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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.	10/15/2023	DAVID CHOI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	KIM STEVENS
	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**	67334
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)**	32482
a(2) Total number of active participants at the end of the plan year	**6a(2)**	33798
b Retired or separated participants receiving benefits	**6b**	13783
c Other retired or separated participants entitled to future benefits	**6c**	20298
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	67879
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1270
f Total. Add lines **6d** and **6e**	**6f**	69149
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**	5131

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] **A** (Insurance Information) 1
- **(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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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		01/01/2022	12/31/2022

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	182445976

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. Specify nature of costs ▶	6d	

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 2022

b Assets		
(1) Current value of assets	**1b(1)**	4916780468
(2) Actuarial value of assets for funding standard account	**1b(2)**	4692080813
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	5943010201
(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)**	5943010201
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)**	13263637752
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	354275173
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	338631097
(3) Expected plan disbursements for the plan year	**1d(3)**	335730481

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

	10/10/2023
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**	4916780468
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		14766	4081023336
(2) For terminated vested participants		20086	3627042429
(3) For active participants:			
(a) Non-vested benefits			281266789
(b) Vested benefits			5274305198
(c) Total active		32482	5555571987
(4) Total		67334	13263637752
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	37.07 %

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
12/31/2022	366971644				

	Totals ►	**3(b)**	366971644	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	8246832

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	79.0 %
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 plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**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**	2.22 %	
		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 Salary scale	**6e**	4.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.20 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	12.9 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	14806005	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-46826845	-4869758

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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**	
b Employer's normal cost for plan year as of valuation date	**9b**	115514923

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)**	2103255723		285773730
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	29093427
e Total charges. Add lines 9a through 9d			**9e**	430382080
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	545449868
g Employer contributions. Total from column (b) of line 3			**9g**	366971644
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	306876467		75632522
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	56114075
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2050506490		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	7538864430		
(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**	1044168109
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	613786029
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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 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

ABS INVESTMENT MANAGEMENT LLC

13-4205457

(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

ATERIAN INVESTMENT PARTNERS IV, LP

87-1793056

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

AUDAX MANAGEMENT COMPANY (NY), LLC

04-3525044

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

AURORA EQUITY PARTNERS VI

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 HOLDINGS, L.P.

20-3345897

(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

BEACHPOINT CAPITAL MANAGEMENT LP

80-0242162

(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

BOND III, LP

87-2613017

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

BSP DEBT FUND V (NON-US) LP

98-1612799

(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, L.P.

20-3323857

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

COMVEST CREDIT PARTNERS V

98-1513020

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

CRESCENT CREDIT SOLUTIONS VIII, LP

86-1529826

(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.

98-1545246

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

EQT X USD SCSP

51A, BOULEVARD ROYAL
LUXEMBOURG, LUEXMBOURG L2449 LU

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

FIRST EAGLE DIRECT LENDING FUND IV

86-2522820

(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

HARK CAYMAN FEEDER III, LP

84-4229842

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

HPS MEZZANINE PARTNERS 2019, L.P.

98-1464019

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

HPS STRATEGIC INVESTMENT PARTNERS V

98-1591615

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

INFLEXION BUYOUT FUND VI

FLOOR 2, TRAFALGAR COURT
LES BANQUES, ST PETER PORT GY11AA GG

(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.

98-1481362

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

LONE STAR GLOBAL AQUISITIONS, LTD.

75-2787141

(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 ADVISORS, L.P.

13-4077194

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

OAKTREE PRINCIPAL FUND V, L.P.

98-0599574

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

OAKTREE REAL ESTATE DEBT FUND II

98-1294751

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

OAKTREE OPPORTUNITIES FUND XI, L.P.

92-1538630

(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

PAYDEN AND RYGEL COLLECTIVE

37-6667944

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

PLATNUM EQUITY ADVISORS, LLC

20-0080603

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

PLATINUM EQUITY PARTNERS VI, LLC

87-3315632

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

PLATINUM EQUITY SMALL CAP PARTNERS

82-3265890

(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

ARTISAN GLOBAL PARTNERS

39-1807188

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

SECONDARY INVESTMENT SPV-12, L.P.

23-2962336

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

HL VENTURE CAP FUND L.P. (SER 2019)

23-2962336

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

HL VENTURE CAP FUND L.P. (SER 2020)

23-2962336

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

HL VENTURE CAP FUND L.P. (SER 2021)

23-2962336

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

HL VENTURE CAP FUND L.P. (SER 2022)

23-2962336

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

HL ROSE SPV, L.P.

23-2962336

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	26213462	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	3100985	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	1722611	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	1376794	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	1135615	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	1054579	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)

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	929213	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	814301	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	764129	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)

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 50 60 70	NONE	645139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	509295	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	462998	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	411677	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	352289	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	341882	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)

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?
17 27 50	NONE	313000	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	305702	Yes [ ] No [X]	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	277557	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)

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	250439	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLINGTON MANAGEMENT COMPANY

04-2755549

(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	242010	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	222211	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 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	198988	Yes [ ] No [X]	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	163542	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TANDYM GROUP, LLC

81-3058939

(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	157022	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	146740	Yes [ ] No [X]	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	125811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	121730	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 000319

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	118479	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	105797	Yes [ ] No [X]	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	98737	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 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	96635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	90975	Yes [ ] No [X]	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	87834	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 000401

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	85072	Yes [ ] No [X]	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	82112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000391

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	82008	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 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	78490	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	78046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	77340	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)

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	76757	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	76007	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	75910	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	75873	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	75534	Yes [ ] No [X]	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	73532	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 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	73008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	72847	Yes [ ] No [X]	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	67743	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 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	66150	Yes [ ] No [X]	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	66108	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	64367	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 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	64285	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	63362	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	63001	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 000396

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	61366	Yes [ ] No [X]	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	57863	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	57664	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 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	57465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000397

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	54776	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	50497	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 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	50367	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	50078	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000428

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	50020	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 000375

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	48949	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	48871	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	47947	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	47810	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	47372	Yes [ ] No [X]	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	46675	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 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	46649	Yes [ ] No [X]	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	46414	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	46132	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 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	45639	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	45341	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000372

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	45193	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 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	44583	Yes [ ] No [X]	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	44056	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 001006

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	43954	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 000384

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	43851	Yes [ ] No [X]	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	43843	Yes [ ] No [X]	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	43484	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 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	43453	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 001239

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	41348	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	40833	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 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	40665	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVENGER SERVICES, INC.

85-1643560

(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	40461	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	38589	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 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	38320	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	38194	Yes [ ] No [X]	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	37952	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 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	36975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	36927	Yes [ ] No [X]	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	36714	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 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	36079	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000350

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	35257	Yes [ ] No [X]	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	35049	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	34046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000364

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	33839	Yes [ ] No [X]	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	33637	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 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	33392	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	33163	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	32907	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)

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	32350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000270

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	32246	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000334

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	32114	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 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	31709	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	31609	Yes [ ] No [X]	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	31405	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 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	31072	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	30176	Yes [ ] No [X]	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	29882	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 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	29511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	29406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	29331	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 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	28276	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLUE BEYOND CONSULTING INC.

45-4340006

(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	28184	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	27874	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 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	27595	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000232

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	27082	Yes [ ] No [X]	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	26664	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 001479

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	26409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000402

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	26327	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	25928	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 000382

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	25512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE FILE NUMBER 000358

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	25491	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
19 51 52	NONE	20393	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)

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	19838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANGUARD

23-1945930

(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	19716	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	18276	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)

BETTERMANAGER, INC.

81-3262828

(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	16737	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

XEROX FINANCIAL SERVICES LLC

74-3074539

(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	16178	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CSC COVANSYS, 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	15866	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)

INNOVEST SYSTEMS, LLC

13-4146072

(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	15184	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INFOBEANS INC.

20-5006911

(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	15080	Yes [ ] No [X]	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	11726	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)

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	11659	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	11544	Yes [ ] No [X]	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	11215	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	9922	Yes [ ] No [X]	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	8950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	8580	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)

KIM STEVENS

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	8576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STACY MARCUS

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	8554	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN CARTER BROWN

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	8384	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)

PRIOS, LLC

81-3641647

(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	8250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAUL MURATORE

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	7919	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN MCGUIRE

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	7849	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)

IRON MOUNTAIN, INC.

23-2588479

(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?
68 50	NONE	7612	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JIM BRACCHITTA

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	7484	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHARD MASUR

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	6597	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)

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	6546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINKEDIN, CORP.

47-0912023

(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	5891	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KLEIN & PURI IMMIGRATION LAW GROUP

95-3938352

(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	5787	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)

NED VAUGHN

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	5435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	139612930

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	42833046

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	227160125

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	54785237

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	58724791

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	0

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)
13-5545100-002	E	104584873

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	300793092

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	0

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	0

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 SERVICE, 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	0

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	91590508

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	259074256

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	178072608

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 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	574092644

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX

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)
45-6138589-088	C	34328644

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM GOVT BD

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)
45-6138589-060	C	85697357

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS BOND COLLECTIVE FD

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

c EIN-PN 37-6667944-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59711444

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP INDEX NL FND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPNAY

c EIN-PN 90-0337987-287	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79519361

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC EMERGING MKTS

b Name of sponsor of entity listed in (a): WELLINGTON MANAGEMENT COMPANY

c EIN-PN 61-6346418-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58728745

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EAFE INDEX FUND

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

c EIN-PN 45-6138589-024	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136298296

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

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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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	142263343	41311916
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18413192	13996111
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28144769	3707050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	330554912	207226687
(2) U.S. Government securities	1c(2)	77806760	66196529
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	155720741	89106599
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	552907516	642271975
(6) Real estate (other than employer real property)	1c(6)	87000403	84228531
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1366285212	1557113863
(10) Value of interest in pooled separate accounts	1c(10)	172493990	182445976
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	1291127930	746048118
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	259611162	154924336
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	440225901	579174529

		(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	4567876	9421340
f Total assets (add all amounts in lines 1a through 1e)	1f	4927123707	4377173560
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8385253	8978775
i Acquisition indebtedness	1i		
j Other liabilities	1j	1957986	8414330
k Total liabilities (add all amounts in lines 1g through1j)	1k	10343239	17393105
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4916780468	4359780455

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)	358724812	
(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)		358724812
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3374749	
(B) U.S. Government securities	2b(1)(B)	5463112	
(C) Corporate debt instruments	2b(1)(C)	4095148	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	28162519	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41095528
(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)	1430351	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1430351
(3) Rents	2b(3)		4212213
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	928641831	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1009048448	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-80406617
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	17103446	
(B) Other	2b(5)(B)	-115406983	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-98303537

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-324850405
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		40022577
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-77312828
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-46039852
c Other income	2c		8320130
d Total income. Add all **income** amounts in column (b) and enter total	2d		-173107628
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	317196444	
(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)		317196444
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)	2132020	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	50295863	
(4) Other	2i(4)	14268058	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		66695941
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		383892385
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-557000013
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		1265297379
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 471593.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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** 30

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer TWENTIETH CENTURY FOX FILM CORP.

b EIN 84-0850631 **c** Dollar amount contributed by employer 14019146

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 CMC/FORECAST INC.

b EIN 83-3492133 **c** Dollar amount contributed by employer 12689037

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 UNIVERSAL TELEVISION LLC

b EIN 41-2040219 **c** Dollar amount contributed by employer 12277909

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 NBC UNIVERSAL

b EIN 27-3526824 **c** Dollar amount contributed by employer 12133596

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 NETFLIX PRODUCTIONS LLC

b EIN 83-2816269 **c** Dollar amount contributed by employer 8205187

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 DISNEY (WALT) PICTURES & TV

b EIN 95-3834209 **c** Dollar amount contributed by employer 7691825

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer CMS PRODUCTIONS

b EIN 37-1425813 **c** Dollar amount contributed by employer 7637405

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 CBS STUDIOS INC.

b EIN 13-0590730 **c** Dollar amount contributed by employer 7248585

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 ABC STUDIOS

b EIN 95-4771596 **c** Dollar amount contributed by employer 6306179

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 TALENT SOLUTIONS INC

b EIN 32-0283221 **c** Dollar amount contributed by employer 6095694

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 _____

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: 51 % Investment-Grade Debt: 15 % High-Yield Debt: 3 % Real Estate: 9 % Other: 22 %

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, 2022 and 2021
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Screen Actors Guild-Producers Pension Plan
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December 31, 2022 and 2021

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withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Screen Actors Guild - Producers Pension 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, 2022 and 2021, 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 Screen Actors Guild - Producers Pension Plan as of December 31, 2022 and 2021, 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 Screen Actors Guild - Producers Pension 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.

Emphasis of Matter

As described in Note 2, the Screen Actors Guild - Producers Pension Plan adopted Accounting Standards Update No. 2016-02, Leases (Topic 842), as of January 1, 2022. Prior period amounts have not been adjusted and continue to be reported in accordance with the Screen Actors Guild - Producers Pension Plan's historic accounting under Topic 840, Leases. Our opinion is not modified with respect to this matter.

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 Screen Actors Guild - Producers Pension 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 Screen Actors Guild - Producers Pension 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 Screen Actors Guild - Producers Pension Plan 's ability to continue as a going concern for a reasonable period of time.

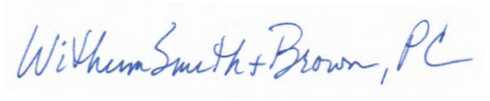
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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, 2022 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 Screen Actors Guild - Producers Pension 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.



October 12, 2023

Screen Actors Guild - Producers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
Assets		
Investments - at fair value		
Investments	$ 4,307,261,432	$ 4,839,928,533
SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,475,711	1,805,994
Total investments - at fair value	4,308,737,143	4,841,734,527
Receivables		
Employers' contributions	13,996,111	18,413,192
Accrued interest and dividends	2,287,729	1,160,239
Receivable for sale of securities	18,932	-
Receivable from SAG-AFTRA Health Plan	1,377,409	26,979,592
Receivable from SAG-AFTRA Producers Industry Advancement and Cooperative Fund	14,152	-
Receivable from Business Arts Plaza Inc.	8,828	4,938
Total receivables	17,703,161	46,557,961
Cash	41,311,916	34,263,343
Fixed assets - net of accumulated depreciation and amortization	3,915,247	4,086,635
Prepaid expenses	539,859	481,241
Right-of-use assets	4,966,234	-
Total assets	4,377,173,560	4,927,123,707
Liabilities		
Accounts payable and accrued expenses	8,978,775	8,385,253
Payable for purchase of securities	1,899,375	19,948
Lease liabilities	5,039,244	-
Due to SAG-AFTRA Producers Industry Advancement and Cooperative Fund	-	132,044
Due to SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,475,711	1,805,994
Total liabilities	17,393,105	10,343,239
Net assets available for benefits	$ 4,359,780,455	$ 4,916,780,468

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, 2022 and 2021

	2022	2021
Additions		
Investment income		
Net (depreciation) appreciation in fair value of investments	$ (586,890,662)	$ 556,058,093
Interest income	41,095,528	28,431,607
Dividend income	1,430,351	1,623,225
Net income from income-producing property	4,212,213	4,998,173
Total investment (loss) income	(540,152,570)	591,111,098
Investment expenses	(50,295,863)	(31,429,855)
Net investment (loss) income	(590,448,433)	559,681,243
Employers' contributions	358,724,812	352,066,929
Withdrawal liability income	8,246,832	5,721,134
Other income	73,298	26,452
Total additions	(223,403,491)	917,495,758
Deductions		
Benefit payments		
Pension benefits	312,641,185	304,394,875
Death benefits	4,555,259	2,011,204
Total benefit payments	317,196,444	306,406,079
General and administrative expenses	16,400,078	15,386,293
Total deductions	333,596,522	321,792,372
Net (decrease) increase	(557,000,013)	595,703,386
Net assets available for benefits		
Beginning of year	4,916,780,468	4,321,077,082
End of year	$ 4,359,780,455	$ 4,916,780,468

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 Screen Actors Guild – American Federation of Television and Radio Artist ("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, 2022 and 2021, 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, 2022 and 2021 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 (depreciation) 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, 2022 and 2021, 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.

Leases

The Plan recognizes a lease liability and a right-of-use asset on the statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Operating leases with contractual terms of 12 months or less are not recognized on the statements of net assets available for benefits. The Plan has no financing leases at December 31, 2022.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. These non-lease components are accounted for separately from the lease payments and expensed as incurred.

Lease liabilities are recognized at the present value of the fixed lease payments, reduced by incentives, using a risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2022 was 2.16 years. The weighted average discount rate at December 31, 2022 was 3.50%. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, reduced by landlord incentives, plus any direct costs from executing the leases. Leased assets are tested for impairment in the same manner as long-lived assets used in operations. There were no indicators of impairment during the year ended December 31, 2022.

Options to extend lease terms, terminate leases before the contractual expiration date, or purchase the leased assets, are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease.

Accounting Principles Adopted

In February 2016, the Financial Accounting Standards Board (“FASB”) issued an Accounting Standards Update (“ASU”) amending the accounting for leases. The Plan adopted the new standard effective January 1, 2022, using the modified retrospective approach whereby the cumulative effect of adoption was recognized on the adoption date and prior periods were not restated. Further, the Plan elected to implement the package of practical expedients, whereby the Plan did not (i) reassess existing contracts for embedded leases, (ii) reassess existing lease agreements for finance or operating classification, or (iii) reassess existing lease agreements in consideration of initial direct costs. The implementation of this standard did not have a material impact on the statements of changes in net assets available for benefits.

Upon adoption, the Plan recognized $7,137,989 in right-of-use assets related to its leased property and equipment as of January 1, 2022. Corresponding lease liabilities of $7,137,989 were also recognized as of January 1, 2022. There was no cumulative effect of applying the new standard, and accordingly, there was no adjustment to net assets upon adoption. Accounting Standards Codification Topic 842 requires lessors to account for leases using an approach that is substantially equivalent to existing guidance.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2022 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 12, 2023, 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, 2021:

Vested benefits	
Participants currently receiving benefits	$ 2,608,559,275
Other participants	3,254,547,320
	5,863,106,595
Nonvested benefits	79,903,606
Present value of administrative expenses	
Vested participants	201,475,020
Nonvested participants	2,745,742
	204,220,762
Total actuarial present value of accumulated plan benefits at December 31, 2021	$ 6,147,230,963

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2021 consisted of the following:

Actuarial present value of accumulated plan benefits at January 1, 2021	$ 5,747,824,921
Changes to actuarial assumptions	172,148,277
Benefits accumulated, net liability gain or loss, changes in data	131,517,054
Benefits and administrative expenses paid	(321,792,372)
Interest	417,533,083
Total actuarial present value of accumulated plan benefits at December 31, 2021	$ 6,147,230,963

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, 2021:

- 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:

	Percent Retiring Each Year	
Age	**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 - $15,375,000

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, 2022. Had the valuation been performed as of December 31, 2021, there would be no material differences.

Since the prior valuation, the operating expense assumption was raised from $15.0 million to $15.4 million. 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, 2022 and 2021.

- *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, 2022 and 2021, 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:

	2022			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate bonds	$ -	$ 62,908,363	$ -	$ 62,908,363
Asset backed securities	-	26,198,236	-	26,198,236
U.S. and other government securities	-	81,070,445	-	81,070,445
Registered investment companies	154,924,336	-	-	154,924,336
Real estate	-	-	84,228,531	84,228,531
Short-term investments	-	207,226,687	-	207,226,687
Total investments in the fair value hierarchy	$ 154,924,336	$ 377,403,731	$ 84,228,531	$ 616,556,598
Investments measured at net asset value				3,692,180,545
Total investments at fair value				$ 4,308,737,143

	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

Included in registered investment companies at December 31, 2022 and 2021 is $1,475,711 and $1,805,994, 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.

	2022	2021
Balance at beginning of year	$ 87,000,403	$ 76,335,585
Unrealized (losses) gains	(2,771,872)	10,664,818
Balance at end of year	$ 84,228,531	$ 87,000,403

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:

2022				
Investment	**Fair Value**	**Principal Valuation Technique**	**Unobservable Inputs**	**Significant Input Values**
Real estate	$ 84,228,531	Income capitalization approach	DCF $/SF (NRA)	$507/SF
			Holding period	11 years
			Terminal capitalization rate	6.00%
			Internal rate of return	7.25%

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%

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

	2022		2021			
	Fair Value	**Unfunded Commitments**	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
US Equity Managers (a)	$ 574,092,645	$ -	$ 701,024,907	$ -	Daily	None
Global Equity Managers (b)	765,455,226	-	743,827,477	-	Daily	None
International Equity Managers (c)	412,956,133	-	322,376,995	-	Daily/Monthly	30 Days
Emerging Markets Equity Managers (d)	196,175,381	-	121,646,793	-	Daily/Monthly	5 Days
Long/Short Equity Managers (e)	-	-	42,298,022	-	Monthly/Quarterly	45 Days
Fixed Income Managers (f)	398,835,661	-	332,857,036	-	Daily/Monthly/ Quarterly	45 to 60 Days
Real Estate Managers (g)	598,837,684	81,757,209	489,610,129	11,757,209	Quarterly/Upon Liquidation	45 to 90 Days/Upon Liquidation
GTAA/Risk Parity Managers (h)	-	-	472,423,359	-	Daily/Monthly	5 to 14 Days
Global Macro Managers (i)	226,077,522	-	237,222,962	-	Monthly	5 Days
Long Term Government Bond (j)	85,697,357	-	-	-	Daily	None
Private Debt Managers (k)	213,705,319	213,820,094	141,248,553	230,981,354	Upon Liquidation	Upon Liquidation
Private Equity (l)	220,347,617	223,031,712	187,306,895	172,640,319	Upon Liquidation	Upon Liquidation
	$ 3,692,180,545	$ 518,609,015	$ 3,791,843,128	$ 415,378,882		

(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) This fund aims to hold a portfolio representative of the long-term government securities sector of the United States bond and debt market.

(k) 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.

(l) 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: equity index, 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 (depreciation) 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:

	2022		
	Number of Contracts	Maturity Date	Notional Amount
Equity Index Futures			
S&P 500 EMINI Future	3,861	Mar-2023	$ 87,451,650
International Equity Index Futures			
MSCI Emerging Markets Future	532	Mar-2023	25,520,040
MSCI EAFE Future	351	Mar-2023	34,211,970
Total international equity futures			59,732,010
Fixed income futures			
Future U.S. Treasury Note 5 year	145	Mar-2023	15,649,805
Future U.S. Treasury Note 2 year	93	Mar-2023	19,072,266
Future U.S. Treasury Note 10 year	90	Mar-2023	10,106,719
Future U.S. Treasury Long bond	58	Mar-2023	7,269,938
Future U.S. Treasury Ultra Note 10 year	68	Mar-2023	8,043,125
Future U.S. Treasury Ultra Bond	52	Mar-2023	6,984,250
Total fixed income futures			67,126,103
			$ 214,309,763

	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

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, 2022, the fair value of futures contracts in the statement of net assets available for benefits is $(3,820,945) and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2022, the Plan recognized net depreciation in the fair value of futures contracts of $(32,453,625) which is included in net (depreciation) appreciation in fair value of investments on the statement of changes in net assets available for benefits.

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 (depreciation) 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:

	2022	2021
Office furniture	$ 757,562	$ 812,486
Office equipment	226,282	235,316
Computer equipment, software and licenses	29,190,247	28,711,888
Leasehold improvements	1,088,540	1,101,023
Projects in progress	2,162,196	1,902,086
	33,424,827	32,762,799
Less: Accumulated depreciation and amortization	(29,509,580)	(28,676,164)
	$ 3,915,247	$ 4,086,635

Total depreciation and asset retirements expense of $917,411 and $1,558,905 is included in general and administrative expenses on the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, respectively.

7. RELATED PARTY TRANSACTIONS

During 2022 and 2021, 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:

	2022	2021
Receivable due from related parties		
Health Plan	$ 1,377,409	$ 26,979,592
IACF	14,152	-
BAPI	8,828	4,938
	$ 1,400,389	$ 26,984,530
Payable due to related parties		
IACF	$ -	$ 132,044

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:

	2022			
	Pension Plan	Health Plan	IACF	Total
Salaries and related expenses	$ 6,412,769	$ 16,366,038	$ 249,138	$ 23,027,945
Rent expense	666,487	1,871,288	25,634	2,563,409
Other administrative expenses	9,320,822	17,430,038	351,032	27,101,892
Total	$ 16,400,078	$ 35,667,364	$ 625,804	$ 52,693,246

	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	8,985,836	15,412,629	349,757	24,748,222
Total	$ 15,386,293	$ 32,374,112	$ 657,955	$ 48,418,360

The cost of certain fixed assets acquired is allocated to the Plan, Health Plan, and IACF. For the years ended December 31, 2022 and 2021, the cost that was allocated to the Plan was $295,794 and $128,119, 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 $4,212,751 and $4,998,173 is presented net of BAPI operating expenses for the years ended December 31, 2022 and 2021, respectively.

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

	2022	2021
Assets	$ 85,547,499	$ 87,991,215
Liabilities	$ 1,318,968	$ 990,812
Net income from income-producing property	$ 4,212,213	$ 4,998,173

The Plan leases office space from BAPI. The Plan has a non-cancelable lease that extends through February 28, 2025. The Plan recognized lease expense, prior to allocation of expenses to related parties (Note 7).

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for the years subsequent to December 31, 2022:

2023	$ 2,377,746
2024	2,442,943
2025	405,397
Total future annual payments	5,226,086
Less: Imputed interest	(186,842)
Total lease liability	$ 5,039,244

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

2023	$ 7,850,262
2024	5,952,858
2025	4,820,870
2026	3,258,432
2027	1,113,872
	$ 22,996,294

Total lease expense for operating leases, was $2,381,397 and $2,660,426 for the years ended December 31, 2022 and 2021, respectively. The portion of lease expense allocated to the Plan for operating leases, was $693,307 and $908,392 for the years ended December 31, 2022 and 2021, respectively, and is included in general and administrative expenses on the statements of changes in net assets available for benefits. Because BAPI is reflected in these financial statements as an investment and not consolidated, these amounts were not eliminated in consolidation.

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.

The Plan has significant cash balances at financial institutions, which throughout the year regularly exceeded the federally insured limit of $250,000. As of December 31, 2022, the Plan has cash balances at financial institutions totaling $40,561,916 that exceed the federally insured limit. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

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, 2022 and 2021 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
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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	10,886,624	$ 10,886,624	$ 10,886,624
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	STIF	VAR	N/A	196,340,063	196,340,063	196,340,063
						207,226,687	207,226,687
Government Bonds							
	UNITED STATES TREAS NTS 2.375% 03-31-2029	Government Bonds	2.38%	3/31/2029	3,678,000	3,424,704	3,366,712
	UNITED STS TREAS NTS .5% DUE 02-28-2026 REG	Government Bonds	0.50%	2/28/2026	434,000	387,701	387,455
	UNITED STATES OF AMER TREAS NOTES 1.5% DUE 01-31-2027 REG	Government Bonds	1.50%	1/31/2027	10,167,000	9,682,126	9,243,116
	UNITED STATES OF AMER TREAS NOTES 1.0% 07-31-2028	Government Bonds	1.00%	7/31/2028	6,853,000	6,191,306	5,853,996
	UNITED STATES OF AMER TREAS NOTES 2.875%DUE 05-15-2032 REG	Government Bonds	2.88%	5/15/2032	5,025,000	4,912,551	4,649,606
	UNITED STATES TREAS NTS 2.75% 08-15-2032	Government Bonds	2.75%	8/15/2032	3,675,000	3,327,651	3,384,720
	UNITED STATES TREAS BDS DTD 08/15/2020 1.375% 08-15-2050	Government Bonds	1.38%	8/15/2050	5,468,000	4,739,968	3,066,769
	UNITED STATES TREAS BDS 2.0% 02-15-2052	Government Bonds	2.25%	2/15/2052	2,811,000	2,320,917	1,978,634
	UNITED STATES TREAS NTS WIT 0 1/4 08/15/24 .375% DUE 08-15-2024 BEO	Government Bonds	0.38%	8/15/2024	1,443,000	1,396,487	1,350,122
	UNITED STATES TREAS NTS DTD 07/15/2022 3.0% DUE 07-15-2025	Government Bonds	3.00%	7/15/2025	1,385,000	1,349,110	1,360,697
	UNITED STATES TREAS BDS 2% 11-15-2041	Government Bonds	2.00%	11/15/2041	1,805,000	1,397,045	1,293,499
	UNITED STATES OF AMER TREAS BONDS DTD 02/15/2015 2.5% DUE 02-15-2045 REG	Government Bonds	2.50%	2/15/2045	1,474,000	1,226,965	1,123,623
	UTD STATES TREAS 2.75% DUE 07-31-2027	Government Bonds	2.75%	7/31/2027	1,137,000	1,078,300	1,088,838
	UNITED STATES OF AMER TREAS NOTES .75% 08-31-2026	Government Bonds	0.75%	8/31/2026	1,183,000	1,062,843	1,050,478
	UNITED STATES TREAS NTS 1.5% DUE 02-15-2025 REG	Government Bonds	1.50%	2/15/2025	914,000	874,355	865,552
	UNITED STATES OF AMER TREAS BONDS 2.875% 05-15-2052	Government Bonds	2.88%	5/15/2052	1,063,000	873,593	855,697
	UNITED STATES OF AMER TREAS BONDS 3.375%DUE 08-15-2042 REG	Government Bonds	3.38%	8/15/2042	947,000	818,559	858,454
	UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	Government Bonds	3.00%	8/15/2052	996,000	879,421	831,897
	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	927,000	622,836	640,507
	UNITED STATES OF AMER TREAS NOTES DTD 11/15/2022 4.125%11-15-2032	Government Bonds	4.13%	11/15/2032	377,000	393,836	386,736
	UNITED STATES OF AMER TREAS BONDS 4.0% 11-15-2042	Government Bonds	4.00%	11/15/2042	342,000	344,873	336,615
	US TREASURY N/B 3.125% DUE 08-31-2027 REG	Government Bonds	3.13%	8/31/2027	193,000	188,929	187,676
	UNITED STATES OF AMER TREAS NOTES 4.125% 09-30-2027	Government Bonds	4.13%	9/30/2027	43,000	43,354	43,614
	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9135 4% 01-01-2043 BEO	Government Mortgage Backed Securities	4.00%	1/1/2043	345,210	365,922	332,729
	FNMA POOL #725229 6% 03-01-2034 BEO	Government Mortgage Backed Securities	6.00%	3/1/2034	267,860	309,032	278,345
	FNMA POOL #MA1959 3.5% 07-01-2034 BEO	Government Mortgage Backed Securities	3.50%	7/1/2034	252,995	268,050	243,226
	FNMA POOL #BF0394 4.5% 07-01-2051 BEO	Government Mortgage Backed Securities	4.50%	7/1/2051	1,081,530	1,101,555	1,063,839
	FNMA POOL #FM3079 4% 02-01-2043 BEO	Government Mortgage Backed Securities	4.00%	2/1/2043	1,089,444	1,098,296	1,049,896
	FEDERAL HOME LN MTG CORP POOL #SC-0047 3.0% DUE 01-01-2040 REG	Government Mortgage Backed Securities	3.00%	1/1/2040	1,010,050	1,075,861	920,695
	FNMA POOL #BF0214 3.5% 02-01-2052 BEO	Government Mortgage Backed Securities	3.50%	2/1/2052	958,322	1,045,020	890,292
	FNMA POOL #FS3446 3% 05-01-2042 BEO	Government Mortgage Backed Securities	3.00%	5/1/2042	925,000	831,488	829,141
	FNMA REMIC TR 2021-66 CL-WA VAR 5.59001%08-25-2049	Government Mortgage Backed Securities	5.61%	8/25/2049	769,327	873,186	792,925
	FNMA POOL #FS2119 4% 03-01-2046 BEO	Government Mortgage Backed Securities	4.00%	3/1/2046	815,843	839,171	786,240
	FEDERAL HOME LN MTG CORP POOL #SC0300 3.0% 07-01-2042	Government Mortgage Backed Securities	3.00%	7/1/2042	874,820	796,086	783,652
	FNMA POOL #FM7607 3% 04-01-2038 BEO	Government Mortgage Backed Securities	3.00%	4/1/2038	785,992	837,082	740,981
	FNMA POOL #MA4587 2.5% 04-01-2042 BEO	Government Mortgage Backed Securities	2.50%	4/1/2042	821,184	774,607	715,819
	FNMA POOL #FS1203 3% 01-01-2048 BEO	Government Mortgage Backed Securities	3.00%	1/1/2048	756,398	657,830	679,628
	FNMA POOL #BM1257 2.5% DUE 04-01-2037 REG	Government Mortgage Backed Securities	2.50%	4/1/2037	759,395	793,833	676,445
	FNMA POOL #MA4570 2% 03-01-2042 BEO	Government Mortgage Backed Securities	2.00%	3/1/2042	781,641	667,570	659,340
	FNMA POOL #BM3484 3% 02-01-2048 BEO	Government Mortgage Backed Securities	3.00%	2/1/2048	694,000	603,130	621,838
	GNMA SER 20-11 CL PT FRN 12-20-2049	Government Mortgage Backed Securities	5.33%	12/20/2049	578,189	633,117	584,520
	FREDDIE MAC FR SD1538 3% 12-01-2050	Government Mortgage Backed Securities	3.00%	12/1/2050	544,907	505,912	486,630
	FNMA POOL #AQ0413 3.5% 10-01-2042 BEO	Government Mortgage Backed Securities	3.50%	10/1/2042	509,759	519,556	478,656
	FNMA POOL #MA0792 4.5% 07-01-2031 BEO	Government Mortgage Backed Securities	4.50%	7/1/2031	456,472	506,684	454,660
	FEDERAL HOME LN MTG CORP POOL #G61996 4%01-01-2046 BEO	Government Mortgage Backed Securities	4.00%	1/1/2046	450,214	470,614	433,234
	FNMA POOL #FS3462 2.5% 09-01-2042 BEO	Government Mortgage Backed Securities	2.50%	9/1/2042	465,000	418,282	409,962
	FEDERAL HOME LN MTG CORP FHLMC #C9-1850 4% 09-01-2035	Government Mortgage Backed Securities	4.00%	9/1/2035	412,799	448,596	399,303
	GNMA SER 19-137 CLS WA 07-20-2040	Government Mortgage Backed Securities	5.03%	7/20/2040	366,561	404,248	364,448
	FNMA POOL #MA2198 3.5% 03-01-2035 BEO	Government Mortgage Backed Securities	3.50%	3/1/2035	356,171	378,877	342,411
	FNMA POOL #MA0494 5% 08-01-2030 BEO	Government Mortgage Backed Securities	5.00%	8/1/2030	313,760	348,323	316,694
	FNMA POOL #MA2164 3.5% 02-01-2035 BEO	Government Mortgage Backed Securities	3.50%	2/1/2035	307,413	326,963	294,795
	FNMA POOL #FM1647 4% 07-01-2038 BEO	Government Mortgage Backed Securities	4.00%	7/1/2038	293,541	308,447	282,666
	GNMA POOL #784052 5.5% 07-20-2044 BEO	Government Mortgage Backed Securities	5.50%	7/20/2044	265,622	297,829	277,591
	FEDERAL HOME LN MTG CORP POOL #G60876 4%03-01-2042 BEO	Government Mortgage Backed Securities	4.00%	3/1/2042	263,213	277,854	253,952
	FNMA POOL #MA2914 4% 02-01-2037 BEO	Government Mortgage Backed Securities	4.00%	2/1/2037	260,891	277,400	252,073
	FNMA POOL #AV0692 4% 12-01-2043 BEO	Government Mortgage Backed Securities	4.00%	12/1/2043	253,177	268,091	243,398
	FEDERAL NATL MTG ASSN GTD MTG POOL #AH1831 4% 12-01-2040 BEO	Government Mortgage Backed Securities	4.00%	12/1/2040	244,638	264,124	235,756
	GNMA SER 18-128 CLS KW VAR RT 6.61661% 11-20-2047	Government Mortgage Backed Securities	6.62%	11/20/2047	179,623	208,363	189,848
	FNMA POOL# CA1563 4.5% 04-01-2048	Government Mortgage Backed Securities	4.50%	4/1/2048	175,593	186,403	172,287
	FEDERAL HOME LN MTG CORP POOL #A97047 4.5% 02-01-2041 BEO	Government Mortgage Backed Securities	4.50%	2/1/2041	134,362	144,723	133,851
	FNMA POOL #MA3440 3.5% 08-01-2038 BEO	Government Mortgage Backed Securities	3.50%	8/1/2038	136,774	135,876	128,191
	FNMA SER 21-M17 CL A2 1.714% 06-25-2031	Gov't-issued Commercial Mortgage-Backed	1.71%	7/25/2031	705,000	613,460	560,844
	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	602,332	605,312	522,188
	FNMA SER 2019-M4 CL A2 3.61% 02-25-2031 REG	Gov't-issued Commercial Mortgage-Backed	3.61%	2/25/2031	460,000	449,039	434,019
	FED HOME LN MTG FLTG RT 3.71% DUE 09-25-2032	Gov't-issued Commercial Mortgage-Backed	3.71%	9/25/2032	455,000	430,153	427,787
	FNMA POOL BN7379 4.5% 02-01-2049	Gov't-issued Commercial Mortgage-Backed	3.63%	1/25/2029	400,000	432,828	382,562
	FHLMC MULTICLASS SER K-1519 CL A2 1.98% DUE 12-25-2035 REG	Gov't-issued Commercial Mortgage-Backed	2.01%	12/25/2035	495,000	402,304	362,024
	FNMA SER 2019-M1 CL A2 FLTG 01-25-2028 REG	Gov't-issued Commercial Mortgage-Backed	3.55%	9/25/2028	278,723	262,337	268,394
	FHLMC MULTICLASS 1.238% SRS K-1516 CL A1 DUE 01-25-2035	Gov't-issued Commercial Mortgage-Backed	1.24%	1/25/2035	300,000	297,988	233,741
						71,298,852	66,196,529
Corporate Bonds							
	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	747,417
	NEW RESDNTL MTG LN FLTG RT 5.0789% DUE 03-25-2056	Asset Backed Securities	5.08%	3/25/2056	475,081	510,174	442,159
	MERRILL LYNCH MTG INVS INC 2004-WMC3 ASSET BKD CTF CL M2 VAR 01-25-2035 REG	Asset Backed Securities	6.23%	1/25/2035	416,597	406,442	401,126
	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	353,100	354,016	311,699
	TRITON CONTAINER FIN VIII LLC AST BACKEDNT SER 2021-1 1.86% 03-20-2046	Asset Backed Securities	1.86%	3/20/2046	353,269	354,262	294,744
	GREEN TREE FINL 6.28% DUE 09-01-2030	Asset Backed Securities	6.28%	9/1/2030	133,472	140,646	134,067
	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	1,261,015
	EXETER AUTOMOBILE 1.96% DUE 01-17-2028	Asset Backed Securities	1.96%	1/17/2028	1,295,000	1,294,912	1,184,767
	GM FINL AUTOMOBILE 2.64% DUE 02-20-2026	Asset Backed Securities	2.64%	2/20/2026	1,135,000	1,124,570	1,079,851
	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	1,056,460
	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	1,000,354
	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	943,850
	NMEF FDG 2022-B 6.07% DUE 06-15-2029	Asset Backed Securities	6.07%	6/15/2029	825,000	824,989	825,887
	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	809,863
	SANTANDER DR AUTO 1.67% DUE 10-15-2027	Asset Backed Securities	1.67%	10/15/2027	870,000	869,725	801,960
	DR AUTO 1.45% DUE 01-16-2029	Asset Backed Securities	1.45%	1/16/2029	845,000	852,394	792,411
	HYUNDAI AUTO 1.66% DUE 06-15-2028	Asset Backed Securities	1.66%	6/15/2028	865,000	864,924	770,240
	CWABS INC SER 2005-11 CL AF-5A 02-25-2036 REG	Asset Backed Securities	5.99%	2/25/2036	807,070	827,499	758,340
	J P MORGAN MTG FLTG RT 6.42% DUE 11-25-2036	Asset Backed Securities	6.42%	11/25/2036	779,029	828,449	748,924
	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	677,062

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Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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
Corporate Bonds (continued)							
	BEAR STEARNS TR 2004-12 CL II-A-1 4.48253 DUE 02-25-2035 REG	Asset Backed Securities	3.44%	2/25/2035	687,067	693,723	644,805
	PFS FING CORP 2.47% DUE 02-15-2027	Asset Backed Securities	2.47%	2/15/2027	680,000	668,256	639,292
	CWABS INC FLTG RT 5.52043% DUE 10-25-2034	Asset Backed Securities	4.89%	10/25/2034	664,122	628,073	621,633
	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	678,783	713,510	602,566
	PVTPL MMAF EQUIPMENT FINANCE LLC SER 22-B CL A3 0.0% DUE 07-10-2028	Asset Backed Securities	5.61%	7/10/2028	575,000	574,969	583,366
	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	633,884	654,039	576,042
	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	650,576	650,478	565,277
	C-BASS TR SER 2004-CB4 CL A5 05-25-2035 BEO	Asset Backed Securities	6.78%	5/25/2035	571,763	578,066	506,177
	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	525,190	524,885	498,507
	CONSECO FIN HOME FLTG RT 6.79771% DUE 08-15-2033	Asset Backed Securities	6.17%	8/15/2033	475,641	475,938	475,055
	BRAZOS ED FDG FLTG RT 6.52043% DUE 10-25-2058	Asset Backed Securities	5.89%	10/25/2058	420,000	424,463	407,188
	PVTPL CLI FDG VI LLC 2.08% DUE 09-18-2045 BEO	Asset Backed Securities	2.08%	9/18/2045	459,750	452,997	398,369
	PVTPL DB MASTER FIN LLC 21-1A CL A2II 2.493% DUE 11-20-2051 BEO	Asset Backed Securities	2.49%	11/20/2051	460,350	460,350	379,681
	TESLA AUTO LEASE .91% DUE 09-22-2025	Asset Backed Securities	0.91%	9/22/2025	397,000	390,301	370,480
	PVTPL NAVIENT PRIVATE ED LN TSER 19-D CL A2B FLTG 12-15-2059	Asset Backed Securities	5.37%	12/15/2059	376,107	378,811	367,057
	PVTPL TRITON CONTAINER FIN VIII LLC SER 2020-1 CL A 2.11% 09-20-2045	Asset Backed Securities	2.11%	9/20/2045	396,288	398,629	339,303
	MID-STATE TR XI 5.598% DUE 07-15-2038	Asset Backed Securities	5.60%	7/15/2038	328,327	352,643	319,113
	CAPITAL ONE MULTI-ASSET EXECUTION SER 22-A3 CL A 4.95% DUE 10-15-2027	Asset Backed Securities	4.95%	10/15/2027	295,000	294,954	297,900
	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	288,563	289,193	267,253
	PVTPL WENDYS FDG LLC SER 2018-1 SR SECD NT 144A 3.884% DUE 03-15-2048 BEO	Asset Backed Securities	3.88%	3/15/2048	285,000	250,889	257,205
	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	319,313	319,313	257,332
	PVTPL NAVIENT PRIVATE ED LN TR 2018-D CL A2B FLTG 12-15-2059 BEO	Asset Backed Securities	5.12%	12/15/2059	260,514	259,538	252,584
	CAL FDG IV LTD ASSET BACKED NT CL A 144A2.22% 09-25-2045	Asset Backed Securities	2.22%	9/25/2045	274,975	274,913	237,699
	SIERRA TIMESHARE 2021-1 RECEIVABLES 1.34% 11-20-2037	Asset Backed Securities	1.34%	11/20/2037	254,582	254,525	232,941
	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	200,000	199,750	196,000
	MERIT SECURITIES CORP SER 12-1 CL 1M1 STEP CPN DUE 07-28-2033	Asset Backed Securities	7.63%	7/28/2033	167,905	179,606	167,551
	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	170,963	170,362	163,855
	PVTPL AQUA FIN TR SER 2019-A CL A 3.14% DUE 07-16-2040 BEO	Asset Backed Securities	3.14%	7/16/2040	132,429	132,409	124,871
	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	96,063	96,050	93,134
	COMM 2013-CCRE12 4.3% DUE 10-10-2046	Commercial Mortgage-Backed	4.30%	10/10/2046	900,000	961,263	822,739
	JPMBB COML MTG 3.8218% DUE 07-15-2048	Commercial Mortgage-Backed	3.82%	7/15/2048	660,000	656,597	630,926
	PVTPL CMO HILTON USA TRUST SER 2016-SFP CLS C 4.122238%11-05-2035	Commercial Mortgage-Backed	4.12%	11/5/2035	655,000	655,000	621,861
	DC OFFICE TR FLTG RT 3.1744% DUE 09-15-2045	Commercial Mortgage-Backed	3.07%	9/15/2045	750,000	746,720	522,895
	PVTPL CMO BX TR 2019-OC11 CL D 4.07546% DUE 12-09-2041	Commercial Mortgage-Backed	3.94%	12/9/2041	600,000	619,383	480,121
	PVTPL CMO HILTON USA TR SER 2016-SFP CL B 3.322835% 11-05-2035	Commercial Mortgage-Backed	3.32%	11/5/2035	500,000	499,473	474,764
	CMO COMM 2019-GC44 MTG TR SERIES 2019-GC44 CL A-5 0% DUE 08-01-2057 REG	Commercial Mortgage-Backed	2.95%	8/15/2057	535,000	580,245	461,964
	BANK 2022-BNK43 4.399% DUE 08-15-2055	Commercial Mortgage-Backed	4.40%	8/15/2055	485,000	440,933	461,676
	CMO BENCHMARK MTG TR SER 19-B14 CL AS 3.3515% 12-15-2061	Commercial Mortgage-Backed	3.35%	12/15/2062	530,000	545,897	456,523
	PVTPL BX COMMERCIAL MORTGAGE TRUST 2022-C SR 2022-CSMO CL A FRN 144A 06-15-2027	Commercial Mortgage-Backed	6.45%	6/15/2027	445,000	443,216	443,011
	BENCHMARK 2020-B21 MTG TR COML MTG PASSTHRU CTF CL 2.2543% 12-17-2053	Commercial Mortgage-Backed	2.25%	12/17/2053	540,000	556,197	418,819
	PVTPL FREMF MULTIFAMILY MTG PASSTHRU CTF TR 2015-K46 CL B FLTG RT 04-25-2048	Commercial Mortgage-Backed	3.70%	4/25/2048	435,000	454,667	415,183
	PVTPL FREMF MTG TRUST SER 2015-K47 CL C FLTG RT 6-25-2048	Commercial Mortgage-Backed	3.59%	6/25/2048	433,000	419,968	409,061
	CMO JPMBB COMM MTG SECS TST SER 2015-C31 CL A3 3.8014% 08-15-2048	Commercial Mortgage-Backed	3.80%	8/15/2048	386,318	365,085	368,549
	CMO BENCHMARK MTG TR SER 20-B19 CL A5 1.9870% DUE 09-15-2053	Commercial Mortgage-Backed	1.85%	9/15/2053	440,000	453,180	353,482
	CMO BBCMS MTG TR 2022-C14 2.85% SR 22-C14 CL AS 11-15-2054	Commercial Mortgage-Backed	2.95%	2/15/2055	395,000	395,000	334,228
	1CMO BENCHMARK MORTGAGE TRUST SER 20-B21 CL A5 2.014% DUE 12-15-2053 BEO	Commercial Mortgage-Backed	1.98%	12/17/2053	300,000	308,999	239,769
	DC OFFICE TR 3.1744% DUE 09-15-2045	Commercial Mortgage-Backed	3.07%	9/15/2045	260,000	263,280	193,799
	BENCHMARK 2020-B19 2.148% DUE 09-15-2053	Commercial Mortgage-Backed	2.15%	9/15/2053	205,000	211,134	159,269
	CMO BENCHMARK 2021-B29 MTG TR SR 21-B29 CL A5 2.386% 09-15-2054	Commercial Mortgage-Backed	2.39%	9/15/2054	90,000	86,878	72,943
	WELLS FARGO & CO 2.879% DUE 10-30-2030	Corporate Bonds	2.88%	10/30/2030	685,000	657,978	585,184
	MORGAN STANLEY MTN 1.512% DUE 07-20-2027	Corporate Bonds	1.51%	7/20/2027	490,000	492,528	428,530
	AMEREN CORP 1.95% 03-15-2027	Corporate Bonds	1.95%	3/15/2027	420,000	420,193	371,914
	PVPTL DELTA AIR LINES/SKYMILES 4.75% DUE 10-20-2028	Corporate Bonds	4.75%	10/20/2028	370,000	405,150	351,256
	METHODIST HOSP HOUSTON TEX 2.705% DUE 12-01-2050/08-27-2020 REG	Corporate Bonds	2.71%	12/1/2050	533,000	340,866	341,118
	ORLANDO HEALTH INC 3.777% DUE 10-01-2028	Corporate Bonds	3.78%	10/1/2028	335,000	334,685	306,840
	REXFORD INDL RLTY 2.125% DUE 12-01-2030	Corporate Bonds	2.13%	12/1/2030	345,000	264,063	269,894
	CAPITAL ONE FINANCIAL CORP 2.359% DUE 07-29-2032 BEO	Corporate Bonds	2.36%	7/29/2032	355,000	352,767	258,877
	TRANSCANADA PIPELINES LIMITED 2.5% 10-12-2031	Corporate Bonds	2.50%	10/12/2031	275,000	273,312	219,867
	MA INST TECH 3.885% DUE 07-01-2116	Corporate Bonds	3.89%	7/1/2116	75,000	58,574	55,379
	BB&T BRH BKG & TR FIXED 2.636% DUE 09-17-2029	Corporate Bonds	2.64%	9/17/2029	790,000	790,000	744,814
	BANK AMER CORP 3.419% 12-20-2028	Corporate Bonds	3.42%	12/20/2028	765,000	733,956	693,529
	DUKE UNIV 2.682% DUE 10-01-2044	Corporate Bonds	2.68%	10/1/2044	935,000	898,768	682,243
	BOEING CO FIXED 2.196% DUE 02-04-2026	Corporate Bonds	2.20%	2/4/2026	715,000	715,000	656,034
	REALTY INCOME CORP 3.1% DUE 12-15-2029	Corporate Bonds	3.10%	12/15/2029	720,000	749,387	627,871
	JPMORGAN CHASE & FLTG RT 2.182% DUE 06-01-2028	Corporate Bonds	2.18%	6/1/2028	700,000	717,087	613,341
	FIRST HORIZON CORP 3.55% DUE 05-26-2023	Corporate Bonds	3.55%	5/26/2023	580,000	589,210	578,301
	OLD REP INTL CORP 3.875% DUE 08-26-2026	Corporate Bonds	3.88%	8/26/2026	595,000	586,418	571,289
	STATE STR CORP 4.421% 05-13-2033	Corporate Bonds	4.42%	5/13/2033	580,000	583,343	552,240
	SPIRIT RLTY L P 3.2% DUE 01-15-2027	Corporate Bonds	3.20%	1/15/2027	620,000	620,304	558,837
	ALEXANDRIA REAL 3.375% DUE 08-15-2031	Corporate Bonds	3.38%	8/15/2031	605,000	601,499	535,702
	US AIRWAYS GROUP FIXED 4.625% DUE 12-03-2026	Corporate Bonds	4.63%	12/3/2026	563,753	600,702	515,525
	PHYSICIANS RLTY L 3.95% 01-15-2028	Corporate Bonds	3.95%	1/15/2028	550,000	538,415	512,369
	EXPEDIA GROUP INC SR NT 4.625% 08-01-2027	Corporate Bonds	4.63%	8/1/2027	491,000	550,229	480,504
	IN UNIV HLTH INC 2.852% DUE 11-01-2051	Corporate Bonds	2.85%	11/1/2051	715,000	700,057	463,121
	BANK MONTREAL QUE 3.803% 12-15-2032	Corporate Bonds	3.80%	12/15/2032	515,000	528,821	454,338
	ORACLE CORP 3.95% DUE 03-25-2051	Corporate Bonds	3.95%	3/25/2051	630,000	636,511	455,473
	HSBC HLDGS PLC FLTG RT 4.292% DUE 09-12-2026	Corporate Bonds	4.29%	9/12/2026	460,000	460,428	445,994
	HEALTHCARE RLTY 3.1% DUE 02-15-2030	Corporate Bonds	3.10%	2/15/2030	525,000	544,425	444,504
	JPMORGAN CHASE & CO. 5.717% DUE 09-14-2033 BEO	Corporate Bonds	5.72%	9/14/2033	440,000	440,000	436,940
	ARCELORMITTAL 6.55% DUE 11-29-2027 BEO	Corporate Bonds	6.55%	11/29/2027	430,000	429,604	434,527
	VONTIER CORP 2.4% 04-01-2028	Corporate Bonds	2.40%	4/1/2028	540,000	535,707	434,719
	U S BANCORP 2.491% 11-03-2036	Corporate Bonds	2.49%	11/3/2036	555,000	553,779	424,567
	BROADCOM CORP/ CAYMN FI 3.875% 01-15-2027	Corporate Bonds	3.88%	1/15/2027	445,000	492,217	428,872
	CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.2% DUE 03-15-2028 BEO	Corporate Bonds	4.20%	3/15/2028	455,000	475,630	423,824
	BK NEW YORK MELLON 4.289% DUE 06-13-2033	Corporate Bonds	4.29%	6/13/2033	445,000	397,705	409,620
	OLD REP INTL CORP SR NT 3.85% 06-11-2051	Corporate Bonds	3.85%	6/11/2051	600,000	649,014	412,795
	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	423,124
	ALLY FINL INC 7.1% DUE 11-15-2027	Corporate Bonds	7.10%	11/15/2027	400,000	398,492	410,574
	COMERICA BK DET SUB NT 7.875 DUE 09-15-2026 BEO	Corporate Bonds	7.88%	9/15/2026	375,000	488,606	410,027
	BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG	Corporate Bonds	4.20%	8/15/2048	444,000	443,895	397,688
	MPLX LP 4.25% DUE 12-01-2027 BEO	Corporate Bonds	4.25%	12/1/2027	415,000	467,439	393,612
	CAPITAL ONE FINL CORP 2.618% 11-02-2032	Corporate Bonds	2.62%	11/2/2032	510,000	510,847	392,706
	U S BANCORP 5.85% 10-21-2033	Corporate Bonds	5.85%	10/21/2033	375,000	388,703	393,568
	GLOBAL PMTS INC 3.2% DUE 08-15-2029 REG	Corporate Bonds	3.20%	8/15/2029	455,000	456,229	392,274
	GEN MOTORS FINL CO 4.3% DUE 04-06-2029	Corporate Bonds	4.30%	4/6/2029	430,000	414,081	389,519

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(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
Corporate Bonds (continued)							
	TEACHERS INS & 3.3% DUE 05-15-2050	Corporate Bonds	3.30%	5/15/2050	550,000	575,584	382,563
	GOLDMAN SACHS GROUP INC 2.64% DUE 02-24-2028 BEO	Corporate Bonds	2.64%	2/24/2028	430,000	430,000	386,870
	JPMORGAN CHASE & CO 1.953% 02-04-2032	Corporate Bonds	1.95%	2/4/2032	495,000	479,808	382,585
	PACIFICORP 5.35% DUE 12-01-2053	Corporate Bonds	5.35%	12/1/2053	375,000	374,127	372,809
	PECO ENERGY CO FIXED 4.375% DUE 08-15-2052	Corporate Bonds	4.38%	8/15/2052	425,000	423,245	380,443
	TRINITY HLTH CORP 4.125% DUE 12-01-2045	Corporate Bonds	4.13%	12/1/2045	445,000	437,903	371,862
	EVERSOURCE ENERGY 4.6% DUE 07-01-2027	Corporate Bonds	4.60%	7/1/2027	370,000	369,556	373,549
	RAYMOND JAMES FINL INC 3.75% 04-01-2051	Corporate Bonds	3.75%	4/1/2051	500,000	506,752	365,675
	LOWES COS INC 5.0% 04-15-2033	Corporate Bonds	5.00%	4/15/2033	365,000	364,741	362,045
	ELEVANCE HEALTH INC 5.5% 10-15-2032	Corporate Bonds	5.50%	10/15/2032	345,000	342,875	356,190
	CITIGROUP INC FIXED 2.666% DUE 01-29-2031	Corporate Bonds	2.67%	1/29/2031	430,000	430,000	357,519
	HUNTINGTON NATL BK 5.65% DUE 01-10-2030	Corporate Bonds	5.65%	1/10/2030	350,000	350,642	355,034
	US BANCORP 4.548% 07-22-2028	Corporate Bonds	4.55%	7/22/2028	360,000	342,389	358,811
	PVTPL MAGALLANES INC 5.141% 03-15-2052	Corporate Bonds	5.14%	3/15/2052	480,000	482,943	356,210
	AON CORP / AON GLOBAL HOLD 2.05% 08-23-2031	Corporate Bonds	2.05%	8/23/2031	440,000	438,733	351,105
	AMERICO LIFE INC SR NT 144A 3.45% 04-15-2031	Corporate Bonds	3.45%	4/15/2031	455,000	453,703	349,325
	BAYLOR CG MEDICINE 5.259% DUE 11-15-2046	Corporate Bonds	5.26%	11/15/2046	365,000	426,009	346,974
	BANK MONTREAL 0.949% 01-22-2027	Corporate Bonds	0.95%	1/22/2027	390,000	390,039	345,961
	MID-AMERICA APARTMENT 1.7% DUE 02-15-2031 BEO	Corporate Bonds	1.70%	2/15/2031	440,000	417,955	345,878
	PVTPL BNP PARIBAS SR 2.159% 09-15-2029	Corporate Bonds	2.16%	9/15/2029	415,000	415,000	340,955
	AT&T INC 3.65% DUE 06-01-2051	Corporate Bonds	3.65%	6/1/2051	475,000	454,575	335,993
	CITIGROUP INC 1.462% DUE 06-09-2027 BEO	Corporate Bonds	1.46%	6/9/2027	380,000	380,000	329,955
	PHYSICIANS RLTY L P 2.625% 11-01-2031	Corporate Bonds	2.63%	11/1/2031	420,000	419,114	329,664
	AGILENT TECHNOLOGIES INC SR NT 2.3% 03-12-2031	Corporate Bonds	2.30%	3/12/2031	405,000	403,977	329,391
	CHARTER 6.384% DUE 10-23-2035	Corporate Bonds	6.38%	10/23/2035	325,000	428,659	320,724
	MORGAN STANLEY 2.484% 09-16-2036	Corporate Bonds	2.48%	9/16/2036	435,000	433,778	318,584
	AUTONATION INC FLA SR NT 3.85% 03-01-2032	Corporate Bonds	3.85%	3/1/2032	390,000	389,357	316,294
	ADVENTHEALTH OBL 2.795% 11-15-2051	Corporate Bonds	2.80%	11/15/2051	485,000	485,000	309,482
	FIFTH THIRD BANK 5.852% DUE 10-27-2025 BEO	Corporate Bonds	5.85%	10/27/2025	305,000	305,644	311,253
	CDW LLC/CDW FIN CORP 3.276% 12-01-2028	Corporate Bonds	3.28%	12/1/2028	360,000	360,000	309,200
	CIGNA GROUP SR NT 3.4% 03-15-2051	Corporate Bonds	3.40%	3/15/2051	430,000	436,840	309,930
	TORONTO-DOMINION BANK 15/09/2027 4.693% 09-15-2027	Corporate Bonds	4.69%	9/15/2027	310,000	310,000	310,741
	BANK OF AMERICA CORP 1.734% 07-22-2027	Corporate Bonds	1.73%	7/22/2027	345,000	348,278	304,902
	CONTL RES INC 4.375% DUE 01-15-2028	Corporate Bonds	4.38%	1/15/2028	330,000	350,826	309,023
	CITIZENS BK NA FLTG RT 4.575% DUE 08-09-2028	Corporate Bonds	4.58%	8/9/2028	310,000	310,000	304,884
	WEC ENERGY GROUP FIXED 2.2% DUE 12-15-2028	Corporate Bonds	2.20%	12/15/2028	350,000	297,749	296,583
	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	Corporate Bonds	3.55%	3/22/2051	415,000	412,463	299,678
	CENTENE CORP DEL 3.375% DUE 02-15-2030/05-06-2020 REG	Corporate Bonds	3.38%	2/15/2030	350,000	301,000	300,342
	AMERICAN AIRLS 2017-2 AA PTT 3.35% DUE 04-15-2031	Corporate Bonds	3.35%	4/15/2031	340,402	297,852	296,273
	BANK AMER CORP 3.97% 03-05-2029	Corporate Bonds	3.97%	3/5/2029	315,000	293,955	294,688
	HUMANA INC 1.35% 02-03-2027	Corporate Bonds	1.35%	2/3/2027	335,000	324,461	291,499
	GOLDMAN SACHS GROUP INC 1.992% DUE 01-27-2032 REG	Corporate Bonds	1.99%	1/27/2032	375,000	377,344	288,877
	DUKE ENERGY IND FIXED 2.75% DUE 04-01-2050	Corporate Bonds	2.75%	4/1/2050	450,000	442,177	285,603
	ENERGY TRANSFER 3.75% DUE 05-15-2030	Corporate Bonds	3.75%	5/15/2030	315,000	293,680	279,240
	EAGLE MATLS INC 2.5% DUE 07-01-2031 BEO	Corporate Bonds	2.50%	7/1/2031	345,000	341,650	274,945
	AMGEN INC 2.45% DUE 02-21-2030	Corporate Bonds	2.45%	2/21/2030	320,000	263,430	272,093
	SANTANDER HLDGS USA INC 4.4% 07-13-2027	Corporate Bonds	4.40%	7/13/2027	275,000	287,216	267,906
	HEALTHCARE TR AMER FIXED 3.625% DUE 01-15-2028	Corporate Bonds	3.63%	1/15/2028	295,000	321,824	266,490
	PVTPL ENTEGRIS ESCROW CORP SR SECD NT 144A 4.75% DUE 04-15-2029/04-14-2022 BEO	Corporate Bonds	4.75%	4/15/2029	285,000	283,641	262,760
	BP CAP MKTS AMER 2.939% DUE 06-04-2051	Corporate Bonds	2.94%	6/4/2051	390,000	377,563	257,637
	REGENCY CTRS L P 4.125% 03-15-2028	Corporate Bonds	4.13%	3/15/2028	275,000	250,800	258,602
	BP CAP MKTS AMER 3.543% DUE 04-06-2027	Corporate Bonds	3.54%	4/6/2027	265,000	292,406	254,061
	INVITATION HOMES OPER PARTNERSHIP SR NT 2% 08-15-2031	Corporate Bonds	2.00%	8/15/2031	340,000	309,291	253,828
	ESSEX PORTFOLIO L 3% DUE 01-15-2030	Corporate Bonds	3.00%	1/15/2030	285,000	257,252	244,958
	EXTRA SPACE STORAGE INC 2.35% 03-15-2032	Corporate Bonds	2.35%	3/15/2032	315,000	314,361	240,542
	AMERICAN AIRLINES INC. 3.575% A/BKD 07-15-2029 USD'AA'	Corporate Bonds	3.58%	7/15/2029	264,320	236,567	240,297
	BARCLAYS PLC DUE 11-02-2028/05-02-2023 BEO	Corporate Bonds	7.39%	11/2/2028	225,000	225,020	237,247
	INTEL CORP 4.15% DUE 08-05-2032	Corporate Bonds	4.15%	8/5/2032	215,000	214,652	204,635
	BSTN UNIV MEDIUM 7.625% DUE 07-15-2097	Corporate Bonds	7.63%	7/15/2097	180,000	240,300	201,746
	UDR INC MEDIUM TERM NTS CORP 3.0% 08-15-2031	Corporate Bonds	3.00%	8/15/2031	220,000	184,503	185,942
	UNITED TECHNOLOGIES CORP 4.125% 11-16-2028	Corporate Bonds	4.13%	11/16/2028	185,000	202,800	178,019
	MA INST TECH 4.678% DUE 07-01-2114	Corporate Bonds	4.68%	7/1/2114	200,000	178,397	174,948
	CHARTER 3.5% DUE 06-01-2041	Corporate Bonds	3.50%	6/1/2041	235,000	233,928	153,810
	FORT IRWIN LD LLC 5.17% DUE 12-15-2035	Corporate Bonds	5.17%	12/15/2035	155,000	156,812	152,179
	VERIZON FIXED 2.55% DUE 03-21-2031	Corporate Bonds	2.55%	3/21/2031	155,000	154,555	128,564
	ENERGY TRANSFER LP 5.75% DUE 02-15-2033 BEO	Corporate Bonds	5.75%	2/15/2033	125,000	124,864	122,634
	BAYLOR SCOTT & 4.185% DUE 11-15-2045	Corporate Bonds	4.19%	11/15/2045	130,000	107,002	109,612
	PVTPL TARGA RES PARTNERS LP 4.875% 08-30-2021	Corporate Bonds	4.88%	2/1/2031	120,000	110,208	110,792
	JOHNS HOPKINS HLTH 3.837% DUE 05-15-2046	Corporate Bonds	3.84%	5/15/2046	100,000	76,012	81,291
	BON SECOURS MERCY 2.095% DUE 06-01-2031	Corporate Bonds	2.10%	6/1/2031	70,000	63,138	54,726
	UNIV NOTRE DAME DU 3.438% DUE 02-15-2045	Corporate Bonds	3.44%	2/15/2045	55,000	47,750	44,517
	ORLANDO HLTH CENT 4.416% DUE 10-01-2044	Corporate Bonds	4.42%	10/1/2044	20,000	18,469	17,024
	DUKE UNIV 2.757% 10-01-2050	Corporate Bonds	2.76%	10/1/2050	25,000	16,508	16,426
	DUKE UNIV 3.299% DUE 10-01-2046	Corporate Bonds	3.30%	10/1/2046	20,000	14,045	15,061
	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	6.41%	7/25/2034	1,205,013	1,228,737	1,208,163
	NEW RESDNTL MTG LN 4% DUE 12-25-2058	Non-Government Backed C.M.O.s	4.00%	12/25/2058	1,113,222	1,168,753	1,003,318
	PVTPL CMO NEW RESIDENTIAL MTG LN TR 2015-1A CL B3 FLTG RT 05-28-2052	Non-Government Backed C.M.O.s	5.25%	5/28/2052	1,029,551	1,089,597	985,104
	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	942,328	1,032,732	879,748
	J P MORGAN MTG TR FLTG RT 2.5% DUE 12-25-2051	Non-Government Backed C.M.O.s	2.50%	12/25/2051	1,010,945	989,304	813,586
	J P MORGAN MTG TR FLTG RT 3.02665% DUE 01-25-2052	Non-Government Backed C.M.O.s	3.03%	1/25/2052	1,093,425	1,131,783	810,216
	SEQUOIA MTG TR FLTG RT 4.58616% DUE 06-25-2048	Non-Government Backed C.M.O.s	4.59%	6/25/2048	844,644	860,185	729,508
	J P MORGAN MTG TR FLTG RT 2.5% DUE 07-25-2052	Non-Government Backed C.M.O.s	2.50%	7/25/2052	843,338	817,775	679,755
	NEW RESDNTL MTG LN FLTG RT 4.8% DUE 08-25-2055	Non-Government Backed C.M.O.s	4.80%	8/25/2055	707,114	749,039	667,068
	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	3.79%	5/25/2046	716,949	712,692	641,137
	PVTPL CMO CSMLT 2015-3 TR CL B-1 144A FLTG DUE 11-25-2045	Non-Government Backed C.M.O.s	3.79%	11/25/2045	652,519	676,377	608,060
	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	4.00%	4/25/2057	570,666	607,937	540,444
	J P MORGAN MTG TR VAR RT 3.74867% DUE 08-25-2047	Non-Government Backed C.M.O.s	3.75%	8/25/2047	580,704	594,496	497,172
	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	463,962	474,401	447,095
	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	3.28%	10/25/2046	397,569	400,985	359,359
	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	356,987	369,928	345,200
	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	3.43%	6/25/2034	345,762	353,110	325,688
	PVTPL CMO CHASE MTG TR SER 2016-2 CL M3 144A VAR 12-26-2044	Non-Government Backed C.M.O.s	3.75%	12/25/2045	374,208	374,391	324,142
	PVTPL CMO J P MORGAN RESECURITIZATION TRSER 2009- TR CTF CL 2-A-2 144A	Non-Government Backed C.M.O.s	3.01%	9/26/2035	326,903	329,866	305,571
	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	2.57%	4/25/2033	297,993	304,411	289,955
	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	291,378	297,023	277,809

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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
Corporate Bonds (continued)							
	J P MORGAN MTG TR FLTG RT 3.91901% DUE 04-25-2035	Non-Government Backed C.M.O.s	2.95%	4/25/2035	281,881	284,939	276,513
	CMO PRIME MTG TR 2005-2 MTG PASSTHRU CTFII-A-1 DUE 10-25-2032 REG	Non-Government Backed C.M.O.s	6.03%	10/25/2032	255,208	266,054	249,487
	NOMURA ASSET ACCEP CORP MTG SER 05-WF1 CL 1A1 VAR RT 03-25-2035	Non-Government Backed C.M.O.s	5.67%	3/25/2035	220,828	233,112	216,558
	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	186,688	202,337	185,604
	CITIGROUP MTG LN TR SER 2005-2 CL 1A2A VAR 05-25-2035	Non-Government Backed C.M.O.s	3.72%	5/25/2035	156,865	160,248	151,851
	CMO CR SUISSE 1ST BSTN MTG SECS DUE 06-25-2034 REG	Non-Government Backed C.M.O.s	3.47%	6/25/2034	157,162	158,145	151,043
	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	123,213	128,873	117,422
	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	65,582	68,103	63,891
	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	37,742	40,467	37,816
						100,827,125	89,106,599
Real estate							
	BUSINESS ARTS PLAZA INC	Real Estate	N/A	N/A	8,436,532	8,436,532	84,228,531
						8,436,532	84,228,531
Common/Collective Trusts							
*	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	CCT	N/A	N/A	39,984	398,744,048	574,092,644
	CF ARTISAN GLOBAL OPPORTUNITIES TRUST FD	CCT	N/A	N/A	8,758,427	163,924,956	259,074,256
	CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	CCT	N/A	N/A	4,895,035	128,441,595	91,590,508
	CF S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NL FND (ZVB5)	CCT	N/A	N/A	4,563,260	75,000,000	79,519,361
	CF JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	13,559,172	109,575,020	178,072,608
*	MFB NT COLLECTIVE AGGREGATE BOND INDEX FUND-NON LENDING	CCT	N/A	N/A	251,838	38,925,107	34,328,644
*	MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	CCT	N/A	N/A	379,017	159,975,519	136,298,296
*	MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	CCT	N/A	N/A	1,838,881	99,987,299	85,697,357
	CF PAYDEN & RYGEL EMERGING MARKETS BOND CIT - CLASS MIG	CCT	N/A	N/A	4,672,513	62,500,000	59,711,444
	CF WTC CTF BLENDED OPPORTUNISTIC EMD	CCT	N/A	N/A	7,666,938	65,150,747	58,728,745
						1,302,224,292	1,557,113,863
Pooled Separate Accounts							
	CF PRUDENTIAL PRISA SA	PSA	N/A	N/A	2,608	73,243,026	139,612,930
	CF PRUDENTIAL PRISA II	PSA	N/A	N/A	479	25,760,881	42,833,046
						99,003,907	182,445,976
103-12 Investment Entities							
	CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	103-12	N/A	N/A	1,258,424	29,064,650	54,785,237
	CF ACADIAN NON-US ALL CAP EQUITY FUND, USD HEDGED, LLC	103-12	N/A	N/A	120,348	162,129,298	227,160,125
	CF CF LAZARD EMERGING MARKETS EQTY GROUPTR FD	103-12	N/A	N/A	1,936,471	54,577,603	104,584,873
	CF NCS GROUP TRUST - GLOBAL FUND	103-12	N/A	N/A	5,791,171	194,804,313	300,793,092
	CF BRIDGEWATER PURE ALPHA MAJOR MKTS LTDSER	103-12	N/A	N/A	33,752	33,057,636	58,724,791
						473,633,500	746,048,118
Partnerships/ Joint Ventures							
	JPMORGAN INFRASTRUCTURE INVESTMENTS FUND	Partnerships	N/A	N/A	129,629,951	129,629,951	146,586,552
	KABOUTER INTERNATIONAL OPPORTUNITIES FUND II LLC	Partnerships	N/A	N/A	55,730,000	55,730,000	49,497,712
	OAKTREE REAL ESTATE DEBT FUND II, LP	Partnerships	N/A	N/A	10,154,249	10,154,249	12,134,776
	OAKTREE PRINCIPAL FUND V	Partnerships	N/A	N/A	250,495	250,495	8,152,092
	AURORA EQUITY PARTNERS VI, L.P.	Partnerships	N/A	N/A	3,561,488	3,561,488	4,281,574
	AVISTA CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	4,396,760	4,396,760	3,965,083
	AVISTA CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	7,444,599	7,444,599	8,614,705
	AVISTA HEALTHCARE PARTNERS VI, L.P.	Partnerships	N/A	N/A	-	-	63,440
	ATERIAN INVESTMENT PARTNERS IV, L.P.	Partnerships	N/A	N/A	2,374,759	2,374,759	2,244,278
	BLACKSTONE CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	5,666,518	5,666,518	6,969,781
	BOND III, L.P.	Partnerships	N/A	N/A	690,000	690,000	574,363
	CVC CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	5,645,143	5,645,143	5,888,941
^	EQT X USD SCSP	Partnerships	N/A	N/A	-	-	(156,863)
^	GREAT HILL EQUITY PARTNERS VIII, L.P.	Partnerships	N/A	N/A	514,961	514,961	(101,482)
	GTCR FUND XIII, L.P.	Partnerships	N/A	N/A	3,533,545	3,533,545	3,677,318
	GTCR STRATEGIC GROWTH FUND I L.P.	Partnerships	N/A	N/A	234,750	234,750	29,284
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2019)	Partnerships	N/A	N/A	5,843,478	5,843,478	9,417,374
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2020)	Partnerships	N/A	N/A	5,716,926	5,716,926	7,533,763
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2021)	Partnerships	N/A	N/A	4,684,802	4,684,802	4,653,454
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2022)	Partnerships	N/A	N/A	1,110,147	1,110,147	994,904
	INFLEXION BUYOUT FUND VI	Partnerships	N/A	N/A	141,265	141,265	357,583
	INSIGHT PARTNERS XII, L.P.	Partnerships	N/A	N/A	4,973,238	4,973,238	4,035,605
	K5 PRIVATE INVESTORS, L.P.	Partnerships	N/A	N/A	4,771,734	4,771,734	5,106,790
	KELSO INVESTMENT ASSOCIATES X, L.P.	Partnerships	N/A	N/A	7,748,949	7,748,949	13,368,488
	KELSO INVESTMENT ASSOCIATES XI, L.P.	Partnerships	N/A	N/A	1,656,338	1,656,338	2,174,890
	KPS SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	6,399,848	6,399,848	9,912,978
	L CATTERTON GROWTH IV, L.P.	Partnerships	N/A	N/A	4,405,843	4,405,843	4,712,440
	NEWQUEST ASIA FUND IV, L.P.	Partnerships	N/A	N/A	7,689,300	7,689,300	9,556,676
	OAK HILL CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	4,109,739	4,109,739	3,339,055
	OAK HILL CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	11,435,501	11,435,501	14,445,906
^	OAK HILL CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	-	-	(181,733)
	PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	11,127,141	11,127,141	16,605,969
	PLATINUM EQUITY CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	580,371	580,371	457,001
	PLATINUM EQUITY SMALL CAP FUND, L.P.	Partnerships	N/A	N/A	5,566,477	5,566,477	9,579,770
	ARES ENERGY OPPORTUNITIES FUND B, L.P.	Partnerships	N/A	N/A	1,103,763	1,103,763	880,146
	ARES EPIC CO-INVEST DELAWARE FEEDER, L.P.	Partnerships	N/A	N/A	4,961,048	4,961,048	3,826,281
	WEBSTER CAPITAL II-A, L.P	Partnerships	N/A	N/A	8,362,914	8,362,914	14,178,608
	SECONDARY INVESTMENT SPV-12, L.P.	Partnerships	N/A	N/A	-	-	121,709
	NEWVIEW CAPITAL FUND I, L.P.	Partnerships	N/A	N/A	3,739,277	3,739,277	6,273,076
	ARES PE EXTENDED VALUE FUND LP	Partnerships	N/A	N/A	4,243,694	4,243,694	5,594,461
	HL ROSE SPV, LP	Partnerships	N/A	N/A	5,133,218	5,133,218	5,108,400
	AUDAX PRIVATE EQUITY FUND IV CF LP	Partnerships	N/A	N/A	5,246,061	5,246,061	5,587,340
	ROARK CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	10,378,404	10,378,404	14,732,761
	STG ALLEGRO FUND, L.P.	Partnerships	N/A	N/A	398,124	398,124	130,423
	STG VI, L.P.	Partnerships	N/A	N/A	2,276,045	2,276,045	2,538,643
	THOMAS H. LEE EQUITY FUND IX, L.P.	Partnerships	N/A	N/A	2,197,641	2,197,641	2,155,117
	THOMAS H. LEE EQUITY FUND VIII, L.P.	Partnerships	N/A	N/A	887,963	887,963	7,170,554
^	VERDANE CAPITAL XI	Partnerships	N/A	N/A	-	-	(71,237)
	APOLLO HYBRID VALUE FUND, L.P.	Partnerships	N/A	N/A	6,480,023	6,480,023	6,679,736
	ARES SPECIAL OPPORTUNITIES FUND, L.P.	Partnerships	N/A	N/A	7,192,766	7,192,766	11,784,684
	ARES SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	4,624,398	4,624,398	4,183,011
	AS BIRCH GROVE OPPORTUNITIES FUND, L.P. (FKA ASCRIBE IV)	Partnerships	N/A	N/A	7,214,379	7,214,379	7,222,032
	ASI HARK CAPITAL III, LP	Partnerships	N/A	N/A	2,943,715	2,943,715	3,096,497
	AUDAX MEZZANINE FUND V, L.P.	Partnerships	N/A	N/A	1,534,659	1,534,659	1,614,522
	AVENUE ASIA SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	2,444,694	2,444,694	4,095,323
	BALANCE POINT CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	5,255,182	5,255,182	6,009,921
	BCP SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	9,674,135	9,674,135	10,688,521
	BLACKSTONE CAPITAL OPPORTUNITIES FUND IV LP	Partnerships	N/A	N/A	2,889,233	2,889,233	3,092,543
	BLACKSTONE TACTICAL OPPORTUNITIES FUND - HL L.P.	Partnerships	N/A	N/A	7,214,202	7,214,202	8,199,348
	BSP DEBT FUND V, L.P.	Partnerships	N/A	N/A	791,499	791,499	791,949

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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
Partnerships/ Joint Ventures (continued)							
	CARLYLE CREDIT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	8,979,137	8,979,137	8,952,643
	CASTLELAKE AVIATION IV STABLE YIELD, L.P.	Partnerships	N/A	N/A	4,330,949	4,330,949	4,876,497
	CASTLELAKE INCOME OPPORTUNITIES II, L.P.	Partnerships	N/A	N/A	5,230,552	5,230,552	5,281,218
	CASTLELAKE INCOME OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	8,293,756	8,293,756	7,706,033
	CASTLELAKE V DISLOCATED OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	5,000,546	5,000,546	6,608,976
	CASTLELAKE V, L.P.	Partnerships	N/A	N/A	2,608,272	2,608,272	4,761,820
	COMVEST CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	4,116,841	4,116,841	3,572,185
	CRESCENT DIRECT LENDING FUND III, L.P.	Partnerships	N/A	N/A	6,843,554	6,843,554	6,819,295
	CRESCENT DIRECT LENDING FUND VIII, L.P.	Partnerships	N/A	N/A	5,500,000	5,500,000	5,337,150
	FIRST EAGLE DIRECT LENDING FUND IV, LLC	Partnerships	N/A	N/A	7,442,381	7,442,381	7,295,641
	FIRST EAGLE DIRECT LENDING FUND V, LLC	Partnerships	N/A	N/A	4,652,986	4,652,986	4,839,506
	GSO ENERGY SELECT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	2,564,954	2,564,954	2,787,039
	HPS MEZZANINE PARTNERS 2019, L.P.	Partnerships	N/A	N/A	7,828,262	7,828,262	8,909,383
	HPS STRATEGIC INVESTMENT PARTNERS V, L.P.	Partnerships	N/A	N/A	2,723,929	2,723,929	2,671,606
	ICG EUROPE FUND VII, L.P.	Partnerships	N/A	N/A	6,971,490	6,971,490	8,319,362
	ICG EUROPE FUND VIII SCSP	Partnerships	N/A	N/A	2,223,129	2,223,129	2,317,905
	ICG RECOVERY FUND II SCSP	Partnerships	N/A	N/A	3,929,592	3,929,592	4,364,692
	LBC CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	7,832,410	7,832,410	8,273,787
	LONE STAR FUND XI, L.P.	Partnerships	N/A	N/A	6,370,338	6,370,338	9,435,566
	OAKTREE OPPORTUNITIES FUND XI, L.P.	Partnerships	N/A	N/A	4,982,774	4,982,774	6,072,239
	OAKTREE SPECIAL SITUATIONS FUND II, L.P.	Partnerships	N/A	N/A	3,989,789	3,989,789	7,936,440
	OHA CREDIT SOLUTIONS FUND II, L.P.	Partnerships	N/A	N/A	3,750,000	3,750,000	3,739,761
	SUMMIT PARTNERS CREDIT FUND IV, L.P.	Partnerships	N/A	N/A	3,886,930	3,886,930	3,908,319
	VELD CREDIT OPPORTUNITIES IV	Partnerships	N/A	N/A	3,129,821	3,129,821	3,308,076
						548,157,743	642,271,975
Registered Investment Companies							
	MFO FIDELITY CONCORD STR TR SPARTAN EXTENDED MKTS INDEX FD FIDELITY	Mutual Funds	N/A	N/A	1,662,274	136,197,901	104,756,530
	MFO VANGUARD MALVERN FDS SHORT-TERM INFLAT PROTECTED SECS INDEX FD INSTL SHS	Mutual Funds	N/A	N/A	2,077,308	53,192,249	48,692,097
	AMERICAN FUNDS EUROPACIFIC GROWTH R3 FUND	Mutual Funds	N/A	N/A	DCA	35,976	29,890
	AMERICAN FUNDS FUNDAMENTAL INVESTORS R3 FUND	Mutual Funds	N/A	N/A	DCA	153,057	194,753
	AMERICAN FUNDS GROWTH FUND OF AMERICA R3 FUND	Mutual Funds	N/A	N/A	DCA	88,036	104,648
	AMERICAN FUNDS NEW WORLD R4 FUND	Mutual Funds	N/A	N/A	DCA	31,964	29,163
	FIDELITY ADVISOR LEVERAGED CO STOCK M FUND	Mutual Funds	N/A	N/A	DCA	34,513	47,750
	NUVEEN REAL ESTATE SECURITIES A FUND	Mutual Funds	N/A	N/A	DCA	21,762	34,263
	PIMCO ALL ASSET INSITUTIONAL FUND	Mutual Funds	N/A	N/A	DCA	236,599	261,434
	PIMCO HIGH YIELD INSTITUTIONAL FUND	Mutual Funds	N/A	N/A	DCA	58,611	55,219
	PIMCO TOTAL RETURN INSTL FUND	Mutual Funds	N/A	N/A	DCA	179,544	188,379
	PRINCIPAL LIFETIME 2010 R3 FUND	Mutual Funds	N/A	N/A	DCA	5,666	5,139
	PRINCIPAL LIFETIME 2020 R3 FUND	Mutual Funds	N/A	N/A	DCA	216,317	222,702
	PRINCIPAL LIFETIME 2030 R3 FUND	Mutual Funds	N/A	N/A	DCA	95,066	88,090
	PRINCIPAL LIFETIME 2040 R3 FUND	Mutual Funds	N/A	N/A	DCA	124,566	116,453
	PRINCIPAL LIFETIME 2050 R3 FUND	Mutual Funds	N/A	N/A	DCA	6,313	5,865
	PRINCIPAL LIFETIME 2060 R3 FUND	Mutual Funds	N/A	N/A	DCA	7,551	7,055
	SMALLCAP S&P 600 INDEX R3 FUND	Mutual Funds	N/A	N/A	DCA	19,822	23,765
	T. ROWE PRICE HEALTH SCIENCES FUND	Mutual Funds	N/A	N/A	DCA	28,231	28,114
	TEMPLETON GLOBAL BOND A FUND	Mutual Funds	N/A	N/A	DCA	14,869	15,282
	VANGUARD FEDERAL MONEY MARKET INVESTOR FUND	Mutual Funds	N/A	N/A	DCA	17,789	17,745
						190,766,400	154,924,336
Other Investments							
	INDIANAPOLIS IND LOC PUB IMPT BD BK 6.116% 01-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	6.12%	1/15/2040	335,000	353,325	371,593
	SUMTER LANDING CMNTY DEV DIST FLA RECREATIONAL REV 4.172% 10-01-2047 BEO	Municipal/Provincial Bonds	4.17%	10/1/2047	390,000	436,359	325,588
	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.572% 11-01-2038 BEO TAXABLE	Municipal/Provincial Bonds	5.57%	11/1/2038	170,000	178,439	175,983
	RIVERSIDE CNTY CALIF PENSION OBLIG 3.818% 02-15-2038 BEO TAXABLE	Municipal/Provincial Bonds	3.82%	2/15/2038	20,000	16,682	17,700
	LOUISIANA LOC GOVT ENVIRONMENTAL FACS & 4.145% DUE 05-19-2033 REG	Municipal/Provincial Bonds	4.15%	2/1/2033	1,175,000	1,175,369	1,142,865
	ALABAMA FED AID HWY FIN AUTH SPL OBLIG REV 2.65% 09-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	2.65%	9/1/2037	935,000	919,598	704,339
	LA LOC GOVT ENVIRONMENTAL FACS & CMNTY DEV AUTH REV 5.197 09-01-2039 BEOTAXABLE	Municipal/Provincial Bonds	5.20%	9/1/2039	705,000	705,000	695,296
	VIRGINIA ST HSG DEV AUTH COMWLTH MTG 2.125% 07-25-2051 BEO TAXABLE	Municipal/Provincial Bonds	2.13%	7/25/2051	723,839	723,839	602,611
	MA ST SCH BLDG AUTH DEDICATEDSALES TX REV 3.395 10-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	3.40%	10/15/2040	740,000	738,942	602,321
	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	523,955
	CITY OF NEW YORK 5.517 DUE 10-01-2037	Municipal/Provincial Bonds	5.52%	10/1/2037	475,000	476,019	495,360
	CALIFORNIA ST 7.3% 10-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	7.30%	10/1/2039	290,000	340,347	357,605
	CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	Municipal/Provincial Bonds	7.50%	4/1/2034	275,000	433,887	337,373
	VIRGINIA ST HSG DEV AUTH 2.85% 06-01-2035 BEO TAXABLE	Municipal/Provincial Bonds	2.85%	6/1/2035	405,000	401,132	332,697
	JOBSOHIO BEVERAGE SYS OHIO STATEWIDE LIQ 2.833% DUE 01-01-2038	Municipal/Provincial Bonds	2.83%	1/1/2038	415,000	404,150	330,114
	SONOMA CNTY CALIF PENSION OBLIG 6% 12-01-2029 BEO TAXABLE	Municipal/Provincial Bonds	6.00%	12/1/2029	315,000	333,226	325,039
	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	317,521
	TEXAS ST 5.517% 04-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	5.52%	4/1/2039	295,000	319,263	315,645
	MICHIGAN ST BLDG AUTH REV 2.705% 10-15-2040 BEO TAXABLE	Municipal/Provincial Bonds	2.71%	10/15/2040	425,000	418,500	312,175
	MISSOURI ST HWYS & TRANSN COMMN ST RD REV 5.445% 05-01-2033 BEO TAXABLE	Municipal/Provincial Bonds	5.45%	5/1/2033	300,745	301,749	312,125
	CALIFORNIA HEALTH FACS FING AUTH REV 4.19% 06-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	4.19%	6/1/2037	340,000	340,000	304,909
	FLORIDA ST BRD ADMIN FIN CORP REV 2.154%07-01-2030	Municipal/Provincial Bonds	2.15%	7/1/2030	355,000	353,579	294,501
	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	292,750
	TEXAS TRANSN COMMN ST HWY FD REV 4% 10-01-2033 BEO TAXABLE	Municipal/Provincial Bonds	4.00%	10/1/2033	300,000	296,496	275,742
	GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 3.473% 07-01-2041 BEO TAXABLE	Municipal/Provincial Bonds	3.47%	7/1/2041	325,000	273,899	265,917
	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	258,302
	NEW YORK N Y 5.263% 10-01-2052	Municipal/Provincial Bonds	5.26%	10/1/2052	245,000	245,000	248,190
	NY N Y TAXABLE-BUILD AMER BDS-F-1 6.271 DUE 12-01-2037	Municipal/Provincial Bonds	6.27%	12/1/2037	220,000	233,901	242,377
	TUCSON ARIZ CTFS PARTN 2.856% 07-01-2047BEO TAXABLE	Municipal/Provincial Bonds	2.86%	7/1/2047	335,000	330,391	228,641
	OKLAHOMA DEV FIN AUTH REV 4.135% 12-01-2033 BEO TAXABLE	Municipal/Provincial Bonds	4.14%	12/1/2033	230,000	230,000	224,605
	RIVERSIDE CNTY CAL INFRASTRUCTURE 3.185%11-01-2041	Municipal/Provincial Bonds	3.19%	11/1/2041	300,000	300,000	220,199
	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	213,315
	NEW YORK TRANSN DEV CORP LEASE REV 4.248% 09-01-2035 BEO TAXABLE	Municipal/Provincial Bonds	4.25%	9/1/2035	220,000	218,900	214,551
	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.508% 08-01-2037 BEO TAXABLE	Municipal/Provincial Bonds	5.51%	8/1/2037	205,000	251,012	215,121
	BEXAR CNTY TEX 2.863% 06-15-2043 BEO TAXABLE	Municipal/Provincial Bonds	2.86%	6/15/2043	295,000	295,000	201,359
	NEW YORK ST TWY AUTH GEN REV 3.5% 01-01-2042 BEO TAXABLE	Municipal/Provincial Bonds	3.50%	1/1/2042	250,000	201,812	199,800
	GOLDEN ST TOB SECURITIZATION CORP CALIF TOB SETTLEMENT REV 3.115% 06-01-2038 BEO	Municipal/Provincial Bonds	3.12%	6/1/2038	240,000	187,301	186,532
	GAINESVILLE FLA SPL OBLIG 3.047% 10-01-2040 BEO TAXABLE	Municipal/Provincial Bonds	3.05%	10/1/2040	250,000	195,108	182,299
	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	177,982
	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	167,951
	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	168,959
	GOLDEN ST TOB SECURITIZATION CORP CALIF 3.293% DUE 06-01-2042 BEO	Municipal/Provincial Bonds	3.29%	6/1/2042	220,000	175,847	163,362
	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	160,084
	MICHIGAN FIN AUTH REV MUNI 3.384% 12-01-2040	Municipal/Provincial Bonds	3.38%	12/1/2040	195,000	147,463	156,805
	TEMPE ARIZ CTFS PARTN 2.521% 07-01-2036 BEO TAXABLE	Municipal/Provincial Bonds	2.52%	7/1/2036	215,000	215,000	157,364
	MASSACHUSETTS ST 2.514% 07-01-2041	Municipal/Provincial Bonds	2.51%	7/1/2041	205,000	157,424	150,187

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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
Other Investments (continued)							
	SULPHUR SPRINGS CALIF UN SCH DIST SPL TAX 2.971% 09-01-2039 BEO TAXABLE	Municipal/Provincial Bonds	2.97%	9/1/2039	170,000	170,194	125,896
	VIRGINIA COMWLTH TRANSN BRD TRANSN REV 5.35% 05-15-2035 BEO TAXABLE	Municipal/Provincial Bonds	5.35%	5/15/2035	115,000	121,951	118,055
	KING CNTY WASH SWR REV 2.841% 07-01-2047BEO TAXABLE	Municipal/Provincial Bonds	2.84%	7/1/2047	150,000	150,000	98,572
	MASSACHUSETTS ST SPL OBLIG REV 4.11% 07-15-2031	Municipal/Provincial Bonds	4.11%	7/15/2031	90,000	85,964	88,136
	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 2.202% 03-15-2034 BEO TAXABLE	Municipal/Provincial Bonds	2.20%	3/15/2034	100,000	79,588	76,895
	GOLDEN ST TOBACCO 2.746% MUN 06/01/2034 USD	Municipal/Provincial Bonds	2.75%	6/1/2034	70,000	56,861	56,334
	DALLAS TEX AREA RAPID TRAN SALES TAX REV2.613% 12-01-2048 BEO TAXABLE	Municipal/Provincial Bonds	2.61%	12/1/2048	60,000	36,909	39,632
	TEXAS TRANSN COMMN 2.562% 04-01-2042 BEOTAXABLE	Municipal/Provincial Bonds	2.56%	4/1/2042	50,000	35,678	37,244
	NEW YORK ST URBAN DEV CORP REV 3.9% 03-15-2033 BEO TAXABLE	Municipal/Provincial Bonds	3.90%	3/15/2033	35,000	33,101	32,465
	TEXAS TRANSN COMMN 2.472% 10-01-2044 BEOTAXABLE	Municipal/Provincial Bonds	2.47%	10/1/2044	45,000	29,895	30,978
	CF BEACH POINT DYNAMIC INCOME OFFSHORE FUND LTD CLASS B	Hedge Equity	N/A	N/A	82,742	127,937,123	131,432,683
	JPMORGAN EUROPEAN SUB-FUND C	Hedge Equity	N/A	N/A	8	101,070	70,677
	CF ABS OPPORTUNITIES LTD- GLOBAL STRATEGIC PORTFOLIO	Hedge Equity	N/A	N/A	1,080,000	74,671,099	88,141,975
	CF ABS OPPORTUNITIES LTD- GLOBAL STRATEGIC PORTFOLIO CL C9 UR SER 04 2022	Hedge Equity	N/A	N/A	770,000	77,000,000	80,293,983
	CF BRIDGEWATER PURE ALPHA II LTD SER	Hedge Equity	N/A	N/A	134,438	149,530,763	167,352,731
	VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US $ INSTL	Hedge Equity	N/A	N/A	315,276	52,100,076	59,856,644
	ABS OPPORTUNITIES LTD-GLOBAL STRATEGIC PORTFOLIO- CLASS C9 UR SER 02 2022	Hedge Equity	N/A	N/A	380,000	28,383,185	34,846,266
	ABS OPPORTUNITIES LTD-GLOBAL STRATEGIC PORTFOLIO- CLASS C9 UR SER 03 2022	Hedge Equity	N/A	N/A	23,457	1,752,028	2,305,654
						528,534,235	579,174,529
					TOTAL	$ 3,530,109,273	$ 4,308,737,143

* Denotes party-in-interest

^ Denotes funds that are not yet active. The current value is the result of expenses from operations and investment losses.

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 95-2110997, Plan Number: 001
December 31, 2022

(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	$ 523,750,830	N/A	N/A	N/A	$ 523,750,830	$ 523,750,830	$ -
Northern Trust	MFB NTGI Col Dly Governement STIF	N/A	$ 845,788,234	N/A	N/A	$ 845,788,234	$ 845,788,234	$ -
BNY Mellon	CF All Weather Portfolio LTD CL B FD	N/A	$ 348,818,553	N/A	N/A	$ 152,194,203	$ 348,818,553	$ 196,624,350
Northern Trust	NT Collective Govt Short Term Invt FD	$ 1,027,394,034	N/A	N/A	N/A	$ 1,027,394,034	$ 1,027,394,034	$ -
Northern Trust	NT Collective Govt Short Term Invt FD	N/A	$ 780,770,370	N/A	N/A	$ 780,770,370	$ 780,770,370	$ -

See Independent Auditors Report.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2022

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, 2022

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

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997
Plan No. 001
Plan Year Ended December 31, 2022

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
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Twentieth Century Fox Film, Inc.
Fed ID: 84-0850631

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2018 SAG-AFTRA Network Television Code Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Cmc/Forecast, Inc.
Fed ID: 83-3492133

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/12/2023
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
2021 AFTRA Non-Dramatic Full H&R Rate New Media Agreement	6/30/2024	N/A
2019 SAG-AFTRA Corporate/Educational Agreement	10/31/2022	3/31/2023
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	N/A
2019 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2022	7/31/2022
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2022	7/31/2022
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	N/A

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Universal Television Enterprise
Fed ID: 41-2040219

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2021	7/12/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2024	N/A
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2024	N/A
2018 SAG-AFTRA Network Television Code Agreement	10/31/2022	3/31/2023
2018 SAG-AFTRA Network Code Independent Agreement	10/31/2025	N/A
2021 SAG-AFTRA Network Television Code Agreement	3/31/2022	7/31/2022
SAG Phono Conversion Theatrical/Television Agreement	3/31/2022	7/31/2022

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Employer: NBC Universal
Fed ID: 27-3526824

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2023
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	7/12/2023
2015 WMAQ-TV Agreement	12/15/2018	12/31/2023
2015 WNBC-TV Newspersons Agreement	12/17/2018	11/11/2023
2018 WRC-TV & WZDC-TV Staff News Personnel Agreement	5/31/2021	1/26/2023
2018 WNJU-TV Agreement	8/19/2021	12/31/2023
2019 NBC Network TV News Producers Off-Air Agreement	9/30/2023	N/A
2021 WCAU-TV Agreement	5/22/2023	5/31/2024
2021 WVIT-TV Agreement	4/2/2023	4/30/2024
2022 KNBC-TV Staff Newspersons	11/15/2023	N/A
2022 WSNS-TV Agreement	12/15/2023	N/A
2018 SAG-AFTRA Network Television Code Agreement	6/30/2021	7/16/2022
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	6/30/2024

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Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: ABC Studios
Fed ID: 95-4771596

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2023
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2023
2000 San Francisco Local TV Program Agreement	12/31/2002	12/31/2023
2000 Chicago Local TV Agreement	11/15/2002	12/31/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2000 KABC-AM Announcers Staff & Freelance Agreement	11/15/2003	12/31/2023
2003 KLOS-FM Announcers Agreement	11/15/2007	12/31/2023
2016 ABC Network Staff Agreement	2/11/2019	6/30/2023
2016 WEPN-FM and ESPN-AM Agreement	10/13/2019	6/30/2023
2018 KGO-TV Staff Newspersons & Announcers Agreement	1/31/2021	12/31/2023
2018 WLS-TV Newspersons Agreement	9/13/2021	11/17/2022
2018 WMVP-AM Agreement	9/30/2021	10/31/2023
2019 ABC/ESPN Time Buy Agreement	6/30/2022	N/A
2019 WABC-TV Newspersons Agreement	10/24/2021	12/24/2022
2021 KABC-TV Newspersons Agreement	9/14/2024	N/A
2021 WABC-TV Agreement	10/24/2024	N/A
2021 KSPN-AM On Air Agreement	11/30/2022	12/31/2022
2022 ABC/ESPN Time Buy Agreement	6/30/2025	N/A
2022 WLS-TV Newspersons Agreement	11/18/2025	N/A
1994 AFTRA WCR LA Local Radio Program Agreement	11/15/1997	12/31/2022
1994 AFTRA SFO Local Radio Program Agreement	11/15/2000	12/31/2022
2003 AFTRA Commercial Radio Broadcast Agreement	11/15/2007	12/31/2023
2018 SAG-AFTRA Network Television Code Agreement	6/30/2021	7/16/2022

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2018 AFTRA Non-Dramatic New Media Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023

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Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Netflix Production, LLC
Fed ID: 83-2816269

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2019 SAG-AFTRA Netflix Theatrical Agreement	6/30/2022	7/12/2023
2022 SAG-AFTRA Netflix Theatrical Agreement	6/30/2026	N/A
2019 SAG-AFTRA Netflix Television Agreement	6/30/2022	12/31/2022
2020 SAG-AFTRA Dramatic New Media Agreement	6/30/2023	9/30/2023
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	7/12/2023
2022 SAG-AFTRA Netflix Television Agreement	6/30/2026	N/A
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2018 AFTRA Non-Dramatic New Media Agreement	6/30/2021	7/16/2022

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Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Disney (Walt) Pictures & Tv
Fed ID: 95-3834209

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	6/30/2024

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Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: Corporate Management Solutions, Inc.
Fed ID: 37-1425813

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2001 Modified Dubbing Agreement	3/31/2004	7/12/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
2018 SAG-AFTRA Public Television Agreement	7/20/2022	1/20/2024
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2023
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2018 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2021	7/16/2022
2018 AFTRA Non-Dramatic New Media Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	8/31/2023
2019 SAG-AFTRA Corporate/Educational Agreement	10/31/2022	3/31/2023
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	N/A
2019 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2022	7/31/2022
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2022	7/31/2022
2019 Pacific Northwest Regional Commercials Code	3/31/2022	7/31/2022
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	N/A
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023

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Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date

Employer: CBS Studios, Inc.
Fed ID: 13-0590730

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2023
2018 SAG-AFTRA Network Television Code Agreement	6/30/2021	7/16/2022
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	12/31/2023

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Employer: Talent Solutions, Inc.
Fed ID: 32-0283221

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	7/12/2023
2018 SAG-AFTRA Public Television Agreement	7/20/2022	1/20/2024
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	7/12/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	9/30/2023
2020 SAG-AFTRA Dramatic New Media Agreement	6/30/2023	9/30/2023
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	7/12/2023
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2023
2018 SAG-AFTRA Network Code Independent Agreement	6/30/2021	7/16/2022
2018 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2021	7/16/2022
2018 AFTRA Non-Dramatic New Media Agreement	6/30/2021	7/16/2022
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	N/A
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	8/31/2023
2019 SAG-AFTRA Low Budget Interactive Media Agreement	11/7/2020	8/31/2023
2019 SAG-AFTRA Corporate/Educational Agreement	10/31/2022	3/31/2023
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	N/A
2019 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2022	7/31/2022
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2022	7/31/2022
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	N/A
2022 SAG-AFTRA Commercials Agreement	3/31/2025	N/A
SAG-AFTRA Phono Conversion Commercials Agreement	3/31/2016	3/31/2025

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Twentieth Century Fox Film, Inc.
Fed ID: 84-0850631
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2018 SAG-AFTRA Network Television Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Cmc/Forecast, Inc.
Fed ID: 83-3492133
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
2021 AFTRA Non-Dramatic Full H&R Rate New Media Agreement	7/1/2021	12/31/2021	18.80%	1/1/2022	6/30/2024	19.80%
2019 SAG-AFTRA Corporate/Educational Agreement	12/1/2019	1/10/2023	17.25%	1/11/2023	3/31/2023	18.75%
2022 SAG-AFTRA Corporate/Educational Agreement	11/1/2022	1/10/2023	17.25%	1/11/2023	10/31/2025	18.75%
2019 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2022 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Universal Television Enterprise
Fed ID: 41-2040219
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2018 SAG-AFTRA Network Television Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: NBC Universal
Fed ID: 27-3526824
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
1994 AFTRA New York Local Agreement	11/16/1997	12/31/2023	10.50%	N/A	N/A	N/A
1998 AFTRA LA Local TV Program Agreement	11/16/2001	12/31/2023	11.00%	N/A	N/A	N/A
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2015 WMAQ-TV Agreement	12/16/2018	12/31/2023	12.50%	N/A	N/A	N/A
2015 WNBC-TV Newspersons Agreement	1/1/2022	10/31/2023	12.50%	11/1/2023	11/11/2023	12.75%
2018 WRC-TV & WZDC-TV Staff News Personnel Agreement	1/1/2020	1/26/2023	12.25%	N/A	N/A	N/A
2018 WNJU-TV Agreement	8/20/2019	12/31/2023	12.25%	N/A	N/A	N/A
2019 NBC Network TV News Producers Off-Air Agreement	10/1/2019	9/30/2023	12.25%	N/A	N/A	N/A
2021 WCAU-TV Agreement	11/1/2021	5/31/2024	12.50%	N/A	N/A	N/A
2021 WVIT-TV Agreement	11/1/2021	4/30/2024	12.50%	N/A	N/A	N/A
2022 KNBC-TV Staff Newspersons	1/1/2022	10/31/2023	12.50%	11/1/2023	11/15/2023	12.75%
2022 WSNS-TV Agreement	7/26/2022	11/30/2023	12.50%	12/1/2023	12/15/2023	12.75%
2018 SAG-AFTRA Network Television Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A

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Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: ABC Studios
Fed ID: 95-4771596
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
1994 AFTRA New York Local Agreement	11/16/1997	12/31/2023	10.50%	N/A	N/A	N/A
1998 AFTRA LA Local TV Program Agreement	11/16/2001	12/31/2023	11.00%	N/A	N/A	N/A
2000 San Francisco Local TV Program Agreement	1/1/2003	12/31/2023	11.00%	N/A	N/A	N/A
2000 Chicago Local TV Agreement	11/16/2002	12/31/2023	10.50%	N/A	N/A	N/A
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2000 KABC-AM Announcers Staff & Freelance Agreement	11/16/2007	12/31/2023	11.50%	N/A	N/A	N/A
2003 KLOS-FM Announcers Agreement	11/16/2007	12/31/2023	11.50%	N/A	N/A	N/A
2016 ABC Network Staff Agreement	12/12/2021	4/30/2024	12.50%	N/A	N/A	N/A
2016 WEPN-FM and ESPN-AM Agreement	10/14/2019	6/30/2023	12.00%	N/A	N/A	N/A
2018 KGO-TV Staff Newspersons & Announcers Agreement	9/27/2020	12/31/2023	12.50%	N/A	N/A	N/A
2018 WLS-TV Newspersons Agreement	9/14/2020	11/17/2022	12.50%	N/A	N/A	N/A
2018 WMVP-AM Agreement	10/5/2020	10/31/2023	13.00%	N/A	N/A	N/A
2019 ABC/ESPN Time Buy Agreement	7/1/2019	6/30/2022	17.80%	N/A	N/A	N/A
2019 WABC-TV Newspersons Agreement	10/25/2020	10/24/2021	12.00%	N/A	N/A	N/A
2021 KABC-TV Newspersons Agreement	9/14/2021	12/31/2022	12.50%	1/1/2023	12/31/2023	13.00%
2021 WABC-TV Agreement	10/25/2021	12/31/2022	12.00%	1/1/2023	12/31/2023	12.50%
2021 KSPN-AM On Air Agreement	12/1/2021	12/31/2022	13.00%	N/A	N/A	N/A
2022 ABC/ESPN Time Buy Agreement	7/1/2022	6/30/2025	18.80%	N/A	N/A	N/A
2022 WLS-TV Newspersons Agreement	11/18/2022	11/18/2025	13.00%	N/A	N/A	N/A
1994 AFTRA WCR LA Local Radio Program Agreement	11/16/1997	12/31/2022	10.50%	N/A	N/A	N/A
1994 AFTRA SFO Local Radio Program Agreement	11/16/2000	12/31/2022	10.50%	N/A	N/A	N/A
2003 AFTRA Commercial Radio Broadcast Agreement	11/16/2007	12/31/2023	11.50%	N/A	N/A	N/A
2018 SAG-AFTRA Network Television Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 AFTRA Non-Dramatic New Media Agreement	1/1/2022	7/16/2022	19.60%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%

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Employer: Netflix Production, LLC
Fed ID: 83-2816269
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2019 SAG-AFTRA Netflix Theatrical Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2022	21.00%
2022 SAG-AFTRA Netflix Theatrical Agreement	8/2/2022	7/12/2023	21.00%	N/A	N/A	N/A
2019 SAG-AFTRA Netflix Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2022	21.00%
2020 SAG-AFTRA Dramatic New Media Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	9/30/2023	21.00%
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2022 SAG-AFTRA Netflix Television Agreement	8/2/2022	7/12/2023	21.00%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 AFTRA Non-Dramatic New Media Agreement	1/1/2022	7/16/2022	19.60%	N/A	N/A	N/A

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Employer: Disney (Walt) Pictures & TV
Fed ID: 95-3834209
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Corporate Management Solutions, Inc.
Fed ID: 37-1425813
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2001 Modified Dubbing Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2018 SAG-AFTRA Public Television Agreement	7/21/2018	1/20/2024	17.10%	N/A	N/A	N/A
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2018 SAG-AFTRA Sound Recordings Agreement	1/1/2021	12/31/2023	13.00%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 SAG-AFTRA Basic Cable Network Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 AFTRA Non-Dramatic New Media Agreement	1/1/2022	7/16/2022	19.60%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
2017 SAG-AFTRA Interactive Media Agreement	11/8/2020	9/30/2023	16.50%	N/A	N/A	N/A
2019 SAG-AFTRA Corporate/Educational Agreement	12/1/2019	1/10/2023	17.25%	1/11/2023	3/31/2023	18.75%
2022 SAG-AFTRA Corporate/Educational Agreement	11/1/2022	1/10/2023	17.25%	1/11/2023	10/31/2025	18.75%
2019 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2019 Pacific Northwest Regional Commercials Code	7/19/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2022 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: CBS Studios, Inc.
Fed ID: 13-0590730
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2018 SAG-AFTRA Sound Recordings Agreement	1/1/2021	12/31/2023	13.00%	N/A	N/A	N/A
2018 SAG-AFTRA Network Television Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
SAG Phono Conversion Theatrical/Television Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	12/31/2023	21.00%

Screen Actors Guild - Producers Pension Plan
Schedule R
EIN 95-2110997
Plan Number: 001

December 31, 2022

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer: Talent Solutions, Inc.
Fed ID: 32-0283221
Base Unit: % of Earnings

CBA Agreement	Rate Effective	Rate Expiration	Rate	Extension Rate Effective	Extension Rate Expiration	Extension Rate
2020 SAG-AFTRA Codified Basic AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2018 SAG-AFTRA Public Television Agreement	7/21/2018	1/20/2024	17.10%	N/A	N/A	N/A
2020 SAG-AFTRA Television AMPTP Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2020 SAG-AFTRA TV Animation AMPTP Agreement	7/1/2021	6/30/2022	20.30%	7/1/2022	9/30/2023	20.80%
2020 SAG-AFTRA Dramatic New Media Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	9/30/2023	21.00%
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	7/1/2021	6/30/2022	20.50%	7/1/2022	7/12/2023	21.00%
2018 SAG-AFTRA Sound Recordings Agreement	1/1/2021	12/31/2023	13.00%	N/A	N/A	N/A
2018 SAG-AFTRA Network Code Independent Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 SAG-AFTRA Basic Cable Network Code Agreement	1/1/2022	7/16/2022	19.80%	N/A	N/A	N/A
2018 AFTRA Non-Dramatic New Media Agreement	1/1/2022	7/16/2022	19.60%	N/A	N/A	N/A
2021 SAG-AFTRA Network Television Code Agreement	1/1/2022	6/30/2024	19.80%	N/A	N/A	N/A
2017 SAG-AFTRA Interactive Media Agreement	11/8/2020	9/30/2023	16.50%	N/A	N/A	N/A
2019 SAG-AFTRA Low Budget Interactive Media Agreement	11/8/2020	8/31/2023	16.50%	N/A	N/A	N/A
2019 SAG-AFTRA Corporate/Educational Agreement	12/1/2019	1/10/2023	17.25%	1/11/2023	3/31/2023	18.75%
2022 SAG-AFTRA Corporate/Educational Agreement	11/1/2022	1/10/2023	17.25%	1/11/2023	10/31/2025	18.75%
2019 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2019 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2019	3/31/2022	19.00%	4/1/2022	7/31/2022	20.50%
2022 SAG-AFTRA Direct Signatory Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	4/1/2022	3/31/2025	20.50%	N/A	N/A	N/A
2022 SAG-AFTRA Commercials Agreement	4/1/2022	3/31/2025	19.25%	N/A	N/A	N/A
SAG-AFTRA Phono Conversion Commercials Agreement	4/1/2019	3/31/2022	18.50%	4/1/2022	3/31/2025	19.25%

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, 2022
Enrolled Actuary:	Cary Franklin
Enrollment Number:	23-04013

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 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 01 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	4,916,780,468
(2) Actuarial value of assets for funding standard account	1b(2)	4,692,080,813
c (1) Accrued liability for plan using immediate gain methods	1c(1)	5,943,010,201
(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)	5,943,010,201
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)	13,263,637,752
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	354,275,173
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	338,631,097
(3) Expected plan disbursements for the plan year	1d(3)	335,730,481

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

10/10/2023
Date

CARY FRANKLIN
Type or print name of actuary

2304013
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**	4,916,780,468
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		14,766	4,081,023,336
(2) For terminated vested participants		20,086	3,627,042,429
(3) For active participants:			
(a) Non-vested benefits			281,266,789
(b) Vested benefits			5,274,305,198
(c) Total active		32,482	5,555,571,987
(4) Total		67,334	13,263,637,752
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	37.06 %

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
	366,971,644				

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**: 2.22 %

		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 Salary scale	6e	4.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	14,806,005	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-46,826,845	-4,869,758

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 Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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**	115,514,923
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)**	2,103,255,723	285,773,730
(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**	29,093,427
e Total charges. Add lines 9a through 9d		**9e**	430,382,080
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	545,449,868
g Employer contributions. Total from column (b) of line 3		**9g**	366,971,644
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	306,876,467	75,632,522
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	56,114,075
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	2,050,506,490	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	7,538,864,430	
(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**	1,044,168,109
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	613,786,029
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 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

Screen Actors Guild - Producers Pension Plan

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
03/22/2022	$126,644	N/A	$126,644
06/21/2022	$120,188	N/A	$120,188
06/30/2022	$3,000,000	N/A	$3,000,000
10/03/2022	$3,000,000	N/A	$3,000,000
10/21/2022	$2,000,000	N/A	$2,000,000
Total:	**$8,246,832**	**N/A**	**$8,246,832**

Screen Actors Guild - Producers Pension 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

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.

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. 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 2022 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 2.22% per annum as of January 1, 2022.

Screen Actors Guild - Producers Pension Plan

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, 2021, and had not retired as of January 1, 2022.

Also included in the valuation are "Type 2" actives who are non-vested participants who did not earn a Pension Credit during 2021, but did so in either 2020 or 2019.

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 $15.375 million per year, payable monthly ($15.000 million per year was assumed for the January 1, 2021 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. The remaining 45% 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).
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 2021, 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 2021 is assumed to earn the same benefit in 2022. 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	$3,490,000,000 in total covered compensation (prior year's total covered compensation increased by 1.2%) and an average contribution rate of 9.87% of covered compensation in 2022. The assumed 1.2% increase in total covered compensation is developed by considering the 4.0% assumed annual increase in individual covered earnings (described above) in combination with the anticipated changes in the participant population and new participants. The characteristics of the anticipated new participants are based on those of recent years' new participants.

Screen Actors Guild - Producers Pension Plan

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.

Unfunded Vested Benefits for Employer Withdrawals	Valued using an interest rate of 7.25% per annum (same as fund earnings assumption used to determine other plan costs and liabilities for the January 1, 2021 valuation), and the market value of assets, but not less than the actuarial value of assets.
Changes in Assumptions	Since the prior valuation, the following assumption has been changed: • The assumed **annual operating expenses,** payable monthly, changed from $15.000 million to $15.375 million
Justification for Changes in Assumptions	The assumption was 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 2022, the limit is $305,000 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.

Screen Actors Guild - Producers Pension Plan

Schedule of Projection Of Expected Benefit Payments

Measurement Date: January 1, 2022 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	$ 15,983,120	$ 13,422,111	$ 290,950,250	$ 320,355,481
2023	28,159,627	23,233,923	283,533,107	334,926,657
2024	40,937,752	33,456,313	275,767,402	350,161,467
2025	53,929,921	44,961,685	267,531,393	366,422,999
2026	67,524,063	55,701,613	258,965,312	382,190,988
2027	79,826,691	65,746,818	250,303,566	395,877,075
2028	92,684,669	75,641,665	241,441,696	409,768,030
2029	106,050,783	85,463,653	232,330,473	423,844,909
2030	119,466,169	95,059,129	222,988,856	437,514,154
2031	132,983,847	104,302,359	213,448,427	450,734,633
2032	147,257,421	113,232,673	203,907,986	464,398,080
2033	161,307,937	122,091,651	194,279,542	477,679,130
2034	174,997,287	130,663,385	184,525,012	490,185,684
2035	188,717,743	139,095,405	174,663,289	502,476,437
2036	201,713,868	147,917,290	164,720,715	514,351,873
2037	214,246,957	155,069,741	154,732,049	524,048,747
2038	225,857,468	160,884,772	144,733,826	531,476,066
2039	236,371,132	166,120,969	134,770,570	537,262,671
2040	246,284,347	170,843,288	124,893,312	542,020,947
2041	255,552,595	174,670,309	115,158,103	545,381,007
2042	263,209,302	178,120,271	105,623,981	546,953,554
2043	269,236,380	179,506,157	96,350,329	545,092,866
2044	273,932,085	180,176,163	87,394,900	541,503,148
2045	276,633,985	180,276,963	78,812,127	535,723,075
2046	278,470,118	179,391,808	70,650,785	528,512,711

Screen Actors Guild - Producers Pension Plan

Schedule of Projection Of Expected Benefit Payments (Cont.)

Measurement Date: January 1, 2022 [Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	$ 280,881,408	$ 177,406,174	$ 62,952,540	$ 521,240,122
2048	280,137,018	174,969,696	55,750,636	510,857,350
2049	278,432,435	171,776,539	49,068,522	499,277,496
2050	276,849,942	168,204,625	42,919,295	487,973,862
2051	272,664,192	163,910,703	37,306,141	473,881,036
2052	267,044,062	158,946,076	32,223,597	458,213,735
2053	260,230,133	153,477,991	27,659,027	441,367,151
2054	252,612,981	147,777,525	23,593,627	423,984,133
2055	244,245,444	141,718,279	20,003,300	405,967,023
2056	235,162,919	135,367,385	16,859,581	387,389,885
2057	225,579,231	128,664,934	14,130,620	368,374,785
2058	215,620,186	121,928,107	11,781,922	349,330,215
2059	205,207,102	114,953,148	9,777,314	329,937,564
2060	194,424,059	108,128,330	8,080,160	310,632,549
2061	183,184,236	101,365,685	6,654,306	291,204,227
2062	171,993,080	94,506,905	5,465,012	271,964,997
2063	160,841,779	87,819,119	4,479,643	253,140,541
2064	149,974,347	81,486,229	3,668,118	235,128,694
2065	139,518,762	75,277,255	3,003,129	217,799,146
2066	129,253,385	69,329,038	2,460,346	201,042,769
2067	119,329,808	63,668,293	2,018,508	185,016,609
2068	111,339,246	58,248,220	1,659,340	171,246,806
2069	101,956,602	53,161,480	1,367,438	156,485,520
2070	92,998,145	48,464,410	1,130,029	142,592,584
2071	84,846,235	44,027,534	936,634	129,810,403

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience is consistent with the valuation assumptions set forth herein.

Screen Actors Guild - Producers Pension Plan

2022 Schedule MB, line 8b(2)
Schedule of Active Participant Data
EIN: 95-2110997
PN: 001

Distribution of Active Participants

Measurement Date: January 1, 2022 [Form 5500 Sch. MB, Line 8b(2)]

		Years of Credited Service										
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	854	413	76	20	2	-	-	-	-	1,365
	Avg Comp		$78,611	$143,958	$130,357	$331,526						$105,743
	Avg Ben		$289	$1,127	$2,015	$4,711						$713
25 - 29	Count	-	1,014	381	69	41	5	-	-	-	-	1,510
	Avg Comp		$81,967	$169,687	$250,718	$214,989						$115,588
	Avg Ben		$281	$1,366	$2,751	$4,450						$799
30 - 34	Count	-	1,480	818	194	60	22	9	1	-	-	2,584
	Avg Comp		$67,079	$139,208	$179,361	$188,710	$297,390					$103,763
	Avg Ben		$250	$1,127	$2,771	$4,088	$5,361					$874
35 - 39	Count	-	2,535	1,119	423	172	60	29	13	2	-	4,353
	Avg Comp		$68,711	$115,130	$184,213	$205,193	$205,353	$231,257				$100,999
	Avg Ben		$260	$1,014	$2,525	$4,291	$5,614	$6,023				$967
40 - 44	Count	-	841	795	543	415	171	43	26	7	-	2,841
	Avg Comp		$56,236	$100,736	$138,715	$181,386	$257,281	$335,999	$186,244			$120,446
	Avg Ben		$215	$938	$2,270	$4,100	$5,450	$6,152	$6,586			$1,857
45 - 49	Count	-	561	585	430	399	305	127	42	23	7	2,479
	Avg Comp		$47,647	$88,034	$112,960	$145,935	$190,712	$258,255	$259,966	$253,064		$119,124
	Avg Ben		$193	$889	$1,943	$3,548	$5,208	$6,058	$6,935	$7,293		$2,319
50 - 54	Count	-	412	390	314	363	368	336	126	28	11	2,348
	Avg Comp		$40,422	$70,268	$98,036	$132,164	$173,499	$214,116	$258,681	$276,612		$129,018
	Avg Ben		$161	$714	$1,690	$3,230	$4,726	$6,019	$6,864	$7,587		$2,970
55 - 59	Count	-	256	204	154	182	194	207	186	83	28	1,494
	Avg Comp		$43,359	$65,310	$71,360	$88,519	$130,668	$172,650	$207,335	$252,810	$237,369	$119,682
	Avg Ben		$154	$692	$1,529	$2,548	$4,037	$5,239	$6,586	$7,755	$7,832	$3,236
60 - 64	Count	-	169	144	97	93	85	97	122	123	44	974
	Avg Comp		$32,357	$54,942	$68,246	$91,930	$114,140	$121,229	$171,459	$233,840	$286,311	$115,286
	Avg Ben		$121	$593	$1,283	$2,407	$3,385	$4,403	$6,049	$7,422	$7,469	$3,233
65 - 69	Count	-	85	48	23	23	25	24	27	50	41	346
	Avg Comp		$38,458	$49,117	$61,315	$49,629	$151,981	$85,950	$141,990	$292,709	$326,714	$132,674
	Avg Ben		$169	$517	$1,680	$1,363	$3,585	$4,212	$5,128	$7,208	$7,470	$3,194
70 +	Count	-	69	31	4	4	1	8	4	4	11	136
	Avg Comp		$43,255	$42,421								$85,727
	Avg Ben		$127	$411								$1,718
Unknown Age	Count	-	3,862	4	-	-	-	-	-	-	-	3,866
	Avg Comp		$46,852									$46,869
	Avg Ben		$82									$83
Total	Count	-	12,138	4,932	2,327	1,772	1,238	880	547	320	142	24,296
	Avg Comp		$64,911	$111,750	$134,936	$152,154	$182,296	$203,272	$213,174	$250,003	$303,133	$105,650
	Avg Ben		$191	$984	$2,128	$3,547	$4,784	$5,616	$6,482	$7,467	$7,616	$1,494

Notes

- All active participants in the valuation have at least one year of Pension Credit.
- The average compensation and average accrued monthly benefit are not provided for any grouping that contains fewer than 20 participants.

Screen Actors Guild - Producers Pension Plan

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$302,921,831	$8,246,832	$311,168,663
2023	$306,556,893	1,224,975	$307,781,868
2024	$310,235,575	0	$310,235,575
2025	$313,958,402	0	$313,958,402
2026	$317,725,903	0	$317,725,903
2027	$321,538,614	0	$321,538,614
2028	$325,397,077	0	$325,397,077
2029	$329,301,842	0	$329,301,842
2030	$333,253,464	0	$333,253,464
2031	$337,252,506	0	$337,252,506

Screen Actors Guild - Producers Pension Plan

Exhibit 4.2 - Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2022* Period	*Outstanding at 1/1/2022* Balance	Annual Payment
Amend/Assump	1/1/1993	30.00	$ 46,132,490	1.00	$ 3,629,498	$ 3,629,498
Amend/Assump	1/1/1994	30.00	3,333,854	2.00	506,298	262,005
Amend/Assump	1/1/1995	30.00	3,370,404	3.00	741,336	264,595
Assumption	1/1/1996	30.00	10,389,800	4.00	2,943,398	814,810
Amendment	1/1/1996	30.00	140,462,971	4.00	39,792,700	11,015,661
Amendment	1/1/1998	30.00	88,025,710	6.00	34,949,911	6,889,537
Amendment	1/1/1999	30.00	116,529,069	7.00	52,209,667	9,111,676
Assumption	1/1/2000	30.00	11,542,902	8.00	5,719,303	901,724
Amendment	1/1/2002	30.00	1,023,266	10.00	594,194	79,795
Amendment	1/1/2004	30.00	26,510,053	12.00	17,348,540	2,063,784
Amendment	1/1/2007	30.00	3,836,073	15.00	2,864,937	297,939
ENIL (2008)	1/1/2009	29.00	362,807,012	16.00	283,356,746	28,432,848
Amendment	1/1/2009	15.00	265,928,960	2.00	54,034,627	27,962,431
ENIL (2008)	1/1/2010	28.00	78,104,008	16.00	61,647,377	6,185,879
ENIL (2008)	1/1/2011	27.00	72,651,894	16.00	58,005,594	5,820,452
ENIL (2008)	1/1/2012	26.00	49,342,919	16.00	39,890,327	4,002,713
Exper Loss	1/1/2012	15.00	25,853,352	5.00	11,837,811	2,710,009
ENIL (2008)	1/1/2013	25.00	113,834,100	16.00	93,286,303	9,360,622
Assumption	1/1/2013	15.00	36,121,362	6.00	19,188,710	3,782,594
ENIL (2008)	1/1/2014	24.00	167,266,235	16.00	139,120,140	13,959,723
Assumption	1/1/2014	15.00	2,023,901	7.00	1,213,252	211,738
ENIL (2008)	1/1/2015	23.00	15,713,417	16.00	13,282,486	1,332,804
Exper Loss	1/1/2015	15.00	127,628,693	8.00	84,610,089	13,339,900
Exper Loss	1/1/2016	15.00	238,078,028	9.00	171,890,485	24,861,664
Exper Loss	1/1/2017	15.00	202,516,711	10.00	157,341,133	21,129,527
Assumption	1/1/2017	15.00	192,518	10.00	149,573	20,086
Exper Loss	1/1/2018	15.00	192,320,141	11.00	159,248,215	20,048,551
Exper Loss	1/1/2019	15.00	177,450,994	12.00	155,373,098	18,483,198
Exper Loss	1/1/2020	15.00	101,635,996	13.00	93,486,368	10,577,857
Assumption	1/1/2020	15.00	195,218,574	13.00	179,565,078	20,317,548
Assumption	1/1/2021	15.00	172,148,277	14.00	165,428,529	17,902,562
Total Charges					$ 2,103,255,723	$ 285,773,730

Screen Actors Guild - Producers Pension Plan

Exhibit 4.2 - Funding Standard Account Amortization Bases (Cont.)

Credits [Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2022* Period	Balance	Annual Payment
Amendment	1/1/1997	30.00	$ 527,356	5.00	$ 180,475	$ 41,316
Amendment	1/1/1999	30.00	15,438,326	7.00	6,916,993	1,207,160
Amendment	1/1/2003	30.00	34,498,438	11.00	21,350,306	2,687,896
Exper Gain	1/1/2008	15.00	66,915,180	1.00	7,043,842	7,043,842
Assumption	1/1/2008	15.00	24,515,792	1.00	2,580,661	2,580,661
Exper Gain	1/1/2009	15.00	22,405,408	2.00	4,552,599	2,355,929
Exper Gain	1/1/2010	15.00	320,318,106	3.00	94,267,052	33,645,506
Exper Gain	1/1/2011	15.00	26,110,353	4.00	9,896,904	2,739,722
Exper Gain	1/1/2013	15.00	53,432,280	6.00	28,384,770	5,595,377
Exper Gain	1/1/2014	15.00	92,592,899	7.00	55,505,939	9,686,945
Exper Gain	1/1/2021	15.00	30,563,101	14.00	29,370,081	3,178,410
Exper Gain	1/1/2022	15.00	46,826,845	15.00	46,826,845	4,869,758
Total Credits					$ 306,876,467	$ 75,632,522
Net Total					$ 1,796,379,256	$ 210,141,208

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 change in actuarial assumptions was made as of January 1, 2022:

- The assumed **annual operating expenses,** payable monthly, changed from $15,000,000 to $15,375,000.

The assumption was changed based on recent and anticipated future experience, and professional judgement.

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/13/23 Date	Kim Stevens Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

OMB Nos. 1210-0110
1210-0089

2022

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- [ ] a short plan year return/report (less than 12 months)

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- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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Screen Actors Guild - Producers Pension Plan

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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
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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		10/16/23	David Choi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Kim Stevens
	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