/2058	1,100,000	1,114,523	1,110,482
	J P MORGAN MTG FLTG RT 5.92% DUE 11-25-2036	Asset Backed Securities	5.92%	11/25/2036	997,361	1,060,631	1,036,884
	CARVANA AUTO RECEIVABLES TR 2021-N3 SR 21-N3 CL D 1.58% 06-12-2028	Asset Backed Securities	1.58%	6/12/2028	1,045,000	1,042,551	1,032,634
	CWABS INC SER 2005-11 CL AF-5A 02-25-2036 REG	Asset Backed Securities	5.99%	2/25/2036	991,241	1,016,331	1,006,769
	PVTPL NEW RESIDENTIAL MTG LN TR 2017-1 SER 17-1A CL A1 VAR 02-25-2057	Asset Backed Securities	4.00%	2/25/2057	945,060	998,663	995,952
	PVTPL TOWD PT MTG SER 19-SJ2 CL M2 VAR 11-25-2058	Asset Backed Securities	4.75%	11/25/2058	980,000	1,020,195	985,074
	GLS AUTO 1.2% DUE 01-15-2027	Asset Backed Securities	1.20%	1/15/2027	950,000	949,952	948,022
	CONSECO FIN HOME FLTG RT 2.40414% DUE 08-15-2033	Asset Backed Securities	2.40%	8/15/2033	939,562	940,149	942,865
	PVTPL SMB PRIVATE ED LN TR SER 2017-B CL A-2A 2.82% 10-15-2035	Asset Backed Securities	2.82%	10/15/2035	919,338	944,928	936,796
	PVTPL CFMT 2021-AL1 TR SR 21-AL1 CL B 1.39% DUE 09-22-2031 BEO	Asset Backed Securities	1.39%	9/22/2031	928,053	927,514	924,028
	SLM STUDENT LN TR 2008-9 CL B FLTG RT 10-25-2029 BEO	Asset Backed Securities	2.37%	10/25/2029	895,000	917,375	907,284
	DR AUTO FIXED 2.36% DUE 03-15-2026	Asset Backed Securities	2.36%	3/16/2026	885,000	906,987	892,033
	PVTPL NAVIENT PRIVATE ED LN TSER 19-D CL A2B FLTG 12-15-2059	Asset Backed Securities	1.16%	12/15/2059	879,348	885,668	884,526
	PVTPL TRITON CONTAINER FIN VIII LLC SER 2020-1 CL A 2.11% 09-20-2045	Asset Backed Securities	2.11%	9/20/2045	884,813	890,042	877,610
	GMACM HOME LN TR STEP UP SER 04-GH1 CL M1 07-25-2035 REG	Asset Backed Securities	5.50%	7/25/2035	867,675	879,605	872,802
	SANTANDER DR AUTO 1.67% DUE 10-15-2027	Asset Backed Securities	1.67%	10/15/2027	870,000	869,725	864,132
	HYUNDAI AUTO 1.66% DUE 06-15-2028	Asset Backed Securities	1.66%	6/15/2028	865,000	864,924	857,180
	SANTANDER DR AUTO RECEIVABLES TR NT CL C.75% 02-17-2026	Asset Backed Securities	0.75%	2/17/2026	845,000	846,056	844,161
	DR AUTO 1.45% DUE 01-16-2029	Asset Backed Securities	1.45%	1/16/2029	845,000	852,394	840,797
	VERIZON COMMUNICATIONS INC SR 21-1 CL A .5% 05-20-2027	Asset Backed Securities	0.50%	5/20/2027	845,000	844,938	834,095
	DR AUTO 2.9% DUE 08-15-2025	Asset Backed Securities	2.90%	8/15/2025	823,484	826,564	830,515
	BEAR STEARNS TR 2004-12 CL II-A-1 4.48253 DUE 02-25-2035 REG	Asset Backed Securities	4.48%	2/25/2035	812,688	820,561	823,154
	SANTANDER RETAIL AUTO LEASE TR ASSET BACKED NT CL D 144A 1.41% 11-20-2025	Asset Backed Securities	1.41%	11/20/2025	800,000	799,844	792,790
	AMERICREDIT .89% DUE 10-19-2026	Asset Backed Securities	0.89%	10/19/2026	800,000	799,991	790,986
	PVTPL DB MASTER FIN LLC 21-1A CL A2II 2.493% DUE 11-20-2051 BEO	Asset Backed Securities	2.49%	11/20/2051	780,000	780,000	778,539
	PVTPL ECMC GROUP STUDENT LN TR SER 19-1A CL A1A 2.72% 07-25-2069 BEO	Asset Backed Securities	2.72%	7/25/2069	731,365	731,256	748,788
	CAL FDG IV LTD ASSET BACKED NT CL A 144A2.22% 09-25-2045	Asset Backed Securities	2.22%	9/25/2045	750,750	750,580	747,929
	PVTPL NAVIENT PRIVATE ED LN TR 2020-C NTCL A-2A 144A 2.15% DUE 11-15-2068 BEO	Asset Backed Securities	2.15%	11/15/2068	725,000	748,053	731,364
	PVTPL JIMMY JOHNS FDG LLC 2017-1 SR SECDNT CL A-2-II 144A 4.846 DUE 07-30-2047	Asset Backed Securities	4.85%	7/30/2047	689,975	691,483	729,206
	PVTPL SMB PRIVATE ED LN TR 2020-B 1.29% 07/15/2053 1.29% DUE 07-15-2053 BEO	Asset Backed Securities	1.29%	7/15/2053	732,921	734,823	724,594
	CWABS INC FLTG RT 1.16786% DUE 10-25-2034	Asset Backed Securities	1.16%	10/25/2034	734,656	694,779	717,238
	PVTPL SONIC CAP LLC SER 2020-1 SR SECD NT CL A-2-I 3.845% DUE 01-20-2050	Asset Backed Securities	3.85%	1/20/2050	685,733	720,816	708,659
	AMERN CR ACCEP RECEIVABLES TR ASSET BACKED NT CL B 144A .85% 12-13-2024	Asset Backed Securities	0.85%	12/13/2024	700,000	699,972	700,144
	DT AUTO OWNER TR 2021-1 ASSET BACKED NT CL C 144A .84% 10-15-2026	Asset Backed Securities	0.84%	10/15/2026	705,000	704,972	699,093
	C-BASS TR SER 2004-CB4 CL A5 05-25-2035 BEO	Asset Backed Securities	6.78%	5/25/2035	671,858	679,265	684,993
	SANTANDER DR AUTO 1.01% DUE 01-15-2026	Asset Backed Securities	1.01%	1/15/2026	635,000	634,849	635,859
	SANTANDER DR AUTO 1.12% DUE 01-15-2026	Asset Backed Securities	1.12%	1/15/2026	625,000	624,928	626,815
	PVTPL AMERICAN CR ACCEP RECEIVABLES TR SR 19-4 CL C 2.69% 12-12-2025	Asset Backed Securities	2.69%	12/12/2025	616,139	616,039	619,776
	WESTLAKE 1.24% DUE 11-17-2025	Asset Backed Securities	1.24%	11/17/2025	595,000	596,092	596,125
	GREEN TREE FINL 6.28% DUE 09-01-2030	Asset Backed Securities	6.28%	9/1/2030	567,170	597,655	583,321
	UTD AUTO CR 2.15% DUE 02-10-2025	Asset Backed Securities	2.15%	2/10/2025	580,583	589,337	582,127
	DT AUTO OWNER TR 2.29% DUE 11-17-2025	Asset Backed Securities	2.29%	11/17/2025	575,000	574,986	580,587
	MERRILL LYNCH MTG INVS INC 2004-WMC3 ASSET BKD CTF CL M2 VAR 01-25-2035 REG	Asset Backed Securities	1.95%	1/25/2035	561,302	547,620	570,887
	NEW RESDNTL MTG LN FLTG RT 5.13693% DUE 03-25-2056	Asset Backed Securities	5.21%	3/25/2056	523,617	562,295	550,750
	PVTPL SERVPRO MASTER ISSUER LLC 2019-1 SR SECD NT CL A-2 144A 3.882 10-25-2049	Asset Backed Securities	3.88%	10/25/2049	455,700	458,760	465,228
	MID-STATE TR XI 5.598% DUE 07-15-2038	Asset Backed Securities	5.60%	7/15/2038	429,226	461,016	446,783
	BRAZOS ED FDG FLTG RT 2.16786% DUE 10-25-2058	Asset Backed Securities	2.17%	10/25/2058	420,000	424,463	420,853
	SIERRA TIMESHARE 2021-1 RECEIVABLES 1.34% 11-20-2037	Asset Backed Securities	1.34%	11/20/2037	425,716	425,620	419,319
	TRITON CONTAINER FIN VIII LLC AST BACKEDNT SER 2021-1 1.86% 03-20-2046	Asset Backed Securities	1.86%	3/20/2046	388,544	389,637	380,515
	PVTPL AQUA FIN TR SER 2019-A CL A 3.14% DUE 07-16-2040 BEO	Asset Backed Securities	3.14%	7/16/2040	334,323	334,272	340,076
	PVTPL NAVIENT PRIVATE ED LN TR 2018-D CL A2B FLTG 12-15-2059 BEO	Asset Backed Securities	0.91%	12/15/2059	337,043	335,779	336,761
	SERVICEMASTER FDG LLC / 2020-1 SR SECD NT CL A-2-I 2.841% 01-30-2051	Asset Backed Securities	2.84%	1/30/2051	322,563	322,563	319,463
	SANTANDER DR AUTO RECEIVABLES SER 19-3 CL C 2.49% 10-15-2025 REG	Asset Backed Securities	2.49%	10/15/2025	294,683	294,676	295,981
	MERIT SECURITIES CORP SER 12-1 CL 1M1 STEP CPN DUE 07-28-2033	Asset Backed Securities	7.63%	7/28/2033	283,600	303,363	288,867
	SLM PVT CR STUD LN TR 2003-B STUD LN BKDNT CL A-4 03-15-2033 REG	Asset Backed Securities	6.40%	3/15/2033	250,000	249,688	249,870
	PVTPL NAVIENT PRIVATE ED LN TR 2018-D SER 18-DA CL A2A 4.0% 12-15-2059	Asset Backed Securities	4.00%	12/15/2059	221,184	220,407	229,419
	PVTPL DLL SECURITIZATION TR 2019-MA2 CL A-3 2.35% DUE 09-20-2023	Asset Backed Securities	2.35%	9/20/2023	198,172	198,140	199,044
	PVTPL NAVIENT PVT ED REFI LN TR 2018-E NT CL A-2 3C7 4 12-15-2059	Asset Backed Securities	4.00%	12/15/2059	165,089	165,067	169,150

See Independent Auditor's Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Screen Actors Guild - Producers Pension Plan
EIN 95-2110997
Plan Number 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	MID-STATE CAP CORP 6.005% DUE 08-15-2037	Asset Backed Securities	6.01%	8/15/2037	138,926	138,925	144,164
	PVTPL SIERRA RECEIVABLES FUNDING CO LLC SER 19-1A CL B FLTG 01-20-2036	Asset Backed Securities	3.42%	1/20/2036	139,174	139,143	142,391
	PVTPL BCC FDG XVI LLC EQUIP CONTRACT BKDNT CL A-2 144A 2.46% DUE 08-20-2024 BEO	Asset Backed Securities	2.46%	8/20/2024	138,391	138,380	139,453
	PVTPL NAVIENT PVT ED REFI LN TR 2018-A NT CL A-2A 144A 3.19 DUE 02-18-2042 BEO	Asset Backed Securities	3.19%	2/18/2042	125,279	123,694	126,366
	PVTPL ELFI GRADUATE LN PROGRAM SER-18-A CL-A2 3.43% 08-25-2042 BEO	Asset Backed Securities	3.43%	8/25/2042	109,503	109,491	111,722
	PVTPL SOFI PROFESSIONAL LN PROGRAM 2015-D LLC CL A-2 1 2.72% DUE 10-25-36	Asset Backed Securities	2.72%	10/27/2036	80,017	79,170	80,268
	PVTPL SOFI PROFESSIONAL LN PROGRAM SER 16-E CLS A2B 2.49% DUE 01-25-2036	Asset Backed Securities	2.49%	1/25/2036	60,645	60,763	60,901
	GLS AUTO 2.47% DUE 11-15-2023	Asset Backed Securities	2.47%	11/15/2023	6,056	6,055	6,061
	PVTPL STANWICH MTG LN TR SER 2010-2 CL A144A VAR RT DUE 02-28-2057 BEO	Asset Backed Securities	0.01%	2/28/2057	6,146	3,246	3,380
	PVTPL STANWICH MTG LN TR SER 2011-1 144ACL A VAR VAR RT DUE 08-15-2050 BEO	Asset Backed Securities	0.67%	8/15/2050	1,705	756	938
	ABBVIE INC 3.2% DUE 05-14-2026	Corporate Bonds	3.20%	5/14/2026	665,000	704,528	705,249
	ADVENTHEALTH OBL 2.795% 11-15-2051	Corporate Bonds	2.80%	11/15/2051	485,000	485,000	474,655
	AGILENT TECHNOLOGIES INC SR NT 2.3% 03-12-2031	Corporate Bonds	2.30%	3/12/2031	625,000	623,422	619,596
	ALEXANDRIA REAL 3.375% DUE 08-15-2031	Corporate Bonds	3.38%	8/15/2031	435,000	453,944	468,816
	ALEXANDRIA REAL 3.95% DUE 01-15-2027	Corporate Bonds	3.95%	1/15/2027	350,000	379,509	382,749
	AMEREN CORP 1.95% 03-15-2027	Corporate Bonds	1.95%	3/15/2027	470,000	470,216	471,638
	AMERICO LIFE INC SR NT 144A 3.45% 04-15-2031	Corporate Bonds	3.45%	4/15/2031	455,000	453,703	442,705
	AMGEN INC 2.8% DUE 08-15-2041 BEO	Corporate Bonds	2.80%	8/15/2041	600,000	598,170	578,948
	AON CORP / AON GLOBAL HOLD 2.05% 08-23-2031	Corporate Bonds	2.05%	8/23/2031	735,000	732,883	715,393
	APPLE INC 2.65% 02-08-2051	Corporate Bonds	2.65%	2/8/2051	700,000	695,401	690,965
	AT&T INC 3.65% DUE 06-01-2051	Corporate Bonds	3.65%	6/1/2051	715,000	684,255	743,225
	BANK AMER CORP 2.687% DUE 04-22-2032	Corporate Bonds	2.69%	4/22/2032	590,000	603,169	599,424
	BANK AMER CORP 3.419% 12-20-2028	Corporate Bonds	3.42%	12/20/2028	765,000	752,072	817,345
	BANK MONTREAL MEDIUM TERM 0.949% 01-22-2027	Corporate Bonds	0.95%	1/22/2027	560,000	560,056	542,075
	BANK MONTREAL QUE 3.803% 12-15-2032	Corporate Bonds	3.80%	12/15/2032	515,000	528,821	552,775
	BANK NOVA SCOTIA B C 1.35% 06-24-2026	Corporate Bonds	1.35%	6/24/2026	880,000	879,322	870,045
	BANK OF AMERICA CORP 1.734% 07-22-2027	Corporate Bonds	1.73%	7/22/2027	735,000	741,983	730,066
	BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	Corporate Bonds	2.68%	6/19/2041	570,000	568,056	550,191
	BARCLAYS PLC 1.007% DUE 12-10-2024	Corporate Bonds	1.01%	12/10/2024	530,000	531,919	526,195
	BAYLOR CG MEDICINE 5.259% DUE 11-15-2046	Corporate Bonds	5.26%	11/15/2046	275,000	334,762	382,789
	BB&T BRH BKG & TR FIXED 2.636% DUE 09-17-2029	Corporate Bonds	2.64%	9/17/2029	790,000	790,000	812,459
	BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG	Corporate Bonds	4.20%	8/15/2048	944,000	943,776	1,149,509
	BOEING CO 4.875% DUE 05-01-2025	Corporate Bonds	4.88%	5/1/2025	515,000	563,436	563,671
	BOEING CO FIXED 2.196% DUE 02-04-2026	Corporate Bonds	2.20%	2/4/2026	805,000	805,000	805,030
	BP CAP MKTS AMER 2.939% DUE 06-04-2051	Corporate Bonds	2.94%	6/4/2051	590,000	571,184	568,575
	BP CAP MKTS AMER 3.543% DUE 04-06-2027	Corporate Bonds	3.54%	4/6/2027	960,000	1,059,284	1,037,427
	BROADCOM CORP/ CAYMN FI 3.875% 01-15-2027	Corporate Bonds	3.88%	1/15/2027	715,000	790,865	775,716
	BSTN UNIV MEDIUM 7.625% DUE 07-15-2097	Corporate Bonds	7.63%	7/15/2097	180,000	240,300	215,751
	BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	Corporate Bonds	2.88%	6/15/2052	445,000	452,565	446,915
	CAPITAL ONE FINANCIAL CORP 2.359% DUE 07-29-2032 BEO	Corporate Bonds	2.36%	7/29/2032	720,000	715,471	682,423
	CAPITAL ONE FINL CORP 2.618% 11-02-2032	Corporate Bonds	2.62%	11/2/2032	510,000	510,847	509,207
	CDW LLC/CDW FIN CORP 3.276% 12-01-2028	Corporate Bonds	3.28%	12/1/2028	435,000	435,000	445,549
	CENTENE CORP DEL FIXED 4.625% 12-15-2029	Corporate Bonds	4.63%	12/15/2029	470,000	515,825	506,876
	CHARTER 3.5% DUE 06-01-2041	Corporate Bonds	3.50%	6/1/2041	355,000	353,381	347,074
	CHARTER 6.384% DUE 10-23-2035	Corporate Bonds	6.38%	10/23/2035	325,000	428,659	419,412
	CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.2% DUE 03-15-2028 BEO	Corporate Bonds	4.20%	3/15/2028	720,000	752,646	788,668
	CIGNA CORP NEW SR NT 3.4% 03-15-2051	Corporate Bonds	3.40%	3/15/2051	660,000	670,498	692,735
	CITIGROUP INC 1.462% DUE 06-09-2027 BEO	Corporate Bonds	1.46%	6/9/2027	505,000	505,000	496,347
	CITIGROUP INC FIXED 2.666% DUE 01-29-2031	Corporate Bonds	2.67%	1/29/2031	725,000	725,000	736,707
	COMERICA BK DET SUB NT 7.875 DUE 09-15-2026 BEO	Corporate Bonds	7.88%	9/15/2026	375,000	488,606	463,149
	COMPASS BK 3.875% DUE 04-10-2025	Corporate Bonds	3.88%	4/10/2025	645,000	712,112	692,449
	CONTL RES INC 4.375% DUE 01-15-2028	Corporate Bonds	4.38%	1/15/2028	435,000	467,303	470,257
	CVS HEALTH CORP 4.78% DUE 03-25-2038	Corporate Bonds	4.78%	3/25/2038	645,000	806,734	788,312
	DUKE ENERGY IND FIXED 2.75% DUE 04-01-2050	Corporate Bonds	2.75%	4/1/2050	680,000	668,179	663,998
	EAGLE MATLS INC 2.5% DUE 07-01-2031 BEO	Corporate Bonds	2.50%	7/1/2031	575,000	569,417	568,093
	ENERGY TRANSFER 3.75% DUE 05-15-2030	Corporate Bonds	3.75%	5/15/2030	655,000	659,781	694,745
	ENTERGY ARKANSAS LLC 4.875% BNDS 09-01-2066	Corporate Bonds	4.88%	9/1/2066	7,385	183,887	188,908
	ENTERGY CORP NEW 1.9% 06-15-2028	Corporate Bonds	1.90%	6/15/2028	425,000	422,459	416,787
	ESSENTIAL PPTYS LP GTD SR NT 2.95% 07-15-2031	Corporate Bonds	2.95%	7/15/2031	215,000	214,570	212,028
	EXPEDIA GROUP INC FORMERLY EXPEDIA SR NT4.625% 08-01-2027	Corporate Bonds	4.63%	8/1/2027	890,000	1,002,282	991,698
	EXTRA SPACE STORAGE INC 2.35% 03-15-2032	Corporate Bonds	2.35%	3/15/2032	415,000	414,158	403,916
	FIRST HORIZON CORP 3.55% DUE 05-26-2023	Corporate Bonds	3.55%	5/26/2023	580,000	589,210	597,667
	FLORIDA POWER & LIGHT COMPANY 2.875% 12-04-2051	Corporate Bonds	2.88%	12/4/2051	430,000	450,786	437,864
	GENERAL MTRS FINL CO INC CORP 3.6% 06-21-2030	Corporate Bonds	3.60%	6/21/2030	690,000	746,000	736,594
	GLOBAL PMTS INC 3.2% DUE 08-15-2029 REG	Corporate Bonds	3.20%	8/15/2029	715,000	716,932	745,388
	GOLDMAN SACHS GROUP INC 1.992% DUE 01-27-2032 REG	Corporate Bonds	1.99%	1/27/2032	650,000	654,063	623,911
	HEALTHCARE RLTY TR 3.625% DUE 01-15-2028	Corporate Bonds	3.63%	1/15/2028	595,000	649,103	640,805
	HEALTHCARE TR AMER 3.1% DUE 02-15-2030	Corporate Bonds	3.10%	2/15/2030	725,000	751,825	749,079
	HIGHWOODS REAL TY LP 3.875% DUE 03-01-2027	Corporate Bonds	3.88%	3/1/2027	495,000	539,966	540,020
	HSBC HLDGS PLC FLTG RT 2.206% DUE 08-17-2029	Corporate Bonds	2.21%	8/17/2029	535,000	535,000	524,892
	HSBC HLDGS PLC FLTG RT 4.292% DUE 09-12-2026	Corporate Bonds	4.29%	9/12/2026	710,000	710,660	766,867
	HUMANA INC 1.35% 02-03-2027	Corporate Bonds	1.35%	2/3/2027	440,000	426,158	428,121
	IN UNIV HLTH INC 2.852% DUE 11-01-2051	Corporate Bonds	2.85%	11/1/2051	910,000	921,139	918,539
	JPMORGAN CHASE & CO 1.953% 02-04-2032	Corporate Bonds	1.95%	2/4/2032	690,000	668,824	665,338
	JPMORGAN CHASE & CO 2.545% DUE 11-08-2032	Corporate Bonds	2.55%	11/8/2032	605,000	605,000	609,913
	JPMORGAN CHASE & FLTG RT .969% DUE 06-23-2025	Corporate Bonds	0.97%	6/23/2025	415,000	417,133	411,041
	JPMORGAN CHASE & FLTG RT 1.045% DUE 11-19-2026	Corporate Bonds	1.05%	11/19/2026	735,000	735,034	716,399
	JPMORGAN CHASE & FLTG RT 2.182% DUE 06-01-2028	Corporate Bonds	2.18%	6/1/2028	935,000	957,823	943,256
	KAISER FNDTN HOSPS 3.002% DUE 06-01-2051REG	Corporate Bonds	3.00%	6/1/2051	240,000	247,733	247,964
	KRAFT HEINZ FOODS CO GTD SR NT 3.875% 05-15-2027	Corporate Bonds	3.88%	5/15/2027	400,000	441,000	432,322
	MASTERCARD INC 3.85% DUE 03-26-2050 REG	Corporate Bonds	3.85%	3/26/2050	585,000	731,715	705,665
	METHODIST HOSP HOUSTON TEX 2.705% DUE 12-01-2050/08-27-2020 REG	Corporate Bonds	2.71%	12/1/2050	430,000	429,244	417,448
	MID-AMERICA APARTMENT 1.7% DUE 02-15-2031 BEO	Corporate Bonds	1.70%	2/15/2031	975,000	926,149	932,141
	MIZUHO FINL GROUP 1.234% DUE 05-22-2027	Corporate Bonds	1.23%	5/22/2027	545,000	545,000	528,690
	MORGAN STANLEY 1.794% 02-13-2032	Corporate Bonds	1.79%	2/13/2032	545,000	545,000	516,459
	MORGAN STANLEY 3.125% DUE 07-27-2026	Corporate Bonds	3.13%	7/27/2026	135,000	142,725	143,089
	MORGAN STANLEY FIXED 2.484% DUE 09-16-2036	Corporate Bonds	2.48%	9/16/2036	435,000	433,778	418,841
	MORGAN STANLEY MTN 1.512% DUE 07-20-2027	Corporate Bonds	1.51%	7/20/2027	655,000	658,380	645,048
	MPLX LP 4.25% DUE 12-01-2027 BEO	Corporate Bonds	4.25%	12/1/2027	710,000	799,714	786,960
	NORTHWESTERN UNIV FIXED 3.688% DUE 12-01-2038	Corporate Bonds	3.69%	12/1/2038	20,000	22,224	22,695
	OLD REP INTL CORP 3.875% DUE 08-26-2026	Corporate Bonds	3.88%	8/26/2026	695,000	684,976	752,906
	OLD REP INTL CORP SR NT 3.85% 06-11-2051	Corporate Bonds	3.85%	6/11/2051	600,000	649,014	647,595
	ORACLE CORP 3.95% DUE 03-25-2051	Corporate Bonds	3.95%	3/25/2051	630,000	636,511	656,437
	ORLANDO HEALTH INC 3.777% DUE 10-01-2028	Corporate Bonds	3.78%	10/1/2028	335,000	334,685	365,571
	PEOPLES UTD FINL 3.65 DUE 12-06-2022	Corporate Bonds	3.65%	12/6/2022	715,000	733,312	728,831
	PHYSICIANS RLTY L 3.95% 01-15-2028	Corporate Bonds	3.95%	1/15/2028	550,000	538,415	601,100
	PHYSICIANS RLTY L P 2.625% 11-01-2031	Corporate Bonds	2.63%	11/1/2031	420,000	419,114	417,932
	PIEDMONT FIXED 2.864% DUE 01-01-2052	Corporate Bonds	2.86%	1/1/2052	455,000	452,361	445,637
	PVPTL DELTA AIR LINES/SKYMILES 4.75% DUE 10-20-2028	Corporate Bonds	4.75%	10/20/2028	370,000	405,150	404,289
	PVTPL BELVOIR LD LLC NT 144A 5.3% DUE 12-15-2035/06-15-2017 BEO	Corporate Bonds	5.30%	12/15/2035	275,947	293,163	318,724
	PVTPL BNP PARIBAS SR 2.159% 09-15-2029	Corporate Bonds	2.16%	9/15/2029	415,000	415,000	406,688
	PVTPL FFORT GORDON HSG LLC 6.124% 05-15-2051	Corporate Bonds	6.12%	5/15/2051	325,000	412,802	408,031
	PVTPL PARSLEY ENERGY LLC/PARSLEY FIN CORP 4.125% DUE 02-15-2028 BO	Corporate Bonds	4.13%	2/15/2028	445,000	467,806	447,781
	RAYMOND JAMES FINL INC 3.75% 04-01-2051	Corporate Bonds	3.75%	4/1/2051	625,000	628,119	692,878
	REALTY INCOME CORP 3.1% DUE 12-15-2029	Corporate Bonds	3.10%	12/15/2029	510,000	545,544	541,999
	REALTY INCOME CORP 3.4% DUE 01-15-2028	Corporate Bonds	3.40%	1/15/2028	630,000	682,925	679,940
	REGENCY CTRS L P 3.75% DUE 06-15-2024	Corporate Bonds	3.75%	6/15/2024	380,000	377,781	400,229
	REGENCY CTRS L P 3.9% 11-01-2025	Corporate Bonds	3.90%	11/1/2025	270,000	272,595	289,149
	REXFORD INDL RLTY 2.125% DUE 12-01-2030	Corporate Bonds	2.13%	12/1/2030	710,000	700,358	675,155
	ROYAL BANK OF CANADA 2.3% 11-03-2031	Corporate Bonds	2.30%	11/3/2031	580,000	579,327	583,405
	ROYAL BK CDA GLOBAL MEDIUM TERM SR BK NTS BOOK ENTRY 1.4% 11-02-2026	Corporate Bonds	1.40%	11/2/2026	590,000	589,339	582,485
	SANTANDER HLDGS USA INC 4.4% 07-13-2027	Corporate Bonds	4.40%	7/13/2027	515,000	533,488	564,972
	SPIRIT RLTY L P 3.2% DUE 01-15-2027	Corporate Bonds	3.20%	1/15/2027	620,000	620,304	648,460
	SPIRIT RLTY L P 3.2% DUE 02-15-2031	Corporate Bonds	3.20%	2/15/2031	860,000	882,377	889,731

See Independent Auditor's Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Screen Actors Guild - Producers Pension Plan
EIN 95-2110997
Plan Number 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	STANFORD HEALTH CARE TAXABLE BD SER 20213.027% 08-15-2051	Corporate Bonds	3.03%	8/15/2051	425,000	425,472	443,611
	STANFORD HLTH CARE 3.795% DUE 11-15-2048	Corporate Bonds	3.80%	11/15/2048	250,000	265,856	298,220
	STATE STREET CORP 2.2% DUE 03-03-2031 BEO	Corporate Bonds	2.20%	3/3/2031	655,000	643,459	649,995
	TEACHERS INS & 3.3% DUE 05-15-2050	Corporate Bonds	3.30%	5/15/2050	635,000	672,744	664,723
	T-MOBILE USA INC 3.875% 04-15-2030	Corporate Bonds	3.88%	4/15/2030	655,000	705,457	717,307
	TRANSCANADA PIPELINES LIMITED 2.5% 10-12-2031	Corporate Bonds	2.50%	10/12/2031	515,000	511,838	510,840
	TRUIST FINL CORP 1.887% DUE 06-07-2029	Corporate Bonds	1.89%	6/7/2029	485,000	485,631	477,988
	U S BANCORP 2.491% 11-03-2036	Corporate Bonds	2.49%	11/3/2036	555,000	553,779	553,521
	UNIVERSITY CHICAGO 2.547% DUE 04-01-2050	Corporate Bonds	2.55%	4/1/2050	475,000	466,108	465,031
	UNIVERSITY CHICAGO 4.683% DUE 10-01-2042	Corporate Bonds	4.68%	10/1/2042	240,000	261,000	245,865
	UNIVERSITY SOUTHN CALIF TAXABLE BD SER 2021A 2.945% 10-01-2051	Corporate Bonds	2.95%	10/1/2051	1,225,000	1,266,884	1,274,464
	US AIRWAYS GROUP FIXED 4.625% DUE 12-03-2026	Corporate Bonds	4.63%	12/3/2026	622,091	662,864	619,107
	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	Corporate Bonds	3.55%	3/22/2051	635,000	631,117	686,390
	VERIZON FIXED 2.55% DUE 03-21-2031	Corporate Bonds	2.55%	3/21/2031	235,000	234,326	237,355
	VONTIER CORP NT 144A 2.4% 04-01-2028	Corporate Bonds	2.40%	4/1/2028	540,000	535,707	521,694
	WELLS FARGO & CO 2.879% DUE 10-30-2030	Corporate Bonds	2.88%	10/30/2030	355,000	369,188	369,410
	1CMO BENCHMARK MORTGAGE TRUST SER 20-B21 CL A5 2.014% DUE 12-15-2053 BEO	Commercial Mortgage-Backed	2.01%	12/17/2053	370,000	381,099	363,181
	BANK 2019-BNK21 FLTG RT 3.093% DUE 10-17-2052	Commercial Mortgage-Backed	3.09%	10/17/2052	625,000	643,729	657,581
	BENCHMARK 2019-B15 3.231% DUE 12-15-2072	Commercial Mortgage-Backed	3.23%	12/15/2072	695,000	731,121	734,274
	BENCHMARK 2020-B19 2.148% DUE 09-15-2053	Commercial Mortgage-Backed	2.15%	9/15/2053	205,000	211,134	200,412
	BENCHMARK 2020-B21 MTG TR COML MTG PASSTHRU CTF CL 2.25430011749 12-17-2053	Commercial Mortgage-Backed	2.25%	12/17/2053	540,000	556,197	533,218
	CITIGROUP COML MTG 4.017% DUE 10-10-2047	Commercial Mortgage-Backed	4.02%	10/10/2047	330,000	343,638	347,217
	CMO BANK 2020-BNK25 SER 20-BN25 CLS C DUE 01-15-2063 REG	Commercial Mortgage-Backed	3.35%	1/15/2063	240,000	255,759	247,054
	CMO BARCLAYS SR 21-C11 CL A5 2.37% 09-15-2054	Commercial Mortgage-Backed	2.37%	9/15/2054	590,000	607,695	593,438
	CMO BBCMS MTG TR 2021-C12 SR 21-C12 CL A5 2.689% DUE 11-15-2054 REG	Commercial Mortgage-Backed	2.69%	11/15/2054	630,000	648,855	653,608
	CMO BENCHMARK 2021-B25 MTG TR CL A5 2.63857% DUE 04-15-2054 BEO	Commercial Mortgage-Backed	2.64%	4/15/2054	750,000	772,499	772,000
	CMO BENCHMARK 2021-B28 MTG TR CL A5 VAR RT DUE 08-15-2054 BEO	Commercial Mortgage-Backed	2.22%	8/15/2054	290,000	297,975	289,768
	CMO BENCHMARK 2021-B30 MTG TR SR 2021-B30 CL A5 2.576% 11-15-2054	Commercial Mortgage-Backed	2.58%	11/15/2054	335,000	345,045	344,829
	CMO BENCHMARK MTG TR SER 19-B14 CL AS 3.3515% 12-15-2061	Commercial Mortgage-Backed	3.35%	12/15/2061	530,000	545,897	564,109
	CMO BENCHMARK MTG TR SER 20-B19 CL A5 1.9870% DUE 09-15-2053	Commercial Mortgage-Backed	1.99%	9/15/2053	440,000	453,180	428,418
	CMO COMM 2014-LC17 MTG TR CL AM 4.188% DUE 10-10-2047 BEO	Commercial Mortgage-Backed	4.19%	10/10/2047	565,000	577,757	597,589
	CMO COMM 2019-GC44 MTG TR SERIES 2019-GC44 CL A-5 0% DUE 08-01-2057 REG	Commercial Mortgage-Backed	5.00%	8/15/2057	985,000	1,068,302	1,041,130
	CMO COMM MTG TR 2015-PC1 CL A-5 3.902% DUE 07-10-2050	Commercial Mortgage-Backed	3.90%	7/10/2050	985,000	1,099,429	1,049,964
	CMO FRESB MULTIFAMILY MTG TR SR 2018-SB54 CL A10F 05-25-2028	Commercial Mortgage-Backed	2.33%	5/25/2028	311,446	305,942	323,815
	CMO GS MTG SECS TR 2020-GC45 SER 20-GC45CLS AS 3.1731% DUE 02-13-2053 REG	Commercial Mortgage-Backed	3.17%	2/13/2053	490,000	529,143	519,149
	CMO JPMBB COML MTG SECS TR 2015-C28 COML CTF A-4 3.2274 DUE 10-15-2048 REG	Commercial Mortgage-Backed	3.23%	10/15/2048	410,000	419,497	428,178
	COMM 2013-CCRE12 4.3% DUE 10-10-2046	Commercial Mortgage-Backed	4.30%	10/10/2046	900,000	961,263	929,492
	COMM 2015-CCRE23 3.801% DUE 05-10-2048	Commercial Mortgage-Backed	3.80%	5/10/2048	910,000	909,995	964,086
	DC OFFICE TR 3.1744% DUE 09-15-2045	Commercial Mortgage-Backed	3.17%	9/15/2045	260,000	263,280	261,351
	DC OFFICE TR FLTG RT 3.1744% DUE 09-15-2045	Commercial Mortgage-Backed	3.17%	9/15/2045	750,000	746,720	728,627
	JPMBB COML MTG 3.672% DUE 11-15-2047	Commercial Mortgage-Backed	3.67%	11/15/2047	244,000	261,785	257,498
	JPMBB COML MTG 3.8218% DUE 07-15-2048	Commercial Mortgage-Backed	3.82%	7/15/2048	1,000,000	1,048,438	1,071,524
	JPMBB COML MTG 4.0651% DUE 11-15-2047	Commercial Mortgage-Backed	4.07%	11/15/2047	1,841,000	1,981,673	1,922,489
	JPMBB COMMERCIAL MORTGAGE SECURITIES TRUST SER 2015-C30 CL AS07-15-2048	Commercial Mortgage-Backed	4.23%	7/15/2048	405,000	427,496	433,991
	PVTPL CMO BX TR 2019-OC11 3.012% DUE 12-09-2041 BEO	Commercial Mortgage-Backed	3.01%	12/9/2041	405,000	431,677	426,773
	PVTPL CMO BX TR 2019-OC11 CL D 4.07546% DUE 12-09-2041	Commercial Mortgage-Backed	4.08%	12/9/2041	600,000	619,383	618,079
	PVTPL CMO CREDIT SUISSE MORTGAGE TRUST SER 2019-ICE4 CL C 144A FRN 05-15-2036	Commercial Mortgage-Backed	1.54%	5/15/2036	900,000	900,000	897,201
	PVTPL CMO HILTON USA TR SER 2016-SFP CL B 3.322835% 11-05-2035	Commercial Mortgage-Backed	3.32%	11/5/2035	740,000	739,220	740,121
	PVTPL CMO HILTON USA TRUST SER 2016-SFP CLS C 4.122238%11-05-2035	Commercial Mortgage-Backed	4.12%	11/5/2035	1,045,000	1,045,000	1,045,082
	PVTPL FREMF MTG TRUST SER 2015-K47 CL C FLTG RT 6-25-2048	Commercial Mortgage-Backed	3.59%	6/25/2048	833,000	807,930	862,416
	PVTPL FREMF MULTIFAMILY MTG PASSTHRU CTF TR 2015-K46 CL B FLTG RT 04-25-2048	Commercial Mortgage-Backed	3.82%	4/25/2048	935,000	977,272	984,707
	PVTPL NEW RESIDENTIAL MTG LN SR 2015-1A CL-A3 FLTG 04-25-2052 BEO	Commercial Mortgage-Backed	3.75%	5/28/2052	241,987	258,879	250,444
	CITIGROUP MTG LN TR SER 2005-2 CL 1A2A VAR 05-25-2035	Non-Government Backed C.M.O.s	2.76%	5/25/2035	231,459	236,450	235,101
	CMO 99-SP1 MTG PASSTHRU CTF CL A1 DUE 08-25-2028 REG	Non-Government Backed C.M.O.s	6.42%	8/25/2028	461,306	478,029	462,374
	CMO BEAR STEARNS ASSET BACKED SECS I TR 2004-SD3 CL M-2 VAR RT 09-25-2034 REG	Non-Government Backed C.M.O.s	1.98%	9/25/2034	369,404	371,252	381,445
	CMO CR SUISSE 1ST BSTN MTG SECS DUE 06-25-2034 REG	Non-Government Backed C.M.O.s	2.29%	6/25/2034	200,540	201,793	210,483
	CMO CWALT INC SER 04-12CB CL 3A1 5.5% 07-25-2034	Non-Government Backed C.M.O.s	5.50%	7/25/2034	581,329	594,409	599,651
	CMO MASTR ALTERNATIVE LN TR 2003-5 CL 6-A-1 6 DUE 07-25-2033 REG	Non-Government Backed C.M.O.s	6.00%	8/25/2033	172,229	180,129	179,476
	CMO MORGAN STANLEY MTG LN TR 2004-2AR 2004-6AR CL 1-M-2 DUE 07-25-2034 REG	Non-Government Backed C.M.O.s	2.13%	7/25/2034	1,205,013	1,228,737	1,245,415
	CMO PRIME MTG TR 2005-2 MTG PASSTHRU CTFII-A-1 DUE 10-25-2032 REG	Non-Government Backed C.M.O.s	6.20%	10/25/2032	293,218	305,679	300,171
	CMO WA MUT MTG SECS CORP 2004-RA4 MTG PASSTHRU CTF II-A 6.5 DUE 08-25-2034 REG	Non-Government Backed C.M.O.s	6.50%	8/25/2034	164,107	175,958	171,051
	CMO WAMU MTG PASS-THROUGH CTFS FOR FUTURE IS 5.5% DUE 06-25-2033	Non-Government Backed C.M.O.s	5.50%	6/25/2033	267,831	272,936	271,791
	CMO WAMU MTG PASS-THROUGH CTFS SER 04-S2CLS 1A4 5.0% 06-25-2034	Non-Government Backed C.M.O.s	5.00%	6/25/2034	147,523	149,736	148,851
	CMO WAMU MTG PASS-THROUGH CTFS SER 04-S3 CL 1A4 5.0% 07-25-2034	Non-Government Backed C.M.O.s	5.00%	7/25/2034	121,954	126,642	122,737
	CMO WAMU MTG PASS-THRU CTFS 2003-AR3 MTG PSSTHRU CTF CL A-5 VAR 3-25-33 BEO	Non-Government Backed C.M.O.s	2.46%	4/25/2033	348,414	352,660	363,632
	CMO WAMU MTG PASS-THRU CTFS TR 2004-AR5 CL A-6 VAR 3.81006 DUE 06-25-2034 REG	Non-Government Backed C.M.O.s	3.81%	6/25/2034	400,080	408,582	406,742
	CMOPVTPL NEW RESIDENTIAL MTG LN 2017-3A MTG BACKED NT CL A-1 VAR RT 04-25-2057	Non-Government Backed C.M.O.s	2.22%	4/25/2057	737,295	785,450	772,760
	J P MORGAN MTG TR FLTG RT 2.2549% DUE 04-25-2035	Non-Government Backed C.M.O.s	2.25%	4/25/2035	388,079	392,272	389,716
	J P MORGAN MTG TR FLTG RT 3.03239% DUE 01-25-2052	Non-Government Backed C.M.O.s	3.04%	1/25/2052	1,117,259	1,156,454	1,148,015
	J P MORGAN MTG TR VAR RT 3.76031% DUE 08-25-2047	Non-Government Backed C.M.O.s	3.77%	8/25/2047	608,467	622,914	621,935
	MASTR ALTERNATIVE LN TR 2004-8 CL 1A1 6.5 09-25-2034	Non-Government Backed C.M.O.s	6.50%	9/25/2034	317,144	343,716	332,784
	NEW RESDNTL MTG LN FLTG RT 3.75% DUE 05-25-2054	Non-Government Backed C.M.O.s	3.75%	5/25/2054	712,327	768,645	740,458
	NEW RESDNTL MTG LN FLTG RT 4.8% DUE 08-25-2055	Non-Government Backed C.M.O.s	4.80%	8/25/2055	728,012	771,998	764,762
	NOMURA ASSET ACCEP CORP MTG SER 05-WF1 CL 1A1 VAR RT 03-25-2035	Non-Government Backed C.M.O.s	5.72%	3/25/2035	343,165	362,239	354,169
	PVTPL CMO CHASE MTG TR SER 2016-2 CL M3 144A VAR 12-26-2044	Non-Government Backed C.M.O.s	3.75%	12/25/2044	468,297	468,525	470,845
	PVTPL CMO CSMLT 2015-3 TR CL B-1 144A FLTG DUE 11-25-2045	Non-Government Backed C.M.O.s	3.51%	11/25/2045	809,122	838,699	817,498
	PVTPL CMO J P MORGAN MTG SER 18-LTV1 CL B2 VAR 04-25-2049 BEO	Non-Government Backed C.M.O.s	4.56%	4/25/2049	1,110,774	1,203,237	1,111,162
	PVTPL CMO J P MORGAN MTG TR 2016-3 CL B-2 144A VAR RT DUE 10-25-2046 BEO	Non-Government Backed C.M.O.s	3.29%	10/25/2046	487,824	492,016	493,298
	PVTPL CMO J P MORGAN MTG TR SER 2016-1 CL B-2 VAR RT 05-25-2046	Non-Government Backed C.M.O.s	3.83%	5/25/2046	825,250	820,351	835,388
	PVTPL CMO J P MORGAN RESECURITIZATION TRSER 2009- TR CTF CL 2-A-2 144A	Non-Government Backed C.M.O.s	2.78%	9/26/2035	406,470	410,154	419,616
	PVTPL CMO J P MORGAN TAXABLE HFA TR SER 2014-1 CL A 4 DUE 11-27-2038	Non-Government Backed C.M.O.s	4.00%	11/27/2038	390,391	397,955	404,952
	PVTPL CMO NEW RESIDENTIAL MTG LN TR 2018-2 CL B3 VAR RT DUE 02-25-2058	Non-Government Backed C.M.O.s	5.00%	2/25/2058	1,012,653	1,109,804	1,078,107
	PVTPL CMO WAMU MTG PASS-THRU CTFS 2003-AR11 CL A-6 11-25-2033 REG	Non-Government Backed C.M.O.s	2.66%	10/25/2033	454,178	459,322	459,747
	PVTPL NEW RESIDENTIAL MTG LN TR SR 2019-3 CL A-1A VAR RT 11-01-2058	Non-Government Backed C.M.O.s	3.75%	11/25/2058	644,392	686,076	673,133
	SEQUOIA MTG TR FLTG RT 4.60599% DUE 06-25-2048	Non-Government Backed C.M.O.s	4.61%	6/25/2048	862,408	878,275	874,033
						155,825,535	155,720,741
Real estate							
	BUSINESS ARTS PLAZA INC	Real Estate	N/A	N/A	10,936,532	10,936,532	87,000,403
						10,936,532	87,000,403
Common/Collective Trusts							
*	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	CCT	N/A	N/A	39,986	398,760,602	701,024,909
	CF NIS TOTAL ABSOLUTE RETURN FUND LLC	CCT	N/A	N/A	2,066	4,882,718	5,967,600
	CF NIS PREFERRED STOCK FUNDII LLC.	CCT	N/A	N/A	696,939	3,572,654	4,714,759
	CF NIS HI YIELD FD LLC	CCT	N/A	N/A	106	3,428,639	4,292,633
	CF JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	13,666,951	108,153,632	171,529,807
	CF ARTISAN GLOBAL OPPORTUNITIES TRUST FD	CCT	N/A	N/A	8,758,427	163,924,956	370,744,195
	CF WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	CCT	N/A	N/A	3,892,903	104,447,357	108,011,309
						787,170,557	1,366,285,212
Pooled Separate Accounts							
	CF PRUDENTIAL PRISA SA	PSA	N/A	N/A	481	25,887,907	40,669,500
	CF PRUDENTIAL PRISA II	PSA	N/A	N/A	2,633	73,655,799	131,824,490
						99,543,705	172,493,990
103-12 Investment Entities							
	CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	103-12	N/A	N/A	1,264,135	29,196,925	65,351,254
	CF ACADIAN NON-US ALL CAP EQUITY FUND, USD HEDGED, LLC	103-12	N/A	N/A	120,907	162,883,420	243,535,718
	CF CF LAZARD EMERGING MARKETS EQTY GROUPTR FD	103-12	N/A	N/A	1,936,471	54,577,603	121,646,793
	CF NCS GROUP TRUST - GLOBAL FUND	103-12	N/A	N/A	5,823,957	195,907,191	373,083,282
	CF BRIDGEWATER PURE ALPHA MAJOR MKTS LTDSER	103-12	N/A	N/A	75,441	73,888,779	123,098,833
	CF ALL WEATHER PORTFOLIO LTD CL B FD	103-12	N/A	N/A	1,936,471	54,577,603	364,412,050
						571,031,521	1,291,127,930
Partnerships/Joint Venture Interest							
	JPMORGAN INFRASTRUCTURE INVESTMENTS FUND	Partnerships	N/A	N/A	116,857,757	116,857,757	132,461,726
	KABOUTER INTERNATIONAL OPPORTUNITIES FUND II LLC	Partnerships	N/A	N/A	55,730,000	55,730,000	78,841,278
	OAKTREE REAL ESTATE DEBT FUND II, LP	Partnerships	N/A	N/A	25,977,911	10,737,196	13,049,064

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Screen Actors Guild - Producers Pension Plan
EIN 95-2110997
Plan Number 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	OAKTREE PRINCIPAL FUND V	Partnerships	N/A	N/A	223,789	617,654	7,535,155
	AURORA EQUITY PARTNERS VI, L.P.	Partnerships	N/A	N/A	2,052,075	2,052,075	2,015,834
	AVISTA CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	4,387,297	4,387,297	4,782,385
	AVISTA CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	4,525,435	4,525,435	5,788,561
	BLACKSTONE CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	3,750,903	3,750,903	5,079,139
	CVC CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	2,002,671	2,002,671	2,051,552
	GREAT HILL EQUITY PARTNERS VIII, L.P.	Partnerships	N/A	N/A	N/A	N/A	(25,344)
	GTCR FUND XIII, L.P.	Partnerships	N/A	N/A	585,737	585,737	1,086,122
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2019)	Partnerships	N/A	N/A	5,408,695	5,408,695	9,890,360
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2020)	Partnerships	N/A	N/A	4,793,849	4,793,849	7,528,221
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2021)	Partnerships	N/A	N/A	2,664,409	2,664,409	2,929,595
	INSIGHT PARTNERS XII, L.P.	Partnerships	N/A	N/A	2,637,323	2,637,323	2,643,415
	K5 PRIVATE INVESTORS, L.P.	Partnerships	N/A	N/A	2,477,503	2,477,503	2,525,964
	KELSO INVESTMENT ASSOCIATES X, L.P.	Partnerships	N/A	N/A	7,457,650	7,457,650	11,784,596
	KELSO INVESTMENT ASSOCIATES XI, L.P.	Partnerships	N/A	N/A	N/A	N/A	(49,235)
	KPS SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	4,241,305	4,241,305	6,272,225
	L CATTERTON GROWTH IV, L.P.	Partnerships	N/A	N/A	3,064,797	3,064,797	5,270,782
	NEWQUEST ASIA FUND IV, L.P.	Partnerships	N/A	N/A	5,662,033	5,662,033	7,038,637
	OAK HILL CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	3,760,761	3,760,761	3,214,084
	OAK HILL CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	10,256,394	10,256,394	11,762,885
	PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	11,412,115	11,412,115	15,839,752
	PLATINUM EQUITY SMALL CAP FUND, L.P.	Partnerships	N/A	N/A	4,691,518	4,691,518	5,173,217
	ARES ENERGY OPPORTUNITIES FUND B, L.P.	Partnerships	N/A	N/A	1,111,556	1,111,556	959,628
	ARES EPIC CO-INVEST DELAWARE FEEDER, L.P.	Partnerships	N/A	N/A	4,922,912	4,922,912	4,250,046
	WEBSTER CAPITAL II-A, L.P	Partnerships	N/A	N/A	8,362,914	8,362,914	14,194,633
	SECONDARY INVESTMENT SPV-12, L.P.	Partnerships	N/A	N/A	1,578,836	1,578,836	2,640,534
	NEWVIEW CAPITAL FUND I, L.P.	Partnerships	N/A	N/A	3,912,864	3,912,864	7,871,979
	ARES PE EXTENDED VALUE FUND LP	Partnerships	N/A	N/A	4,216,157	4,216,157	4,721,658
	HL ROSE SPV, LP	Partnerships	N/A	N/A	4,621,307	4,621,307	6,207,775
	AUDAX PRIVATE EQUITY FUND IV CF LP	Partnerships	N/A	N/A	4,937,211	4,937,211	6,479,992
	ROARK CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	9,660,298	9,660,298	13,437,696
	STG ALLEGRO FUND, L.P.	Partnerships	N/A	N/A	N/A	N/A	(91,927)
	STG VI, L.P.	Partnerships	N/A	N/A	1,545,602	1,545,602	1,431,143
	THOMAS H. LEE EQUITY FUND IX, L.P.	Partnerships	N/A	N/A	N/A	N/A	(126,214)
	THOMAS H. LEE EQUITY FUND VIII, L.P.	Partnerships	N/A	N/A	4,603,918	4,603,918	12,727,205
	ANACAP CREDIT OPPORTUNITIES IV, L.P.	Partnerships	N/A	N/A	2,227,957	2,227,957	2,095,705
	APOLLO HYBRID VALUE FUND, L.P.	Partnerships	N/A	N/A	7,418,313	7,418,313	8,780,086
	ARES SPECIAL OPPORTUNITIES FUND, L.P.	Partnerships	N/A	N/A	7,899,075	7,899,075	11,721,937
	ASCRIBE OPPORTUNITIES FUND IV, L.P.	Partnerships	N/A	N/A	1,167,260	1,167,260	1,241,163
	ASI HARK CAPITAL III, LP	Partnerships	N/A	N/A	N/A	N/A	(2,680)
	AUDAX MEZZANINE FUND V, L.P.	Partnerships	N/A	N/A	17,733	17,733	17,733
	AVENUE ASIA SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	4,524,418	4,524,418	6,179,365
	BALANCE POINT CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	2,753,175	2,753,175	2,846,818
	BCP SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	6,480,083	6,480,083	7,185,111
	BLACKSTONE CAPITAL OPPORTUNITIES FUND IV LP	Partnerships	N/A	N/A	1,305,002	1,305,002	1,370,332
	BLACKSTONE TACTICAL OPPORTUNITIES FUND - HL L.P.	Partnerships	N/A	N/A	6,302,852	6,302,852	8,155,340
	CARLYLE CREDIT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	2,711,338	2,711,338	2,946,574
	CASTLELAKE AVIATION IV STABLE YIELD, L.P.	Partnerships	N/A	N/A	1,502,483	1,502,483	2,357,170
	CASTLELAKE INCOME OPPORTUNITIES II, L.P.	Partnerships	N/A	N/A	1,108,898	1,108,898	1,149,189
	CASTLELAKE INCOME OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	6,656,064	6,656,064	7,449,124
	CASTLELAKE V DISLOCATED OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	3,194,273	3,194,273	3,989,682
	CASTLELAKE V, L.P.	Partnerships	N/A	N/A	3,592,621	3,592,621	6,000,111
	COMVEST CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	2,295,793	2,295,793	2,197,598
	CRESCENT DIRECT LENDING FUND III, L.P.	Partnerships	N/A	N/A	2,922,975	2,922,975	2,998,954
	FIRST EAGLE DIRECT LENDING FUND IV, LLC	Partnerships	N/A	N/A	6,439,213	6,439,213	6,378,059
	FIRST EAGLE DIRECT LENDING FUND V, LLC	Partnerships	N/A	N/A	3,058,598	3,058,598	3,254,891
	GSO ENERGY SELECT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	1,993,320	1,993,320	2,455,047
	HPS MEZZANINE PARTNERS 2019, L.P.	Partnerships	N/A	N/A	8,147,797	8,147,797	9,264,586
	ICG EUROPE FUND VII, L.P.	Partnerships	N/A	N/A	6,764,468	6,764,468	10,045,043
	ICG EUROPE FUND VIII SCSP	Partnerships	N/A	N/A	1,049,529	1,049,529	1,054,045
	ICG RECOVERY FUND II SCSP	Partnerships	N/A	N/A	1,664,402	1,664,402	1,819,721
	LBC CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	6,942,207	6,942,207	7,260,760
	LONE STAR FUND XI, L.P.	Partnerships	N/A	N/A	2,432,434	2,432,434	4,622,663
	OAKTREE OPPORTUNITIES FUND XI, L.P.	Partnerships	N/A	N/A	3,000,000	3,000,000	3,632,607
	OAKTREE SPECIAL SITUATIONS FUND II, L.P.	Partnerships	N/A	N/A	2,105,732	2,105,732	5,460,108
	SUMMIT PARTNERS CREDIT FUND IV, L.P.	Partnerships	N/A	N/A	N/A	N/A	(213,444)
						426,926,665	552,907,516
Registered Investment Companies							
	MFO FIDELITY CONCORD STR TR SPARTAN EXTENDED MKTS INDEX FD FIDELITY	Mutual Funds	N/A	N/A	DCA	160,134,421	169,866,030
	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	Mutual Funds	N/A	N/A	DCA	89,172,991	87,939,138
	American Funds Europacific Growth R3 Fund	Mutual Funds	N/A	N/A	DCA	68,761	40,872
	American Funds Fundamental Investors R3 Fund	Mutual Funds	N/A	N/A	DCA	186,610	245,254
	American Funds Growth Fund of America R3 Fund	Mutual Funds	N/A	N/A	DCA	132,722	163,416
	American Funds New World R4 Fund	Mutual Funds	N/A	N/A	DCA	28,030	33,180
	Fidelity Advisor Leveraged Co Stock M Fund	Mutual Funds	N/A	N/A	DCA	87,029	71,318
	Nuveen Real Estate Securities A Fund	Mutual Funds	N/A	N/A	DCA	38,550	42,976
	PIMCO All Asset Insitutional Fund	Mutual Funds	N/A	N/A	DCA	213,349	296,659
	PIMCO Commodity Real Return Strategy Instl Fund	Mutual Funds	N/A	N/A	DCA	2,445	-
	PIMCO High Yield Institutional Fund	Mutual Funds	N/A	N/A	DCA	67,627	64,801
	PIMCO Total Return Instl Fund	Mutual Funds	N/A	N/A	DCA	183,462	207,902
	Principal LifeTime 2010 R3 Fund	Mutual Funds	N/A	N/A	DCA	4,298	5,940
	Principal LifeTime 2020 R3 Fund	Mutual Funds	N/A	N/A	DCA	223,354	298,808
	Principal LifeTime 2030 R3 Fund	Mutual Funds	N/A	N/A	DCA	66,585	98,956
	Principal LifeTime 2040 R3 Fund	Mutual Funds	N/A	N/A	DCA	89,768	137,566
	Principal LifeTime 2050 R3 Fund	Mutual Funds	N/A	N/A	DCA	1,272	3,088
	Principal LifeTime 2060 R3 Fund	Mutual Funds	N/A	N/A	DCA	2,295	4,559
	SmallCap S&P 600 Index R3 Fund	Mutual Funds	N/A	N/A	DCA	60,429	27,588
	T. Rowe Price Health Sciences Fund	Mutual Funds	N/A	N/A	DCA	43,000	28,305
	Templeton Global Bond A Fund	Mutual Funds	N/A	N/A	DCA	62,945	19,388
	Vanguard Federal Money Market Investor Fund	Mutual Funds	N/A	N/A	DCA	107,572	15,418
						250,977,516	259,611,162
Other Investments							
	BEXAR CNTY TEX 2.863% 06-15-2043 BEO TAXABLE	Municipal/Provincial Bonds	2.86%	6/15/2043	1,195,000	1,195,000	1,193,778
	ALABAMA FED AID HWY FIN AUTH SPL OBLIG REV 2.65% 09-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	2.65%	9/1/2037	1,040,000	1,050,427	1,050,526
	INDIANAPOLIS IND LOC PUB IMPT BD BK 6.116% 01-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	6.12%	1/15/2040	670,000	878,452	942,521
	MA ST SCH BLDG AUTH DEDICATEDSALES TX REV 3.395 10-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	3.40%	10/15/2040	820,000	841,710	858,135
	HUNTINGTON BEACH CALIF PENSION OBLIG 3.276% 06-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	3.28%	6/15/2040	820,000	821,083	832,148
	TUCSON ARIZ CTFS PARTN 2.856% 07-01-2047BEO TAXABLE	Municipal/Provincial Bonds	2.86%	7/1/2047	830,000	835,692	830,046
	MICHIGAN ST BLDG AUTH REV 2.705% 10-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.71%	10/15/2040	835,000	822,230	810,892
	CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	Municipal/Provincial Bonds	7.50%	4/1/2034	515,000	846,153	788,110
	VIRGINIA ST HSG DEV AUTH COMWLTH MTG 2.125% 07-25-2051 BEO TAXABLE	Municipal/Provincial Bonds	2.13%	7/25/2051	766,765	766,765	768,069
	FLORIDA ST BRD ADMIN FIN CORP REV 2.154%07-01-2030	Municipal/Provincial Bonds	2.15%	7/1/2030	758,000	759,442	756,211
	WEST HARTFORD CONN 2.764% 07-01-2041 BEOTAXABLE	Municipal/Provincial Bonds	2.76%	7/1/2041	730,000	730,000	746,033
	CLARK CNTY NEV 3.23% 07-01-2044 BEO TAXABLE	Municipal/Provincial Bonds	3.23%	7/1/2044	690,000	687,647	705,180
	SAN ANTONIO TEX ELEC & GAS REV 2.905% 02-01-2048 BEO TAXABLE	Municipal/Provincial Bonds	2.91%	2/1/2048	700,000	705,961	704,214
	CHULA VISTA CALIF PENSION OBLIG 2.905% 06-01-2045 BEO TAXABLE	Municipal/Provincial Bonds	2.91%	6/1/2045	750,000	736,940	695,639
	PALM SPRINGS CALIF FING AUTH LEASE REV 2.869% 11-01-2034 BEO TAXABLE	Municipal/Provincial Bonds	2.87%	11/1/2034	670,000	663,387	675,553
	MASSACHUSETTS ST WTR RES AUTH 3.104% 08-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	3.10%	8/1/2039	625,000	625,000	647,594
	KANSAS ST DEV FIN AUTH REV 2.774% 05-01-2051 BEO TAXABLE	Municipal/Provincial Bonds	2.77%	5/1/2051	630,000	630,000	625,387
	INDIANA ST FIN AUTH REV 3.051% 01-01-2051 BEO TAXABLE	Municipal/Provincial Bonds	3.05%	1/1/2051	600,000	600,000	616,732
	METRO WASTEWTR RECLAMATION DIST COLO SWRREV 3.158% 04-01-2041 BEO TAXABLE	Municipal/Provincial Bonds	3.16%	4/1/2041	585,000	585,000	613,742
	BAY AREA TOLL AUTH CALIF TOLL BRDG REV 3.126% 04-01-2055 BEO TAXABLE	Municipal/Provincial Bonds	3.13%	4/1/2055	605,000	605,000	606,596
	TRI-CNTY MET TRANSN DIST ORE REV 2.856% 09-01-2041 BEO TAXABLE	Municipal/Provincial Bonds	2.86%	9/1/2041	595,000	596,714	603,946
	KING CNTY WASH SWR REV 2.841% 07-01-2047BEO TAXABLE	Municipal/Provincial Bonds	2.84%	7/1/2047	605,000	605,000	599,207

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Screen Actors Guild - Producers Pension Plan
EIN 95-2110997
Plan Number 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	DALLAS TEX AREA RAPID TRAN SALES TAX REV2.613% 12-01-2048 BEO TAXABLE	Municipal/Provincial Bonds	2.61%	12/1/2048	595,000	595,000	583,404
	VA ST HSG DEV AUTH TAXABLE-PA 3.25 08/25/2042	Municipal/Provincial Bonds	3.25%	8/25/2042	525,664	519,430	536,997
	OREGON ST DEPT ADMINISTRATIVE SVCS CTFS PARTN 4.103% 05-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	4.10%	5/1/2039	465,000	465,000	518,099
	PORT MORROW ORE TRANSMISSION FACS REV 2.543% 09-01-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.54%	9/1/2040	515,000	515,000	502,397
	MASSACHUSETTS ST PORT AUTH REV 2.719% 07-01-2042 BEO TAXABLE	Municipal/Provincial Bonds	2.72%	7/1/2042	500,000	500,000	497,031
	OREGON ST DEPT TRANSN HWY USER TAX REV 3.168% 11-15-2038 BEO TAXABLE	Municipal/Provincial Bonds	3.17%	11/15/2038	475,000	481,663	496,761
	SAN DIEGO CALIF UNI SCH DIST 2.907% 07-01-2042 BEO TAXABLE	Municipal/Provincial Bonds	2.91%	7/1/2042	455,000	455,000	459,379
	PVTPL CMO VIRGINIA ST HSG DEV AUTH SER 20-A CL A 2.85% DUE 12-25-2049	Municipal/Provincial Bonds	2.85%	12/25/2049	446,781	457,392	448,597
	HAMPTON ROADS SANTN DIST VA WASTEWATER REV 2.463% 02-01-2032 BEO TAXABLE	Municipal/Provincial Bonds	2.46%	2/1/2032	430,000	430,000	442,515
	VIRGINIA ST HSG DEV AUTH 2.85% 06-01-2035 BEO TAXABLE	Municipal/Provincial Bonds	2.85%	6/1/2035	405,000	401,132	419,720
	DISTRICT COLUMBIA WTR & SWR AUTH PUB UTITAXABLE-SR LIEN-SER A 4.814 10-01-2114	Municipal/Provincial Bonds	4.81%	10/1/2114	275,000	399,787	413,206
	LOUDOUN CNTY VA ECONOMIC DEV AUTH PUB FAC LEASE REV 4% 06-01-2034 BEO TAXABLE	Municipal/Provincial Bonds	4.00%	6/1/2034	360,000	360,000	406,012
	LINCOLN NEB WEST HAYMARKET JT PUB AGY 5.4% 12-15-2030 BEO TAXABLE	Municipal/Provincial Bonds	5.40%	12/15/2030	330,000	383,117	404,279
	DALLAS TEX WTRWKS & SWR SYS REV 2.772% 10-01-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.77%	10/1/2040	395,000	400,580	394,244
	VIRGINIA ST HSG DEV AUTH 3.13% 11-01-2045 BEO TAXABLE	Municipal/Provincial Bonds	3.13%	11/1/2045	385,000	385,000	389,244
	PASADENA CALIF PENSION OBLIG 3.237% 05-01-2045 BEO TAXABLE	Municipal/Provincial Bonds	3.24%	5/1/2045	370,000	370,000	380,956
	SUMTER LANDING CMNTY DEV DIST FLA RECREATIONAL REV 4.172% 10-01-2047 BEO	Municipal/Provincial Bonds	4.17%	10/1/2047	310,000	361,829	355,428
	OHIO ST HSG FIN AGY RESIDENTIAL MTG REV 3.7% 04-01-2040 BEO TAXABLE	Municipal/Provincial Bonds	3.70%	4/1/2040	340,731	340,731	350,882
	OREGON ST UNIV GEN REV 3.424% 03-01-2060BEO TAXABLE	Municipal/Provincial Bonds	3.42%	3/1/2060	335,000	335,000	348,341
	METROPOLITAN ATLANTA RAPID TRAN AUTH GA SALES TX REV 2.68 07-01-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.68%	7/1/2040	335,000	335,000	326,128
	CALIFORNIA ST UNIV REV 2.939% 11-01-2052BEO TAXABLE	Municipal/Provincial Bonds	2.93%	11/1/2052	325,000	325,000	325,721
	JOBSOHIO BEVERAGE SYS OHIO STATEWIDE LIQ 2.833% DUE 01-01-2038	Municipal/Provincial Bonds	2.83%	1/1/2038	315,000	325,609	324,743
	SAN FRAN CAL CY & CNTY PUB UTILS COMMN WTR REV 2.825 11-01-2041 BEOTAXABLE	Municipal/Provincial Bonds	2.83%	11/1/2041	330,000	330,000	323,101
	INDIANA ST FIN AUTH REV 3.313% 03-01-2051 BEO TAXABLE	Municipal/Provincial Bonds	3.31%	3/1/2051	305,000	305,000	309,846
	RIVERSIDE CNTY CAL INFRASTRUCTURE 3.185%11-01-2041	Municipal/Provincial Bonds	3.19%	11/1/2041	300,000	300,000	303,582
	CUYAHOGA CNTY OHIO SALES TAX REV 3.667% 01-01-2035 BEO TAXABLE	Municipal/Provincial Bonds	3.67%	1/1/2035	290,000	298,802	301,914
	SULPHUR SPRINGS CALIF UN SCH DIST SPL TAX 2.971% 09-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	2.97%	9/1/2039	290,000	290,331	294,426
	OREGON ED DISTS FULL FAITH & CR PENSION OBLIGS 2.895% 06-30-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.90%	6/30/2040	290,000	290,000	290,227
	SAN DIEGO CALIF PUB FACS FING AUTH LEASEREV 4.232% 10-15-2038 BEO TAXABLE	Municipal/Provincial Bonds	4.23%	10/15/2038	260,000	260,000	289,503
	PENNSYLVANIA ST TPK COMMN TPK REV 3.416%12-01-2041 BEO TAXABLE	Municipal/Provincial Bonds	3.42%	12/1/2041	265,000	265,167	277,932
	MASSACHUSETTS ST 2.514% 07-01-2041	Municipal/Provincial Bonds	2.51%	7/1/2041	280,000	281,272	275,837
	SAN JOSE CALIF FING AUTH LEASE REV 2.432% 06-01-2033 BEO TAXABLE	Municipal/Provincial Bonds	2.43%	6/1/2033	270,000	275,179	265,126
	BIRMINGHAM ALA WTRWKS BRD WTR REV 2.86% 01-01-2043 BEO TAXABLE	Municipal/Provincial Bonds	2.86%	1/1/2043	245,000	245,000	248,435
	VIRGINIA ST HSG DEV AUTH 3.017% 11-01-2046 BEO TAXABLE	Municipal/Provincial Bonds	3.02%	11/1/2046	245,000	245,000	247,346
	SAN DIEGO CALIF PUB FACS FING AUTH LEASEREV 3.428% 10-15-2041 BEO TAXABLE	Municipal/Provincial Bonds	3.43%	10/15/2041	230,000	230,000	241,500
	SAN JOSE CALIF FING AUTH LEASE REV 2.812% 06-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	2.81%	6/1/2037	230,000	230,000	226,143
	DALLAS TEX WTRWKS & SWR SYS REV 2.53% 10-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	2.53%	10/1/2037	215,000	217,023	211,823
	TEMPE ARIZ CTFS PARTN 2.521% 07-01-2036 BEO TAXABLE	Municipal/Provincial Bonds	2.52%	7/1/2036	215,000	215,000	210,884
	JACKSONVILLE FLA SPL REV 2.766% 10-01-2041 BEO TAXABLE	Municipal/Provincial Bonds	2.77%	10/1/2041	205,000	205,000	205,397
	NEW YORK ST URBAN DEV CORP REV 3.9% 03-15-2033 BEO TAXABLE	Municipal/Provincial Bonds	3.90%	3/15/2033	175,000	175,350	192,294
	KANSAS ST DEV FIN AUTH REV 4.727% 04-15-2037 BEO TAXABLE	Municipal/Provincial Bonds	4.73%	4/15/2037	145,000	180,963	174,204
	NORTHEAST OHIO REGL SWR DIST WASTEWTR REV 3.3% 11-15-2049 BEO TAXABLE	Municipal/Provincial Bonds	3.30%	11/15/2049	120,000	124,212	125,387
	SAN JOSE CALIF FING AUTH LEASE REV 2.882% 06-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	2.88%	6/1/2039	105,000	105,546	102,384
	MET GOVT NSHVLE & DAVIDSON CNTY TENN WTR& SWR REV 2.942 07-01-2043BEO TAXABLE	Municipal/Provincial Bonds	2.94%	7/1/2043	85,000	85,203	85,787
	JPMORGAN EUROPEAN SUB-FUND C	Hedge Equity	N/A	N/A	8	101,070	75,541
	CF BEACH POINT DYNAMIC INCOME OFFSHORE FUND LTD CLASS B	Hedge Equity	N/A	N/A	88,703	126,651,650	157,849,388
	CF ABS OPPORTUNITIES LTD-DIRECTIONAL GLOBAL PORTFOLIO	Hedge Equity	N/A	N/A	840,836	104,806,311	42,298,021
	CF BRIDGEWATER PURE ALPHA II LTD SER	Hedge Equity	N/A	N/A	99,531	99,530,763	114,124,129
	VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US $ INSTL	Hedge Equity	N/A	N/A	475,329	78,549,223	94,681,401
						440,521,938	440,225,901
*	Denotes party-in-interest				**TOTAL**	$ 3,258,832,099	$ 4,841,734,527

See Independent Auditor's Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 95-2110997, Plan Number: 001
December 31, 2021

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions								
Northern Trust	MFB NTGI Col Dly Governement STIF	$ 1,186,312,571	N/A	N/A	N/A	$ 1,186,312,571	$ 1,186,312,571	$ -
Northern Trust	MFB NTGI Col Dly Governement STIF	N/A	$ 890,479,762	N/A	N/A	$ 890,479,762	$ 890,479,762	$ -

See Independent Auditor's Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2021

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Statement by Enrolled Actuary

Plan Sponsor:	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN:	95-2110997
Plan Number:	001
Plan Name:	Screen Actors Guild – Producers Pension Plan
Valuation Date:	January 1, 2021
Enrolled Actuary:	Cary Franklin
Enrollment Number:	20-04013

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the plan administrator and/or the plan's auditor.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Screen Actors Guild Producers Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees, Screen Actors Guild Producers Pension Plan

D Employer Identification Number (EIN)
95-2110997

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 1 Day 1 Year 2021		
b	Assets		
	(1) Current value of assets	1b(1)	4,321,077,082
	(2) Actuarial value of assets for funding standard account	1b(2)	4,279,292,727
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	5,727,614,827
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	5,727,614,827
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	12,245,346,080
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	237,815,560
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	323,831,003
	(3) Expected plan disbursements for the plan year	1d(3)	324,740,489

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/6/2022
Date

Cary Franklin
Type or print name of actuary

20-04013
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

(818) 691-2002
Telephone number (including area code)

5200 Lankershim Blvd
Suite 740
North Hollywood CA 91601
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	4,321,077,082
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		14,621	3,875,973,331
(2) For terminated vested participants		21,308	3,713,038,816
(3) For active participants:			
(a) Non-vested benefits			241,245,734
(b) Vested benefits			4,415,088,199
(c) Total active		28,242	4,656,333,933
(4) Total		64,171	12,245,346,080
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	35.29 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
	357,788,063				
			Totals ▶ 3(b)	357,788,063	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	5,721,134

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	74.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☒ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☒ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

3(a) Contributions made throughout the year.

6 Checklist of certain actuarial assumptions:

			Pre-retirement		Post-retirement	
a Interest rate for "RPA '94" current liability	**6a**		2.43 %			
b Rates specified in insurance or annuity contracts			☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:						
(1) Males	**6c(1)**		A		A	
(2) Females	**6c(2)**		A		A	
d Valuation liability interest rate	**6d**		7.25 %		7.25 %	
e Expense loading	**6e**	15.9%	☐ N/A	%	☒ N/A	
f Salary scale	**6f**	4.00%	☐ N/A			

g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-30,563,101	-3,178,410
4	172,148,277	17,902,562

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	105,386,504
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	2,258,143,743	297,066,147
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	29,177,817
e Total charges. Add lines 9a through 9d		**9e**	431,630,468

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	493,515,524
g	Employer contributions. Total from column (b) of line 3		**9g**	357,788,063
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 316,306,119		73,835,611
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	51,941,138
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 2,195,646,343		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 6,963,146,037		
	(3) FFL credit		**9j(3)**	0
k	(1) Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	977,080,336
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	545,449,868
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Plan Name	**Screen Actors Guild – Producers Pension Plan**
Plan Sponsor	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN / PN	95-2110997 / 001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates

7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities (7.50% was assumed for the January 1, 2020 valuation).

This interest rate assumption, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term (note that 7.50% is used for the ASC 960 accounting disclosure as of December 31, 2020). This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2021 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 2.43% per annum as of January 1, 2021.

Retirement Age

Active and Inactive Vested participants:

Retirement Rates

Age*	Percent Retiring Each Year	
	Actives	Inactive Vested
55	10.0%	10.0%
56-61	5.0%	5.0%
62	5.0%	5.0%
63	5.0%	5.0%
64	7.5%	15.0%
65	22.5%	40.0%
66	22.5%	30.0%
67	15.0%	20.0%
68	15.0%	15.0%
69	20.0%	15.0%
70	30.0%	25.0%
71+	100.0%	100.0%

*If eligible to retire; otherwise, assumed to retire upon completion of age and service requirement

Weighted average retirement age for Active Participants: 63.8

Weighted average retirement age for Inactive Vested Participants: 63.2

Non-Disabled Mortality

The 2016 version of the RP-2014 mortality tables (separate for males and females, and by annuitant/non-annuitant status). No future improvement was assumed.

The non-disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA ’94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality

The 2016 version of the RP-2014 disabled retiree mortality tables (separate for males and females). No future improvement was assumed.

The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA ’94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Active Participant

For valuation purposes, an active participant is a participant who earned one year of Pension Credit in the Plan Year ended December 31, 2020, and had not retired as of January 1, 2021.

Also included in the valuation are "Type 2" actives who are non-vested participants who did not earn a Pension Credit during 2020, but did so in either 2019 or 2018.

Withdrawal

Annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below:

Withdrawal Rates

Years of Pension Credit	Males	Females
1	50.0%	30.0%
2	35.0%	25.0%
3	25.0%	20.0%
4	17.5%	15.0%
5	10.0%	10.0%
6	8.0%	9.0%
7	7.5%	8.0%
8	7.0%	7.0%
9	6.5%	6.0%
10	6.0%	5.0%
11	5.5%	4.0%
12-15	5.0%	3.0%
16	4.5%	3.0%
17-29	4.0%	3.0%
30+	3.0%	3.0%

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates

Age	Males and Females
20	0.012%
25	0.017%
30	0.022%
35	0.030%
40	0.044%
45	0.072%
50	0.121%
55	0.202%
60	0.325%

Operating Expenses	Expenses are assumed to amount to $15.0 million per year, payable monthly ($15.5 million per year was assumed for the January 1, 2020 valuation). Investment management and counseling fees and bad debt expenses (uncollectable contributions) are not included in assumed operating expenses. This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.
Reemployment	It is assumed that participants will not be reemployed following a break in service.
Form of Payment	55% of the participants are assumed to elect to receive their accrued benefit in the partial lump sum payment form (60% was assumed for the January 1, 2020 valuation). The remaining 35% are assumed to elect to receive their accrued benefit in the five-year certain and life annuity form. The interest rate used to value the partial lump sum payment is 3.25% to reflect expected future statutory interest rates under IRC 417(e)(3) (4.00% was assumed for the January 1, 2020 valuation).
Percent Married	75% of non-retired male participants and 52% of non-retired female participants are assumed to be married.
Spouse Age	The wife is assumed to be five years younger than the husband.
Future Service Accrual Rate	Based on earnings in 2020, adjusted to reflect a 4.0% annual increase. The assumed 4.0% increase in covered earnings is based on historical experience, professional judgment, and expectations for future increases dues to inflation and other factors.
Pensioner Accruals	Each pensioner who accrued additional benefits in 2020 is assumed to earn the same benefit in 2021. The present value of this assumed benefit accrual is added to Normal Cost.
Inactive Vested and Type 2 Participants	It is assumed that inactive vested participants and Type 2 participants who have not commenced benefits by age 80 will not do so.
Contribution Income	$3,033,000,000 in total covered compensation (matching 2019's total covered compensation) and an average contribution rate of 9.87% of covered compensation in 2021. The 2021 total covered compensation was assumed based on an anticipated recovery in work levels from the decline during 2020 as a result of the pandemic. The characteristics of the anticipated new participants are based on those of recent years' new participants.

Cost Method	Costs and liabilities for all Plan benefits were determined based on the Unit Credit Cost Method. The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
Asset Valuation Method	The actuarial value is equal to the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Participant Data	The actuarial valuation was prepared based on listings for active, retired, inactive vested and Type 2 participants furnished by the Plan Office.
Missing or Incomplete Participant Data	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those characteristics exhibited by participants with similar known characteristics. Costs and liabilities for reported “male” non-retired lives were adjusted to reflect a percentage of females based upon inspection of the first names in portions of the data.
Financial Information	Financial information was obtained from the audited financial statements provided by the auditor.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Change in Method

There was a change in actuarial valuation software for the actuarial valuation as of January 1, 2021. This constitutes a method change under Revenue Procedure 2000-40. As required under RP 2000-40 for automatic approval of this change, the change in actuarial valuation software is designed to produce results that are no less accurate than results produced prior to the change. Further, the net charges to the funding standard account for the year beginning January 1, 2021 were determined to be not more than two percent (2%) different than the net charge determined using the old software. The change in the unfunded actuarial accrued liability resulting from the change in actuarial valuation software was treated as an experience gain or loss for purposes of the funding standard account.

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

- The **interest rate assumption** was decreased from 7.50% as of January 1, 2020 to 7.25% as of January 1, 2021
- The assumed **annual operating expenses,** payable monthly, changed from $15.5 million to $15.0 million
- The assumed **interest rate for the partial lump sum** was changed from 4.00% to 3.25%
- The assumed **election rate for partial lump sums** was changed from 60% to 55%

Justification for Changes in Assumptions

The assumptions were changed based on recent and anticipated future experience, and professional judgement.

Screen Actors Guild - Producers Pension Plan

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name	Screen Actors Guild – Producers Pension Plan
Plan Sponsor	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN / PN	95-2110997 / 001
Effective Date and Most Recent Amendment	The original effective date of the Plan is February 1, 1960. The most recent amendment to the Plan reflected in the valuation is Amendment #79 which was adopted on July 20, 2018.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Participation	All Employees in Covered Employment participate in the Plan after earning one year of Pension Credit. However, the initial year of service is counted for benefit accrual and eligibility purposes. Guild Office Participants who were participants in the Screen Actors Guild Employees Retirement Plan as of December 31, 2003 became participants in the Plan on January 1, 2004.
Pension Credit	A participant receives Past Service Credit for covered employment before January 1, 1961 for each calendar year between 1937 and 1960 with earnings of $2,000 or more, not to exceed 20 years. For 1961 and later, a Participant earns one year of Current Service Credit for each year in which covered earnings are at least as follows:

Year	Covered Earnings at Least:	Year	Covered Earnings at Least:
1961-1991	$2,000	2009	$16,000
1992-1995	5,000	2010	17,000
1996-1998	7,500	2011	18,000
1999-2002	10,000	2012 and later	20,000
2003-2008	15,000		

Prior to 2003, if the participant was age 55 or older with at least 5 but less than 10 years of Pension Credit as of January 1, 1996, the $5,000 rate applies until 10 Pension Credits are reached. If the participant has at least 3 years of Pension Credit as of January 1, 1999, the $7,500 rate applies until 10 Pension

	Credits are reached. These "grandfather" provisions apply only to Pension Credits earned through 2002. On and after January 1, 1999, a year of Pension Credit can also be earned if the participant has 60 days of employment in a Plan Year before 2003, or 70 days of employment in a Plan Year after 2002. On and after January 1, 2004, a year of Pension Credit can also be earned if a Plan Office Participant or Guild Office Participant is credited with 1,000 or more Hours of Service in a Plan Year.
Normal Retirement Age	A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.
Break-In-Service	For calendar years after 1991, a Break-in-Service is incurred if earnings are less than half the minimum earnings required to earn a Service Credit. Note: On and after January 1, 1999 (January 1, 1989 for Plan Office Participants, and January 1, 2004 for Guild Office Participants), for non-vested benefits, cancellation of Pension Credit for vesting purposes occurs after 5 consecutive Break in Service years, if the number of Break-in-Service years equals or exceeds the number of Pension Credits.
Regular Pension – Eligibility	Age 65 with at least 5 years of Pension Credit, or age 65 and the fifth anniversary of participation without a Break-in-Service.
Regular Pension – Amount of Benefit	The annual amount of the Regular Pension is equal to the Prior Service Benefit plus the Current Service Benefit. The Prior Service Benefit is equal to the average covered earnings of the five most recent years before January 1, 1961, multiplied by the sum of the appropriate percentages shown below and multiplied by total years of Past Service Credit. The annual Current Service Benefit is equal to the greater of: (1) the sum of the annual benefits determined by applying each year's earnings since January 1, 1961 to the schedule below, and (2) the annual benefit determined by applying the average covered earnings of years since January 1, 1961 to the schedule below, multiplied by total years of Current Service before January 1, 1996, January 1, 1996 through December 31, 1998, January 1, 1999 through December 31, 2009, and on and after January 1, 2010.

Annual Covered Earnings	Prior Service	Current Service Prior to 1996	Current Service 1996-1998[1]	Current Service 1999-2009	Current Service After 2009
First $2,500	8.23%	4.57%	3.50%	3.50%	2.00%
$2,501-$5,000	7.60	4.21	3.50	3.50	2.00
5,001-7,500	5.08	3.21	3.50	3.50	2.00
7,501-25,000	4.66	3.21	3.50	3.50	2.00
25,001-30,000	4.10	3.21	3.50	3.50	2.00
30,001-50,000	1.42	1.82	3.50	3.50	2.00
50,001-75,000	1.30	1.54	2.50	3.50	2.00
75,001-100,000	1.30	1.36	2.50	3.50	2.00
$100,000 and over	1.30	1.19[2]	1.50[2]	3.50[2]	2.00[2]

[1] The annual pension benefit accrual is $272.50 plus the percentages shown for earnings above $7,500, for each year of Pension Credit.

[2] For years after 1988, annual earnings received per employer for benefit determination cannot exceed the limit for the year under IRC Section 401(a)(17). For 2021, the limit is $290,000 per employer.

Participants with at least 10 years of Pension Credit are entitled to a pension of not less than $220 per month even if the scheduled benefit produces a lesser amount.

The maximum monthly pension effective July 1, 2007 is shown in the table below. The maximum monthly pension does not apply to Plan Office Participants or Guild Office Participants.

Pension Credits as of the Annuity Starting Date	Maximum Monthly Pension
Less than 20 Pension Credits	$6,500
20 through 29 Pension Credits	$7,000
30 through 34 Pension Credits	$7,500
35 or more Pension Credits	$8,000

For Plan Office Participants, the annual amount of Regular Pension equals 3.5% of five-year average compensation, times years of Pension Credit (not to exceed 20). The Regular Pension for a Plan Office Participant will not be less than the sum of the Prior Service Benefit and the Current Service Benefit, as described above.

For Guild Office Participants who earn at least one Pension Credit after 2003, the annual amount of Regular Pension equals (1) plus (2) to a maximum of 70% of the participant's five-year average compensation:

(1) 3.5% of five-year average compensation, times years of Pension Credit earned after 2003

	(2) 3.0% of five-year average compensation up to Social Security Covered Compensation, plus 3.65% of five-year average compensation in excess of Social Security Covered Compensation, times years of Pension Credit earned prior to 2004 to a maximum of 20 years The Regular Pension for a Guild Office Participant will not be less than the benefit accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003.
Delayed Pension	The Regular Pension is actuarially increased for commencement after Normal Retirement Age.
Early Retirement Pension – Eligibility	Age 55 with at least 10 years of Pension Credit. Guild Office Participants are eligible to receive an Early Retirement Pension for the benefits accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003, after attaining age 55 with at least 5 years of Pension Credit.
Early Retirement Pension – Amount of Benefit	The calculated Regular Pension reduced by ¼ of one percent for each month that retirement precedes age 65. Guild Office Participants can receive their accrued benefit as of December 31, 2003 reduced by ½ of one percent for each month that retirement precedes age 65. Guild Office Participants' benefits accrued after December 31, 2003 are payable in accordance with the eligibility and amount of benefit rules that apply to all other participants.
Service Pension	For Plan Office Participants and Guild Office Participants who are age 55 or older with at least 10 years of Pension Credit, an unreduced Service Pension (calculated as described above for Regular Pension) is payable if the sum of age and Pension Credit is at least 75.

Disability Pension – Eligibility	Totally and permanently disabled with at least 10 years of Pension Credit and at least one year of Pension Credit in the six calendar year period preceding the date of disability. The participant must also have been awarded a Social Security Disability benefit.
Disability Pension – Amount of Benefit	Same as the calculated Regular Pension, commencing immediately.
Vested Benefit	Vesting is provided for participants who have accumulated at least 5 years of Pension Credit and who earn at least one hour of employment on or after January 1, 1999 (or one Pension Credit if they have a temporary Break in Service as of December 31, 1998) before incurring a permanent Break in Service (participants with 10 years of Pension Credit become vested, regardless of Breaks in Service). Employees with at least one hour of service on or after January 1, 1988, also vest upon the later of (a) age 65 or (b) the fifth anniversary of commencement of participation in the Plan without a Break-in-Service.
Pre-Retirement Spouse's Annuity	If a deceased married participant had not retired but had met the service requirements for vesting, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing upon the death of the participant, and the monthly amount is the survivor's portion of the 50% Joint and Survivor annuity equivalent of the Regular Pension the participant would have received had he retired the day before he died and elected the 50% Joint and Survivor option. If the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is deferred until he would have been eligible for Early or Regular Retirement. Effective January 1, 2004, if the participant had met the age and service requirements for an Early Retirement Pension, the spouse may instead receive a monthly amount equal to the survivor's portion of the 100% Joint and Survivor Option that the participant could have received had he retired the day before he died and elected the Joint and Survivor Option. The surviving spouse may elect to receive this benefit or the lump sum death benefit described below. Effective July 1, 2011 these provisions also apply to a same-sex spouse or a same-sex domestic partner. However, if the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is payable on the first day of the month following the Participant's death, rather than deferred to an eligible retirement date.

Lump Sum Death Benefit	For participants with at least 5 years of Pension Credit. The amount of benefit is equal to four times the accrued annual Current Service Benefit, but not less than $1,500. This benefit is not payable if benefits are due under the Pre-Retirement Spouse's Annuity.
Death after Age 65	For participants who are eligible to retire with a Regular Pension. The benefit is sixty monthly payments of the benefit the participant would have received had he retired the day before he died. For married participants, this benefit is not payable if the pre-retirement spouse's annuity is of greater value.
Forms of Payment	*Normal Form* For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor annuity unless this form is rejected by a participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the 50% Joint and Survivor form. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed. *Optional Forms* The following optional forms of payment are available: • 75% Joint and Survivor Annuity • 100% Joint and Survivor Annuity • 10-Year Certain and Life Annuity • Partial Lump Sum Option (the first 12 monthly payments are made in a lump sum; the remaining payments are actuarially adjusted) • 50% Joint and Survivor Annuity with "Pop-Up" • 75% Joint and Survivor Annuity with "Pop-Up" • 100% Joint and Survivor Annuity with "Pop-Up" Other optional forms of payment are available to Guild Office Participants with respect to benefits earned through December 31, 2003.
Actuarial Equivalence	Benefits under optional forms of payment are converted from the amount payable under the 5-Year Certain and Life Annuity, based on assumptions of 6.5% and the Revenue Ruling 2001-62 mortality table.
Changes in Plan Provisions	There have been no changes in the Plan's benefit provisions since the prior valuation.

Exhibit E.1 - Projection of Expected Benefit Payments

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments
2021	$ 309,740,489
2022	322,303,526
2023	335,814,921
2024	350,011,881
2025	365,104,794
2026	377,625,120
2027	391,346,842
2028	404,236,797
2029	417,470,741
2030	430,414,024

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Exhibit A.1a - Distribution of Active Participants - All

Measurement Date: January 1, 2021 [Form 5500 Sch. MB, Line 8b(2)]

	Years of Pension Credit																			
	1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up		Total	
Age	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	768	69,631	324	119,171	64	97,471	23	209,663	-	-	-	-	-	-	-	-	-	-	1,179	87,488
25 - 29	722	73,635	302	139,767	54	143,678	23	170,055	5	-	-	-	-	-	-	-	-	-	1,106	97,242
30 - 34	1,076	63,694	681	106,348	183	133,830	55	154,966	29	221,790	13	-	1	-	-	-	-	-	2,038	89,568
35 - 39	874	61,736	872	93,311	400	133,981	161	177,413	52	141,237	23	218,832	14	-	2	-	-	-	2,398	96,718
40 - 44	544	51,814	607	88,741	456	106,231	384	146,789	164	180,290	45	200,594	24	178,159	4	-	1	-	2,229	103,458
45 - 49	312	50,993	406	69,279	352	86,574	383	115,530	325	156,767	127	180,737	42	236,110	18	-	5	-	1,970	104,943
50 - 54	206	54,141	234	57,384	251	83,235	269	104,935	318	124,010	303	166,048	106	177,245	32	166,038	12	-	1,731	109,713
55 - 59	126	48,776	125	63,890	127	78,306	148	84,991	155	115,922	170	117,712	178	145,418	82	190,410	19	-	1,130	105,427
60 - 64	77	40,114	56	57,512	66	54,852	63	75,232	71	88,500	73	113,416	102	134,148	96	175,749	39	143,202	643	101,667
65 - 69	34	52,191	23	81,485	17	-	15	-	18	-	23	138,284	25	174,427	37	236,837	31	209,112	223	135,680
70 +	28	46,812	17	-	3	-	2	-	5	-	3	-	1	-	4	-	7	-	70	93,121
Unknown	2,870	53,210	134	111,763	24	162,934	2	-	-	-	-	-	-	-	-	-	-	-	3,030	56,737
Total	7,637	62,241	3,781	94,296	1,997	104,883	1,528	126,329	1,142	140,956	780	155,582	493	159,964	275	189,774	114	175,624	17,747	92,727

Notes

- All active participants in the valuation have at least one year of Pension Credit.
- The average compensation is not provided for any grouping that contains fewer than 20 participants.

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2021* Period	Balance	Annual Payment
Amend/Assump	1/1/1992	30.00	$143,370,292	1.00	$ 11,292,417	$ 11,292,417
Amend/Assump	1/1/1993	30.00	46,132,490	2.00	7,013,646	3,629,498
Amend/Assump	1/1/1994	30.00	3,333,854	3.00	734,077	262,005
Amend/Assump	1/1/1995	30.00	3,370,404	4.00	955,818	264,595
Assumption	1/1/1996	30.00	10,389,800	5.00	3,559,237	814,810
Amendment	1/1/1996	30.00	140,462,971	5.00	48,118,411	11,015,661
Amendment	1/1/1998	30.00	88,025,710	7.00	39,476,866	6,889,537
Amendment	1/1/1999	30.00	116,529,069	8.00	57,792,018	9,111,676
Assumption	1/1/2000	30.00	11,542,902	9.00	6,234,407	901,724
Amendment	1/1/2002	30.00	1,023,266	11.00	633,822	79,795
Amendment	1/1/2004	30.00	26,510,053	13.00	18,239,579	2,063,784
Amendment	1/1/2007	30.00	3,836,073	16.00	2,969,209	297,939
ENIL (2008)	1/1/2009	29.00	362,807,012	17.00	292,634,942	28,432,848
Amendment	1/1/2009	15.00	265,928,960	3.00	78,344,367	27,962,431
ENIL (2008)	1/1/2010	28.00	78,104,008	17.00	63,665,951	6,185,879
ENIL (2008)	1/1/2011	27.00	72,651,894	17.00	59,904,922	5,820,452
ENIL (2008)	1/1/2012	26.00	49,342,919	17.00	41,196,491	4,002,713
Exper Loss	1/1/2012	15.00	25,853,352	6.00	13,747,595	2,710,009
ENIL (2008)	1/1/2013	25.00	113,834,100	17.00	96,340,857	9,360,622
Assumption	1/1/2013	15.00	36,121,362	7.00	21,674,165	3,782,594
ENIL (2008)	1/1/2014	24.00	167,266,235	17.00	143,675,472	13,959,723
Assumption	1/1/2014	15.00	2,023,901	8.00	1,342,975	211,738
ENIL (2008)	1/1/2015	23.00	15,713,417	17.00	13,717,406	1,332,804
Exper Loss	1/1/2015	15.00	127,628,693	9.00	92,230,426	13,339,900
Exper Loss	1/1/2016	15.00	238,078,028	10.00	185,132,513	24,861,664
Exper Loss	1/1/2017	15.00	202,516,711	11.00	167,834,546	21,129,527
Assumption	1/1/2017	15.00	192,518	11.00	159,548	20,086
Exper Loss	1/1/2018	15.00	192,320,141	12.00	168,531,735	20,048,551
Exper Loss	1/1/2019	15.00	177,450,994	13.00	163,353,220	18,483,198
Exper Loss	1/1/2020	15.00	101,635,996	14.00	97,744,634	10,577,857
Assumption	1/1/2020	15.00	195,218,574	14.00	187,744,194	20,317,548
Assumption	1/1/2021	15.00	172,148,277	15.00	172,148,277	17,902,562
Total Charges					$2,258,143,743	$ 297,066,147

Exhibit 4.2 - Funding Standard Account Amortization Bases (Cont.)

Credits [Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2021* Period	Balance	Annual Payment
Amendment	1/1/1997	30.00	$ 527,356	6.00	$ 209,591	$ 41,316
Amendment	1/1/1999	30.00	15,438,326	8.00	7,656,570	1,207,160
Amendment	1/1/2003	30.00	34,498,438	12.00	22,594,942	2,687,896
Exper Gain	1/1/2007	15.00	29,158,710	1.00	3,072,847	3,072,847
Exper Gain	1/1/2008	15.00	66,915,180	2.00	13,611,526	7,043,842
Assumption	1/1/2008	15.00	24,515,792	2.00	4,986,871	2,580,661
Exper Gain	1/1/2009	15.00	22,405,408	3.00	6,600,776	2,355,929
Exper Gain	1/1/2010	15.00	320,318,106	4.00	121,540,194	33,645,506
Exper Gain	1/1/2011	15.00	26,110,353	5.00	11,967,604	2,739,722
Exper Gain	1/1/2013	15.00	53,432,280	7.00	32,061,363	5,595,377
Exper Gain	1/1/2014	15.00	92,592,899	8.00	61,440,734	9,686,945
Exper Gain	1/1/2021	15.00	30,563,101	15.00	30,563,101	3,178,410
Total Credits					$ 316,306,119	$ 73,835,611
Net Total					$1,941,837,624	$ 223,230,536

The tables above show the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Screen Actors Guild - Producers Pension Plan

The following changes in actuarial assumptions were made as of January 1, 2021:

- The **interest rate assumption** was decreased from 7.50% as of January 1, 2020 to 7.25% as of January 1, 2021
- The assumed **annual operating expenses,** payable monthly, changed from $15.5 million to $15.0 million
- The assumed **interest rate for the partial lump sum** was changed from 4.00% to 3.25%
- The assumed **election rate for partial lump sums** was changed from 60% to 55%

The assumptions were changed based on recent and anticipated future experience, and professional judgement.

Schedule MB, line 3 – Withdrawal Liability Amounts

Date of Contribution	Withdrawal Liability Payment Amount
1/4/2021	$126,644
1/4/2021	2,975,000
3/24/2021	126,644
4/5/2021	931,457
6/22/2021	126,644
8/23/2021	250,000
9/30/2021	931,457
11/1/2021	126,644
12/15/2021	126,644
Total:	**$5,721,134**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Screen Actors Guild - Producers Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/02/1960

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Board of Trustees Screen Actors Guild - Producers

3601 West Olive Avenue
Suite 200
Burbank CA 91505

2b Employer Identification Number (EIN) 95-2110997

2c Plan Sponsor's telephone number (818)954-9400

2d Business code (see instructions) 512100

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

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

SIGN HERE	Barry A. Gordon	10/13/22	Barry Gordon
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Robert W. Johnson	10/11/2022	Robert W. Johnson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE