

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>MEDIA GUILD RETIREMENT PLAN                                                                                                                                                                                                                                                                                                |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>12/18/1957                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MEDIA GUILD RETIREMENT PLAN<br><br>433 NATOMA ST STE 250<br>SAN FRANCISCO, CA 94103 |
| 2b      | Employer Identification Number (EIN)<br>94-6052176                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>415-543-2569                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>511110                                                                                                                                                                                                                                                                                                 |

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. | 10/05/2024 | MILLER KAPLAN ARASE LLP                                      |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 1852                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 42<br><b>6a(2)</b> 42<br><b>6b</b> 1036<br><b>6c</b> 629<br><b>6d</b> 1707<br><b>6e</b> 112<br><b>6f</b> 1819<br><b>6g(1)</b> 0<br><b>6g(2)</b> 0<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 1                                                                                                                                                                                                                                                                                                                        |

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

1B 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **R** (Retirement Plan Information)
- (2) ☒ **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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.

|                                                                                                                     |                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>MEDIA GUILD RETIREMENT PLAN</div>                                                    | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>MEDIA GUILD RETIREMENT PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>94-6052176</div> |

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 01 Day 01 Year 2023</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>150073899</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>165949201</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>161043850</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>161248296</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>269551373</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div>                      |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>13476616</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>13887250</div>     |

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.

|                                                                                   |                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                              | <div>10/02/2024</div>                                            |
| <div>Signature of actuary</div> <div>KELLY B. LAMBERT</div>                       | <div>Date</div> <div>23-08290</div>                              |
| <div>Type or print name of actuary</div> <div>NWPS</div>                          | <div>Most recent enrollment number</div> <div>408-298-1170</div> |
| <div>Firm name</div> <div>160 W SANTA CLARA ST STE 1550, SAN JOSE, CA 95113</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                    |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 150073899                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 1130                              | 156456921                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 686                               | 103427707                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 0                            |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 9666745                      |
| <b>(c)</b> Total active .....                                                                                                       | 42                                | 9666745                      |
| <b>(4)</b> Total .....                                                                                                              | 1858                              | 269551373                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 55.68 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2023                                                                      | 517000                            | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 517000                            | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 102.9 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                          |

**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):

|                                                                                                                                                                         |           |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                             | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                               |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class)<br>approving the change in funding method ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        |                                                                                                                                                 | 2.55 %                                                                                           |
|                                                                                                                                | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | 7                                                                                                                                               | 7                                                                                                |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | 7                                                                                                                                               | 7                                                                                                |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.50 %                                                                                                                                          | 7.50 %                                                                                           |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                                  |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | 7.50 %                                                                                                                                          |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 6.8 %                                                                                                                                           |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | -14.4 %                                                                                                                                         |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input checked="" type="checkbox"/> N/A                                                                                                         |                                                                                                  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | 88.80 %                                                                                                                                         |                                                                                                  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     |                                                                                                                                                 |                                                                                                  |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 424177              | 44701                          |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |   |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |   |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |   |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        |   |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |   |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |   |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| <b>e</b> 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) ..... | <b>8e</b>                                                           | 0 |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |        |
|--------------------------------------------------------------------------|-----------|--------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0      |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 479368 |

**c** Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended .....**(2)** Funding waivers .....**(3)** Certain bases for which the amortization period has been extended .....

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 34846918            | 8371935 |
| <b>9c(2)</b> | 0                   | 0       |
| <b>9c(3)</b> | 0                   | 0       |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 663848**e** Total charges. Add lines 9a through 9d .....**9e** 9515151**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 2791705**g** Employer contributions. Total from column (b) of line 3 .....**9g** 517000**h** Amortization credits as of valuation date .....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 36960564            | 5980885 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 676981**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) .....**(2)** "RPA '94" override (90% current liability FFL) .....**(3)** FFL credit .....

|              |          |  |
|--------------|----------|--|
| <b>9j(1)</b> | 1633129  |  |
| <b>9j(2)</b> | 72842998 |  |
| <b>9j(3)</b> | 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** 9966571**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 451420**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 current plan year .....**9o(1)****(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)****(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** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>MEDIA GUILD RETIREMENT PLAN                                              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MEDIA GUILD RETIREMENT PLAN      | D Employer Identification Number (EIN)<br>94-6052176 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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).. . . . . ☒ 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 |
| PARTNERS GROUP                                                                                             |
| 98-1237298                                                                                                 |

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

PACIFIC MEDIA WORKERS GUILD

94-0722887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | NONE                                                                                              | 186268                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JP MORGAN

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 51               | NONE                                                                                              | 123963                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FULLER & THALER ASSET MGMT

94-3176968

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51 53               | NONE                                                                                              | 85612                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

DSM CAPITAL PARTNERS

31-1770164

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51 53               | NONE                                                                                              | 73223                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

METROPOLITAN WEST ASSET MGMT

95-3703295

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 35839                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

US BANK

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 74010                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

KRAW LAW GROUP

32-0465891

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 10770                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JAMES MURPHY, CPA

95-4508726

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 11000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MILLER KAPLAN ARASE LLP

95-2036255

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 30900                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

NWPS

04-3721424

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 17000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                              |  |                                                      |
|----------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023   |  |                                                      |
| A Name of plan<br>MEDIA GUILD RETIREMENT PLAN                                                |  | B Three-digit plan number (PN) ▶ 001                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MEDIA GUILD RETIREMENT PLAN |  | D Employer Identification Number (EIN)<br>94-6052176 |

|                                                                                  |                                                                                                                                                                           |                                                                                                       |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                           | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB GLOBAL EMERGING MKTS DISCOVER      |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK N.A.             |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 82-0820670-001                                                          | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16604054 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI US EQUITY INDEX NON       |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 46-4785323-001                                                          | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18408725 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                         | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                         | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                         | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                         | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                         | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>MEDIA GUILD RETIREMENT PLAN</b>                                              | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDIA GUILD RETIREMENT PLAN</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>94-6052176</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 175584                | 198000          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 3988498               | 2537271         |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 15123075              | 17388426        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 8301721               | 7249723         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 32058563              | 32361813        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 12838442              | 13669343        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 30576846              | 35012779        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 23260740              | 25176650        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 29572279              | 29296954        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 14445                 | 14808           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 155910193             | 162905767       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 119852                | 69711           |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 5716442               | 4000886         |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 5836294               | 4070597         |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 150073899             | 158835170       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 517000     |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 517000    |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 148149     |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 413506     |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 372363     |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 934018    |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> | 292505     |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 868906     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 1161411   |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 159209982  |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 158195709  |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | 1014273   |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 9409934    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 5109895   |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 3931984   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 22078515  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 12599900 |          |
| (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)  |          | 12599900 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 186268   |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 11000    |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 30900    |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 360033   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 17000    |          |
| (8) Legal fees .....                                                                 | 2i(8)  | 10770    |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 101373   |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 717344   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 13317244 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 8761271 |
| 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) ☒ 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) ☒ 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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000   |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 13669343 |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

**5a** 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 [510365](#).

|                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                       |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |        |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |        |
| A Name of plan<br>MEDIA GUILD RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001    |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MEDIA GUILD RETIREMENT PLAN                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>94-6052176                                            |        |
| 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                                                                                               |        |
| 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):<br><br>EIN(s): _____<br><br>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                                                                                               | 0      |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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                                                                                              | 517000 |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              | 517000 |
| 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |        |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2023 v. 230707                                                           |        |

**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 **SAN FRANCISCO CHRONICLE**

**b** EIN **13-3920860**

**c** Dollar amount contributed by employer **517000**

**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 **06** Day **30** Year **2023**

**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) **517000.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **ACTUARIAL CALCULATION**

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**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: ☒ 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**

0

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: 35.4 % Private Equity: 39.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.7 %

High-Yield Debt: 4.5 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.6 % Other: 8.3 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

**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.....

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

|                                                                                                                                                                                                                |                                                                              |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Structured Attachment</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Schedule MB, line 8b(2)</b><br><b>Schedule of Active Participant Data</b> | <b>2023</b><br><br>This Form is Open to<br>Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|

|                             |                             |                           |            |            |            |           |     |
|-----------------------------|-----------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | MEDIA GUILD RETIREMENT PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2023                  | <b>Plan Year End Date</b> | 12/31/2023 | <b>EIN</b> | 94-6052176 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |     |              |                         |     |
|--------------|---------------------------|--------------|-----|--------------|-------------------------|-----|
|              | Under 1                   |              |     | 1 to 4       |                         |     |
|              | Average                   |              | No. | Average      |                         | No. |
|              | No.                       | Compensation |     | Compensation | Accrued Monthly Benefit |     |
| Under 25     |                           |              |     |              |                         |     |
| 25 to 29     |                           |              |     |              |                         |     |
| 30 to 34     |                           |              |     |              |                         |     |
| 35 to 39     |                           |              |     |              |                         |     |
| 40 to 44     |                           |              |     |              |                         |     |
| 45 to 49     |                           |              |     |              |                         |     |
| 50 to 54     |                           |              |     |              |                         |     |
| 55 to 59     |                           |              |     |              |                         |     |
| 60 to 64     |                           |              |     |              |                         |     |
| 65 to 69     |                           |              |     |              |                         |     |
| 70 & Up      |                           |              |     |              |                         |     |

| Attained Age | YEARS OF CREDITED SERVICE |              |     |              |                         |     |
|--------------|---------------------------|--------------|-----|--------------|-------------------------|-----|
|              | 5 to 9                    |              |     | 10 to 14     |                         |     |
|              | Average                   |              | No. | Average      |                         | No. |
|              | No.                       | Compensation |     | Compensation | Accrued Monthly Benefit |     |
| Under 25     |                           |              |     |              |                         |     |
| 25 to 29     |                           |              |     |              |                         |     |
| 30 to 34     |                           |              |     |              |                         |     |
| 35 to 39     |                           |              |     |              |                         |     |
| 40 to 44     |                           |              |     |              |                         |     |
| 45 to 49     |                           |              |     |              |                         |     |
| 50 to 54     |                           |              |     |              |                         |     |
| 55 to 59     |                           |              |     |              |                         |     |
| 60 to 64     |                           |              |     |              |                         |     |
| 65 to 69     |                           |              |     |              |                         |     |
| 70 & Up      |                           |              |     |              |                         |     |

|                      |                             |                    |            |     |            |    |     |
|----------------------|-----------------------------|--------------------|------------|-----|------------|----|-----|
| Name of Plan         | MEDIA GUILD RETIREMENT PLAN |                    |            |     |            |    |     |
| Plan Year Begin Date | 01/01/2023                  | Plan Year End Date | 12/31/2023 | EIN | 94-6052176 | PN | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |          |              |                         |
|--------------|---------------------------|--------------|-------------------------|----------|--------------|-------------------------|
|              | 15 to 19                  |              |                         | 20 to 24 |              |                         |
|              | No.                       | Average      |                         | No.      | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |          | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |          |              |                         |
| 25 to 29     |                           |              |                         |          |              |                         |
| 30 to 34     |                           |              |                         |          |              |                         |
| 35 to 39     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |          |              |                         |
|--------------|---------------------------|--------------|-------------------------|----------|--------------|-------------------------|
|              | 25 to 29                  |              |                         | 30 to 34 |              |                         |
|              | No.                       | Average      |                         | No.      | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |          | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |          |              |                         |
| 25 to 29     |                           |              |                         |          |              |                         |
| 30 to 34     |                           |              |                         |          |              |                         |
| 35 to 39     |                           |              |                         |          |              |                         |
| 40 to 44     |                           |              |                         |          |              |                         |
| 45 to 49     |                           |              |                         |          |              |                         |
| 50 to 54     |                           |              |                         |          |              |                         |
| 55 to 59     |                           |              |                         |          |              |                         |
| 60 to 64     |                           |              |                         |          |              |                         |
| 65 to 69     |                           |              |                         |          |              |                         |
| 70 & Up      |                           |              |                         |          |              |                         |

|                             |                             |                           |            |            |            |           |     |
|-----------------------------|-----------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | MEDIA GUILD RETIREMENT PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2023                  | <b>Plan Year End Date</b> | 12/31/2023 | <b>EIN</b> | 94-6052176 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |                         |         |              |                         |
|--------------|---------------------------|--------------|-------------------------|---------|--------------|-------------------------|
|              | 35 to 39                  |              |                         | 40 & Up |              |                         |
|              | No.                       | Average      |                         | No.     | Average      |                         |
|              |                           | Compensation | Accrued Monthly Benefit |         | Compensation | Accrued Monthly Benefit |
| Under 25     |                           |              |                         |         |              |                         |
| 25 to 29     |                           |              |                         |         |              |                         |
| 30 to 34     |                           |              |                         |         |              |                         |
| 35 to 39     |                           |              |                         |         |              |                         |
| 40 to 44     |                           |              |                         |         |              |                         |
| 45 to 49     |                           |              |                         |         |              |                         |
| 50 to 54     |                           |              |                         |         |              |                         |
| 55 to 59     |                           |              |                         |         |              |                         |
| 60 to 64     |                           |              |                         |         |              |                         |
| 65 to 69     |                           |              |                         |         |              |                         |
| 70 & Up      |                           |              |                         |         |              |                         |

|                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <div>Structured Attachment</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Schedule MB, line 8b(3)</div> <div>Schedule of Projection of Employer<br/>Contributions and Withdrawal Liability<br/>Payments</div> | <div>2023</div> <div>This Form is Open to<br/>Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                      |                             |                    |            |     |            |    |     |
|----------------------|-----------------------------|--------------------|------------|-----|------------|----|-----|
| Name of Plan         | MEDIA GUILD RETIREMENT PLAN |                    |            |     |            |    |     |
| Plan Year Begin Date | 01/01/2023                  | Plan Year End Date | 12/31/2023 | EIN | 94-6052176 | PN | 001 |

| Plan Year | Employer Contributions | Withdrawal Liability Payments | Total |
|-----------|------------------------|-------------------------------|-------|
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |
|           |                        |                               |       |







[illegible]

**MEDIA GUILD RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Media Guild Retirement Plan  
433 Natoma Street, Suite 250  
San Francisco, California 94103

Members of the Board:

### **Opinion**

We have audited the accompanying financial statements of the Media Guild Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2022, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2022, and the changes in its accumulated plan benefits for the year 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

  
MILLER KAPLAN ARASE LLP

San Francisco, California

September 27, 2024

**MEDIA GUILD RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                   | <u>December 31, 2023</u>     | <u>December 31, 2022</u>     |
|-----------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                     |                              |                              |
| INVESTMENTS, AT FAIR VALUE        |                              |                              |
| Cash and Cash Equivalents         | \$ 2,537,271                 | \$ 3,988,498                 |
| Common Stock                      | 32,361,813                   | 32,058,563                   |
| Corporate Debt Securities         | 7,249,723                    | 8,301,721                    |
| Government Debt Securities        | 17,388,426                   | 15,123,075                   |
| Mutual Fund                       | 25,176,650                   | 23,260,740                   |
| Common Investment Trusts          | 29,296,954                   | 29,572,279                   |
| Common/Collective Trusts          | 35,012,779                   | 30,576,846                   |
| Limited Partnership               | <u>13,669,343</u>            | <u>12,838,442</u>            |
| TOTAL INVESTMENTS                 | \$ 162,692,959               | \$ 155,720,164               |
| RECEIVABLES                       |                              |                              |
| Investment Income                 | 153,844                      | 125,428                      |
| Other                             | <u>44,156</u>                | <u>50,156</u>                |
| TOTAL RECEIVABLES                 | 198,000                      | 175,584                      |
| PREPAID INSURANCE                 | <u>14,808</u>                | <u>14,445</u>                |
| TOTAL ASSETS                      | 162,905,767                  | 155,910,193                  |
| <b>LIABILITIES</b>                |                              |                              |
| Accrued Expenses                  | 69,711                       | 119,852                      |
| Due to Broker, Net                | <u>4,000,886</u>             | <u>5,716,442</u>             |
| TOTAL LIABILITIES                 | <u>4,070,597</u>             | <u>5,836,294</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 158,835,170</u></u> | <u><u>\$ 150,073,899</u></u> |

**MEDIA GUILD RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                | January 1, 2023<br>to<br>December 31, 2023 | January 1, 2022<br>to<br>December 31, 2022 |
|------------------------------------------------|--------------------------------------------|--------------------------------------------|
| ADDITIONS                                      |                                            |                                            |
| INVESTMENT INCOME (LOSS)                       |                                            |                                            |
| Dividends and Interest                         | \$ 2,095,429                               | \$ 2,074,066                               |
| Net Appreciation (Depreciation) of Investments | 19,466,086                                 | (27,634,014)                               |
| Less: Investment Fees                          | <u>(360,033)</u>                           | <u>(432,100)</u>                           |
| NET INVESTMENT INCOME (LOSS)                   | \$ 21,201,482                              | \$ (25,992,048)                            |
| CONTRIBUTIONS                                  |                                            |                                            |
| Employer Contributions                         | <u>517,000</u>                             | <u>4,899,996</u>                           |
| TOTAL ADDITIONS                                | <u>21,718,482</u>                          | <u>(21,092,052)</u>                        |
| DEDUCTIONS                                     |                                            |                                            |
| BENEFITS                                       |                                            |                                            |
| Pension Benefits                               | 12,599,900                                 | 12,456,435                                 |
| EXPENSES                                       |                                            |                                            |
| Administration                                 | 186,268                                    | 201,791                                    |
| Bookkeeping Fees                               | 11,000                                     | 21,000                                     |
| Pension Benefit Guaranty Corp.                 | 60,384                                     | 60,384                                     |
| Legal Fees                                     | 10,770                                     | 34,415                                     |
| Audit Fees                                     | 30,900                                     | 47,096                                     |
| Actuary Fees                                   | 17,000                                     | 4,917                                      |
| Insurance                                      | 35,230                                     | 28,346                                     |
| Miscellaneous                                  | <u>5,759</u>                               | <u>7,531</u>                               |
| TOTAL EXPENSES                                 | <u>357,311</u>                             | <u>405,480</u>                             |
| TOTAL DEDUCTIONS                               | <u>12,957,211</u>                          | <u>12,861,915</u>                          |
| NET INCREASE (DECREASE) FOR THE YEAR           | 8,761,271                                  | (33,953,967)                               |
| NET ASSETS AVAILABLE FOR BENEFITS              |                                            |                                            |
| Balance, Beginning of Year                     | <u>150,073,899</u>                         | <u>184,027,866</u>                         |
| Balance, End of Year                           | <u><u>\$ 158,835,170</u></u>               | <u><u>\$ 150,073,899</u></u>               |

**MEDIA GUILD RETIREMENT PLAN**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**  
**DECEMBER 31, 2022**

ACTUARIAL PRESENT VALUE OF ACCUMULATED  
PLAN BENEFITS

VESTED BENEFITS

|                                           |                  |
|-------------------------------------------|------------------|
| Participants Currently Receiving Payments | \$ 106,505,205   |
| Deferred Vested Participants              | 49,635,330       |
| Active Participants                       | <u>5,107,761</u> |

|                       |             |
|-----------------------|-------------|
| TOTAL VESTED BENEFITS | 161,248,296 |
|-----------------------|-------------|

|                     |          |
|---------------------|----------|
| NON-VESTED BENEFITS | <u>-</u> |
|---------------------|----------|

|                                                               |                              |
|---------------------------------------------------------------|------------------------------|
| TOTAL ACTUARIAL PRESENT VALUE OF<br>ACCUMULATED PLAN BENEFITS | <u><u>\$ 161,248,296</u></u> |
|---------------------------------------------------------------|------------------------------|

**MEDIA GUILD RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**DECEMBER 31, 2021 TO DECEMBER 31, 2022**

|                                                                              |                     |                              |
|------------------------------------------------------------------------------|---------------------|------------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT DECEMBER 31, 2021 |                     | \$ 162,553,431               |
| INCREASE (DECREASE) DURING THE YEAR<br>ATTRIBUTABLE TO:                      |                     |                              |
| Interest                                                                     | \$ 11,732,836       |                              |
| Benefits Accumulated and Actual Experience                                   | (581,536)           |                              |
| Benefits Paid                                                                | <u>(12,456,435)</u> |                              |
| NET (DECREASE)                                                               |                     | <u>(1,305,135)</u>           |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED<br>PLAN BENEFITS AT DECEMBER 31, 2022 |                     | <u><u>\$ 161,248,296</u></u> |

**MEDIA GUILD RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The Media Guild Retirement Plan (the "Plan") was organized on December 18, 1957, for the purpose of providing pension, disability and death benefits to eligible participants. The Plan is a defined benefit multiemployer pension plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

The financial statements are recorded on the accrual basis of accounting.

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**C. Employer Contributions**

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. The remaining employer, The Hearst Corporation, makes monthly contributions to the Plan based on an estimated amount determined by the actuary to ensure the Plan maintains a funding standard account balance at or above approximately \$250,000. The Plan's actuary has advised that the minimum funding requirements of ERISA were met as of December 31, 2023 and 2022.

**D. Tax-Exempt Status**

The Plan received its latest notice of tax-exempt status on September 2, 2015. The Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for federal or state income tax is made.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**E. Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

**MEDIA GUILD RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**E. Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The significant actuarial assumptions and methods used in the latest valuation as of December 31, 2022 are: (a) investment earnings at 7.50% per year, (b) life expectancy of participants using the RP-2014 Combined Healthy Blue Collar Mortality Table with generational projection from 2006 using MP 2020, (c) operating expenses assumed to be equal to the prior years actual administrative expenses with 5% increase for inflation, (d) husbands assumed to be 4 years older than wives and 50% of members are assumed to be married, (e) actuarial funding method is the individual entry age normal method and (f) other assumptions and methods for turnover, disability incidence and surviving spouse benefit. There were no changes in the actuarial assumptions from 2021 to 2022.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

For the years ended December 31, 2022 and 2021, the Plan was certified by the actuary to be not in the critical or endangered status.

**NOTE 3 - VESTING**

A participant becomes vested after accumulating at least five years of Pension Credit, five years of Credited Service since any break-in-service, or attainment of retirement age.

**NOTE 4 - WASTING PLAN**

Effective January 1, 2010, the Plan was amended to freeze all future benefit accruals. It is expected that the Plan will continue to exist to pay current and future pensioners. It will operate on payments from the one contributing employer and investment earnings net of investment and operating expenses until assets are exhausted. Based upon the above, the Plan is considered a wasting Plan.

**NOTE 5 - PLAN TERMINATION**

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations and in accordance with the Plan document.

Plan benefits are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the Plan year in which a Plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**MEDIA GUILD RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 6 - RELATED PARTY TRANSACTIONS**

The Pacific Media Workers Guild ("PMWG"), a related party employee organization, provides administrative services to the Plan. Per an agreement with the PMWG, the Plan pays \$15,522 per month for these services. During the years ended December 31, 2023 and 2022, the Plan paid PMWG \$186,268 and \$201,791, respectively.

**NOTE 7 - INVESTMENT VALUATION AND INCOME RECOGNITION**

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Level 1 investments consists of cash and cash equivalents, common stock, a mutual fund, and government debt securities that are direct U.S. Treasury Notes or U.S. Treasury Bonds recorded at fair value based on quoted market prices.

Level 2 investments consist of government debt securities that are not direct U.S. Treasury Notes or U.S. Treasury Bonds and corporate debt securities recorded at fair value based on closing prices provided by third party pricing services.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

**MEDIA GUILD RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 7 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)**

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

| <u>Description</u>                                   | 2023                  |               |               |         |
|------------------------------------------------------|-----------------------|---------------|---------------|---------|
|                                                      | Total                 | Level 1       | Level 2       | Level 3 |
| Cash and Cash Equivalents                            | \$ 2,537,271          | \$ 2,537,271  | \$ -          | \$ -    |
| Common Stock                                         | 32,361,813            | 32,361,813    | -             | -       |
| Corporate Debt Securities                            | 7,249,723             | -             | 7,249,723     | -       |
| Government Debt Securities                           | 17,388,426            | 9,472,135     | 7,916,291     | -       |
| Mutual Fund                                          | 25,176,650            | 25,176,650    | -             | -       |
| Total Assets in the Fair Value Hierarchy             | 84,713,883            | \$ 69,547,869 | \$ 15,166,014 | \$ -    |
| Investments Measured at Net Asset Value <sup>A</sup> | 77,979,076            |               |               |         |
|                                                      | <u>\$ 162,692,959</u> |               |               |         |

  

| <u>Description</u>                                   | 2022                  |               |               |         |
|------------------------------------------------------|-----------------------|---------------|---------------|---------|
|                                                      | Total                 | Level 1       | Level 2       | Level 3 |
| Cash and Cash Equivalents                            | \$ 3,988,498          | \$ 3,988,498  | \$ -          | \$ -    |
| Common Stock                                         | 32,058,563            | 32,058,563    | -             | -       |
| Corporate Debt Securities                            | 8,301,721             | -             | 8,301,721     | -       |
| Government Debt Securities                           | 15,123,075            | 7,669,809     | 7,453,266     | -       |
| Mutual Fund                                          | 23,260,740            | 23,260,740    | -             | -       |
| Total Assets in the Fair Value Hierarchy             | 82,732,597            | \$ 66,977,610 | \$ 15,754,987 | \$ -    |
| Investments Measured at Net Asset Value <sup>A</sup> | 72,987,567            |               |               |         |
|                                                      | <u>\$ 155,720,164</u> |               |               |         |

<sup>A</sup> In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The fair value of the common investment trusts, common/collective trusts, and the limited partnership are reported at net asset value or its equivalent. The investment strategy, unfunded commitments and significant terms of redemption for the investments are as follows:

|                                                         | Fair Value    |               | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|---------------------------------------------------------|---------------|---------------|-------------------------|-------------------------|-----------------------------|
|                                                         | 2023          | 2022          |                         |                         |                             |
| BPIF Non-Taxable LP <sup>1</sup>                        | \$ 13,669,343 | \$ 12,838,442 | None                    | Twice Annually          | 95 Days                     |
| JPM Global Emerging Markets Discovery Fund <sup>2</sup> | 16,604,054    | 15,501,145    | None                    | Monthly                 | 5 Days                      |
| Partners Group Private Equity LLC <sup>3</sup>          | 16,096,820    | 16,919,100    | None                    | Quarterly               | 20 Days                     |
| Marshall Wace Eureka Fund <sup>4</sup>                  | 13,200,134    | 12,653,179    | None                    | Monthly                 | 45 Days                     |
| Blackrock Equity Index Fund <sup>5</sup>                | 18,408,725    | 15,075,701    | None                    | Daily                   | 1 Day                       |

<sup>1</sup> The BPIF Non-Taxable LP invests in non-traditional portfolio managers by investing through a master-feeder structure in Blackstone Partners Non-Taxable Offshore Master Fund Ltd. that has the same investment objectives of the LP.

<sup>2</sup> The JPM Global Emerging Markets Discovery Fund seeks to outperform the MSCI Emerging Markets Investable Market Index over a full market cycle by investing primarily in equity and equity-like securities in emerging market countries.

**MEDIA GUILD RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 7 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)**

- <sup>3</sup> The Partners Group Private Equity LLC seeks attractive long term capital appreciation by investing in a globally diversified portfolio of private equity investments.
- <sup>4</sup> The Marshall Wace Eureka Fund's investment objective is to provide investors with above average absolute returns primarily through investing and trading equities and equity related instruments. Short term volatility is managed through the use of various hedging and risk management techniques.
- <sup>5</sup> The Blackrock Equity Index Fund's objective is to approximate as closely as possible the capitalization weighted total rate of return of the S&P 500 Index.

Purchases and sales of securities are recorded on the trade date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Realized and unrealized gains and losses are computed using investments' costs for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the year.

**NOTE 8 - RISKS AND UNCERTAINTIES**

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the disclosure to financial statements of actuarial present value of accumulated plan benefits.

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

**NOTE 9 - SUBSEQUENT EVENTS**

Management of the Plan has evaluated subsequent events through September 27, 2024, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**MEDIA GUILD RETIREMENT PLAN**  
FORM 5500  
E.I.N. 94-6052176; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED  
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental  
Schedules Required by the Department of Labor

Board of Trustees  
Media Guild Retirement Plan  
433 Natoma Street, Suite 250  
San Francisco, California 94103

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 generally accepted auditing standards.

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.

*Miller Kaplan Arase LLP*  
MILLER KAPLAN ARASE LLP

San Francisco, California

September 27, 2024

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| No. of<br>Shares | <u>Common Stock</u>               | Fair<br>Value | Cost         |
|------------------|-----------------------------------|---------------|--------------|
| 1,737            | AAON INC                          | \$ 128,312    | \$ 106,753   |
| 2,175            | ABERCROMBIE & FITCH CO CL A       | 191,879       | 107,934      |
| 1,010            | ABM INDS INC                      | 45,278        | 46,191       |
| 4,625            | ACADIA PHARMACEUTICALS INC        | 144,809       | 107,601      |
| 2,120            | ACCENTURE PLC IRELAND SHS CLASS A | 743,929       | 627,072      |
| 1,630            | ADOBE INC                         | 972,458       | 340,984      |
| 1,800            | ADTRAIN HOLDINGS INC COM          | 13,212        | 29,517       |
| 1,820            | ADVANCE AUTO PARTS INC            | 111,075       | 104,131      |
| 1,885            | ALARM COM HOLDINGS INC            | 121,809       | 111,717      |
| 932              | ALEXANDER BALDWIN INC NEW         | 17,727        | 27,872       |
| 3,400            | ALKERMES PLC                      | 94,316        | 99,494       |
| 9,510            | ALPHABET INC CL A                 | 1,328,452     | 553,109      |
| 9,330            | AMAZON COM INC                    | 1,417,600     | 1,003,604    |
| 2,473            | AMERICAN AXLE & MFG HLDGS INC     | 21,787        | 24,577       |
| 605              | APPFOLIO INC A                    | 104,810       | 110,706      |
| 3,690            | ARISTA NETWORKS INC               | 869,032       | 559,608      |
| 760              | ARMSTRONG WORLD INDS INC          | 74,723        | 51,417       |
| 810              | ASML HOLDING NV NY REG SHS A D R  | 613,105       | 446,096      |
| 825              | ASSURED GUARANTY LTD              | 61,735        | 23,505       |
| 2,690            | AUTODESK INC                      | 654,961       | 575,055      |
| 1,275            | AUTOMATIC DATA PROCESSING         | 297,037       | 225,433      |
| 1,200            | AXCELIS TECHNOLOGIES INC          | 155,628       | 93,694       |
| 985              | AXIS CAPITAL HOLDINGS LTD         | 54,539        | 53,325       |
| 630              | AXON ENTERPRISE INC               | 162,748       | 61,479       |
| 3,300            | AZEK CO INC CL A                  | 126,225       | 111,415      |
| 1,975            | AZENTA INC                        | 128,652       | 116,784      |
| 845              | BEACON ROOFING SUPPLY INC         | 73,532        | 29,997       |
| 2,900            | BELLRING BRANDS INC               | 160,747       | 88,957       |
| 3,325            | BERRY GLOBAL GROUP INC            | 224,072       | 176,281      |
| 1,290            | BLACK HILLS CORP                  | 69,596        | 74,964       |
| 5,820            | BOSTON SCIENTIFIC CORP            | 336,454       | 250,228      |
| 4,188            | BROOKLINE BANCORP INC             | 45,691        | 55,559       |
| 1,570            | CABOT CORP                        | 131,095       | 69,559       |
| 860              | CARTERS INC                       | 64,405        | 63,972       |
| 315              | CELANESE CORP SER A               | 48,942        | 29,912       |
| 2,780            | CHATHAM LODGING TRUST             | 29,802        | 50,972       |
| 177              | CHIPOTLE MEXICAN GRILL INC        | 404,792       | 338,360      |
| 9,440            | CITIZENS FINANCIAL GROUP          | 312,842       | 295,863      |
| 3,845            | CNO FINANCIAL GROUP INC           | 107,276       | 61,786       |
| 1,166            | COLUMBIA SPORTSWEAR CO            | 92,744        | 88,143       |
| 3,059            | COMMSCOPE HLDG CO INC             | 8,626         | 39,495       |
| 559              | CROWN HOLDINGS INC COM            | 51,478        | 35,099       |
| 185              | CULLEN FROST BANKERS INC          | 20,071        | 18,437       |
| 2,235            | CUSHMAN WAKEFIELD PLC             | 24,138        | 19,781       |
| 5,023            | DEVON ENERGY CORP                 | 227,542       | 150,816      |
| 5,125            | DIGITALOCEAN HLDGS INC COM        | 188,036       | 137,832      |
| 6,545            | DUN BRADSTREET HLDGS INC COM      | 76,577        | 78,021       |
| 550              | DUOLINGO INC CL A COM             | 124,768       | 103,914      |
| 3,450            | DUTCH BROS INC CL A               | 109,262       | 114,482      |
| 2,865            | E L F BEAUTY INC                  | 413,534       | 75,005       |
| 1,060            | EAST WEST BANCORP INC             | 76,267        | 52,053       |
| 1,385            | ENERGIZER HLDGS INC               | 43,877        | 56,154       |
| 1,960            | ENSIGN GROUP INC THE              | 219,932       | 124,629      |
|                  | <u>Forward</u>                    | \$ 12,341,936 | \$ 8,399,344 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| No. of<br>Shares | <u>Common Stock</u> (Continued) | Fair<br>Value | Carry<br>Value |
|------------------|---------------------------------|---------------|----------------|
|                  | <u>Forwarded</u>                | \$ 12,341,936 | \$ 8,399,344   |
| 360              | ENSTAR GROUP LTD                | 105,966       | 73,968         |
| 2,260            | ENTEGRIIS INC                   | 270,793       | 190,347        |
| 1,480            | EPAM SYS INC COM                | 440,063       | 521,484        |
| 5,500            | EVOLENT HEALTH INC A            | 181,665       | 140,421        |
| 8,500            | FASTLY INC CLASS A              | 151,300       | 101,802        |
| 90               | FIRST CTZNS BANCSHARES INC CL A | 127,707       | 51,755         |
| 5,120            | FIRST HAWAIIAN INC              | 117,043       | 101,342        |
| 2,987            | FIRST HORIZON CORPORATION       | 42,296        | 33,905         |
| 3,440            | FISERV INC                      | 456,970       | 381,541        |
| 1,550            | FIVE9 INC                       | 121,970       | 90,431         |
| 19,435           | FNB CORP                        | 267,620       | 192,469        |
| 6,400            | FORTINET INC                    | 374,592       | 371,140        |
| 4,475            | FORTREA HLDGS INC               | 156,178       | 146,493        |
| 5,325            | FRANKLIN STR PPTYS CORP         | 13,632        | 61,025         |
| 2,400            | FRESHPET INC                    | 208,224       | 110,063        |
| 5,400            | FRESHWORKS INC CLASS A COM      | 126,846       | 119,675        |
| 775              | FRONTDOOR INC                   | 27,296        | 28,172         |
| 7,500            | FRONTIER COMMUNICATIONS CORP    | 190,050       | 140,645        |
| 770              | GENTHERM INC                    | 40,317        | 24,805         |
| 2,270            | GRANITE CONSTRUCTION INC        | 115,452       | 84,932         |
| 8,075            | GRAPHIC PACKAGING HLDG CO COM   | 199,049       | 128,700        |
| 865              | GREIF INC CL A                  | 56,735        | 36,755         |
| 2,980            | HALOZYME THERAPEUTICS INC       | 110,141       | 101,918        |
| 9,975            | HANESBRANDS INC                 | 44,489        | 115,372        |
| 5,300            | HARMONIC INC                    | 69,112        | 68,565         |
| 1,625            | HEALTH EQUITY INC               | 107,738       | 106,359        |
| 845              | HILLENBRAND INC                 | 40,433        | 37,002         |
| 6,250            | HOPE BANCORP INC                | 75,500        | 74,342         |
| 3,235            | HORACE MANN EDUCATORS CORP      | 105,785       | 105,757        |
| 4,872            | HUNTINGTON BANCSHARES INC       | 61,972        | 54,090         |
| 225              | HYSTER YALE MATERIALS W I       | 13,993        | 12,524         |
| 1,236            | ICU MEDICAL INC                 | 123,279       | 166,044        |
| 1,750            | INARI MED INC                   | 113,610       | 114,662        |
| 5,450            | INFORMATICA INC COM CL A        | 154,726       | 113,841        |
| 1,250            | INTEGER HOLDINGS CORPORATION    | 123,850       | 99,389         |
| 5,549            | INTERNATIONAL GAME TECHNOLOG    | 152,098       | 155,815        |
| 1,525            | INTUIT INC                      | 953,171       | 499,452        |
| 2,395            | JAMES RIVER GROUP HOLDINGS L    | 22,130        | 42,239         |
| 492              | JANUS HENDERSON GROUP PLC       | 14,834        | 13,351         |
| 6,921            | JELD WEN HOLDING INC            | 130,668       | 111,109        |
| 3,795            | KEMPER CORP                     | 184,703       | 216,024        |
| 1,203            | KENNAMETAL INC                  | 31,025        | 35,263         |
| 22,720           | KEYCORP                         | 327,168       | 297,925        |
| 4,106            | KITE REALTY GROUP TRUST         | 93,863        | 59,197         |
| 1,670            | KOPPERS HLDGS INC               | 85,537        | 56,820         |
| 765              | LINDE PLC SHS                   | 314,193       | 240,408        |
| 3,575            | LIVERAMP HOLDINGS INC           | 135,421       | 111,925        |
| 1,350            | MACOM TECHNOLOGY SOLUTIONS H    | 125,483       | 126,263        |
| 690              | MASTERCARD INC                  | 294,292       | 238,579        |
| 968              | MATSON INC                      | 106,093       | 43,595         |
| 690              | MAXIMUS INC                     | 57,863        | 46,226         |
|                  | <u>Forward</u>                  | \$ 20,306,870 | \$ 14,995,270  |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| No. of<br>Shares | <u>Common Stock</u> (Continued) | Fair<br>Value | Carry<br>Value |
|------------------|---------------------------------|---------------|----------------|
|                  | <u>Forwarded</u>                | \$ 20,306,870 | \$ 14,995,270  |
| 70               | MERCURY SYSTEMS INC             | 2,560         | 2,324          |
| 2,275            | MERIT MED SYS INC               | 172,809       | 97,679         |
| 5,490            | MICROSOFT CORP COM              | 2,064,460     | 429,019        |
| 3,117            | MILLERKNOLL INC COM             | 83,162        | 81,463         |
| 2,200            | MODINE MANUFACTURING CO         | 131,340       | 113,182        |
| 705              | MODIVCARE INC                   | 31,013        | 83,110         |
| 5,410            | MONSTER BEVERAGE CORP           | 311,670       | 225,052        |
| 3,221            | MRC GLOBAL INC                  | 35,463        | 45,739         |
| 1,827            | NCR ATLEOS LLC W I              | 44,378        | 35,800         |
| 3,680            | NCR VOYIX CORPORATION           | 62,229        | 57,110         |
| 8,200            | NEOGEN CORP                     | 164,902       | 129,865        |
| 3,165            | NEUROCRINE BIOSCIENCES INC      | 417,020       | 300,377        |
| 2,650            | NEXTRACKER INC CLASS A COM      | 124,153       | 116,726        |
| 4,090            | NOMAD FOODS LTD                 | 69,326        | 65,712         |
| 989              | NORTHWESTERN ENERGY GROUP INC   | 50,330        | 53,370         |
| 5,625            | NUTANIX INC                     | 268,256       | 124,896        |
| 2,635            | NVIDIA CORP                     | 1,304,905     | 623,727        |
| 16,218           | OLD NATL BANCORP IND            | 273,922       | 253,400        |
| 2,535            | OLIN CORP NEW                   | 136,763       | 43,566         |
| 1,450            | OLLIES BARGAIN OUTLET HLDGS     | 110,041       | 113,654        |
| 3,250            | PAR PACIFIC HOLDINGS INC        | 118,203       | 83,840         |
| 6,283            | PATTERSON U T I ENERGY INC      | 67,856        | 72,376         |
| 490              | PAYCOM SOFTWARE INC             | 101,293       | 143,322        |
| 8,090            | PEBBLEBROOK HOTEL TRUST         | 129,278       | 110,627        |
| 5,775            | PENN ENTERTAINMENT INC          | 150,266       | 149,768        |
| 7,200            | PHYSICIANS REALTY TRUST         | 95,832        | 112,340        |
| 1,766            | PORTLAND GENERAL ELECTRIC CO    | 76,538        | 76,285         |
| 5,745            | PRIMO WATER CORP                | 86,462        | 69,664         |
| 3,097            | PROGYNY INC                     | 115,146       | 122,187        |
| 2,180            | RADIAN GROUP INC COM            | 62,239        | 44,036         |
| 2,315            | RANGE RESOURCES CORP            | 70,469        | 28,430         |
| 2,450            | RAPID7 INC                      | 139,895       | 115,157        |
| 831              | RAYONIER INC                    | 27,764        | 21,790         |
| 6,610            | RESIDEO TECHNOLOGIES INC        | 124,400       | 107,998        |
| 310              | REYNOLDS CONSUMER PRODS I       | 8,320         | 9,161          |
| 5,790            | SCHWAB CHARLES CORP             | 398,352       | 393,163        |
| 555              | SCIENCE APPLICATNS INTE         | 68,998        | 48,502         |
| 1,600            | SHIFT4 PMTS INC CL A            | 118,944       | 110,294        |
| 1,000            | SILGAN HLDGS INC                | 45,250        | 42,358         |
| 1,535            | SIMMONS 1ST NATIONAL CORP CL A  | 30,454        | 32,832         |
| 1,575            | SOUTHWEST GAS HOLDINGS INC COM  | 99,776        | 102,331        |
| 3,030            | SPIRE INC                       | 188,890       | 183,639        |
| 1,375            | SPX TECHNOLOGIES INC COM        | 138,889       | 101,308        |
| 1,865            | STRIDE INC                      | 110,725       | 99,314         |
| 1,140            | SUPER MICRO COMPUTER INC        | 324,056       | 60,918         |
| 1,930            | TEGNA INC                       | 29,529        | 37,875         |
| 1,129            | TEREX CORP                      | 64,872        | 29,203         |
| 5,775            | TETRA TECHNOLOGIES INC DEL      | 26,103        | 37,489         |
| 2,410            | THE BRINKS CO                   | 211,960       | 125,082        |
| 330              | THERMO FISHER SCIENTIFIC INC    | 175,161       | 181,827        |
|                  | <u>Forward</u>                  | \$ 29,571,492 | \$ 20,844,157  |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| <u>No. of<br/>Shares</u> | <u>Common Stock</u> (Continued) | <u>Fair<br/>Value</u> | <u>Carry<br/>Value</u> |
|--------------------------|---------------------------------|-----------------------|------------------------|
|                          | <u>Forwarded</u>                | \$ 29,571,492         | \$ 20,844,157          |
| 2,525                    | TRI POINTE HOMES INC            | 89,385                | 31,961                 |
| 1,178                    | TRINSEO PLC SHS                 | 9,860                 | 38,004                 |
| 7,750                    | TRIPADVISOR INC                 | 166,858               | 141,464                |
| 1,365                    | UNITED BANKSHARES INC W VA      | 51,256                | 46,269                 |
| 8,275                    | UPWORK INC                      | 123,049               | 114,746                |
| 3,250                    | URBAN OUTFITTERS INC            | 115,993               | 101,586                |
| 11,059                   | VALLEY NATIONAL BANCORP         | 120,101               | 110,259                |
| 2,035                    | VERADIGM INC                    | 21,347                | 25,015                 |
| 630                      | VERINT SYSTEMS INC              | 17,029                | 16,004                 |
| 6,625                    | VERTIV HOLDINGS CO              | 318,199               | 87,835                 |
| 2,810                    | VISA INC COM CL A               | 731,584               | 176,251                |
| 2,350                    | WAFD INC                        | 77,456                | 63,307                 |
| 3,100                    | WEATHERFORD INTL LTD            | 303,273               | 128,801                |
| 660                      | WESTERN ALLIANCE BANCORPORATION | 43,421                | 18,360                 |
| 110                      | WHITE MTNS INS GROUP LTD        | 165,551               | 98,655                 |
| 875                      | WINGSTOP INC                    | 224,508               | 138,770                |
| 2,655                    | YELP INC                        | 125,688               | 112,894                |
| 9,725                    | ZETA GLOBAL HOLDINGS CORP CL A  | 85,763                | 104,235                |
|                          | <u>TOTALS - COMMON STOCK</u>    | <u>\$ 32,361,813</u>  | <u>\$ 22,398,573</u>   |

# MEDIA GUILD RETIREMENT PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Corporate Debt Securities            | Fair<br>Value | Cost         |
|--------------|--------------------------------------|---------------|--------------|
| \$ 9,400     | 321 HENDERSON 3.944% 7/15/41         | \$ 8,505      | \$ 9,393     |
| 6,000        | ADTALEM GLOBAL 5.500% 3/01/28        | 5,771         | 5,460        |
| 11,000       | AERCAP IRELAND 2.450% 10/29/26       | 10,185        | 10,593       |
| 5,000        | AERCAP IRELAND L P 3.000% 10/29/28   | 4,565         | 4,354        |
| 50,000       | AERCAP IRELAND L P 3.300% 1/30/32    | 43,517        | 48,458       |
| 60,000       | AGL CLO 7.60087% 7/20/34             | 59,671        | 60,000       |
| 50,000       | AIMCO 6.94543% 10/17/34              | 49,997        | 50,000       |
| 25,000       | AIR LEASE CORP 3.250% 3/01/25        | 24,345        | 25,898       |
| 15,000       | AIR LEASE CORP MTN 2.200% 1/15/27    | 13,736        | 14,820       |
| 10,000       | AIR LEASE CORP MTN 2.300% 2/01/25    | 9,648         | 9,896        |
| 25,000       | AMERICAN ASSETS L P 3.375% 2/01/31   | 20,385        | 22,195       |
| 15,000       | AMERICAN HOMES 4 L P 3.375% 7/15/51  | 10,274        | 10,058       |
| 10,000       | AMERICAN L P 4.300% 4/15/52          | 8,053         | 7,754        |
| 25,000       | AMERICAN TOWER 5.550% 7/15/33        | 25,866        | 24,913       |
| 32,000       | AMERICAN TOWER CORP 2.700% 4/15/31   | 27,479        | 26,194       |
| 10,000       | AMGEN INC 4.200% 2/22/52             | 8,463         | 7,621        |
| 35,000       | AON CORP SR NT 2.800% 5/15/30        | 31,033        | 36,026       |
| 50,000       | APPALACHIAN POWER CO 4.500% 3/01/49  | 42,106        | 49,658       |
| 23,000       | ARDAGH PACKAGING SR 5.250% 8/15/27   | 17,868        | 20,930       |
| 5,000        | ARIZONA PUB SVC CO 6.350% 12/15/32   | 5,427         | 5,481        |
| 12,000       | AT T INC 4.850% 3/01/39              | 11,482        | 11,435       |
| 25,000       | ATHENE GLOBAL MTN 1.608% 6/29/26     | 22,615        | 25,000       |
| 10,000       | ATHENE GLOBAL MTN 3.205% 3/08/27     | 9,176         | 10,000       |
| 35,000       | ATHENE GLOBAL MTN 0.98798% 5/24/24   | 34,973        | 35,000       |
| 37,000       | AVOLON HLDGS FDG LTD 2.528% 11/18/27 | 32,776        | 37,686       |
| 25,000       | AVOLON HOLDINGS FNDG 2.875% 2/15/25  | 24,113        | 24,983       |
| 4,000        | B A T INTL FIN PLC 1.668% 3/25/26    | 3,715         | 3,528        |
| 25,000       | BACARDI LTD 4.450% 5/15/25           | 24,647        | 27,765       |
| 5,000        | BANK AMER CORP MTN 2.592% 4/29/31    | 4,309         | 4,430        |
| 30,000       | BANK OF AMERICA CORP 3.419% 12/20/28 | 28,258        | 28,643       |
| 30,000       | BANK OF AMERICA MTN 3.194% 7/23/30   | 27,201        | 26,547       |
| 5,000        | BAT CAPITAL CORP 4.390% 8/15/37      | 4,187         | 4,151        |
| 35,000       | BAT CAPITAL CORP 4.540% 8/15/47      | 26,871        | 33,649       |
| 5,000        | BAT CAPITAL CORP 5.650% 3/16/52      | 4,513         | 4,825        |
| 55,000       | BAYER US FIN II LLC 3.375% 7/15/24   | 54,217        | 58,252       |
| 50,000       | BAYER US FINANCE II 4.625% 6/25/38   | 43,197        | 54,225       |
| 3,205        | BC AMERICA FUNDING 6.50002% 6/25/32  | 3,185         | 3,317        |
| 14,743       | BEAR STEARNS ALT 6.11052% 4/25/34    | 13,971        | 14,551       |
| 20,000       | BECTON DICKINSON 4.298% 8/22/32      | 19,294        | 20,000       |
| 7,000        | BECTON DICKINSON AND 3.363% 6/06/24  | 6,932         | 6,731        |
| 5,000        | BECTON DICKINSON CO 3.734% 12/15/24  | 4,921         | 5,067        |
| 30,000       | BERKSHIRE HATHAWAY 3.850% 3/15/52    | 25,067        | 29,894       |
| 50,000       | BERRY GLOBAL INC 1.5699% 1/15/26     | 46,450        | 49,472       |
| 45,000       | BK OF AMERICA CORP 1.658% 3/11/27    | 41,630        | 45,226       |
| 30,000       | BK OF AMERICA CORP 2.572% 10/20/32   | 24,872        | 24,934       |
| 95,000       | BK OF AMERICA MTN 1.530% 12/06/25    | 91,328        | 94,913       |
| 25,000       | BK OF AMERICA MTN 1.922% 10/24/31    | 20,296        | 20,432       |
| 10,000       | BK OF AMERICA MTN 2.299% 7/21/32     | 8,165         | 8,167        |
| 5,000        | BROADCOM INC SR GLBL 3.625% 10/15/24 | 4,930         | 5,235        |
| 50,000       | BX COML MTG TR 3.54875% 3/11/44      | 41,715        | 40,078       |
|              | <u>Forward</u>                       | \$ 1,135,900  | \$ 1,207,838 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | <u>Corporate Debt Securities</u> (Continued) |  | Fair<br>Value | Cost         |
|--------------|----------------------------------------------|--|---------------|--------------|
|              | <u>Forwarded</u>                             |  | \$ 1,135,900  | \$ 1,207,838 |
| \$ 10,000    | BX TRUST 3.202% 12/09/41                     |  | 8,827         | 10,299       |
| 33,599       | BX TRUST 6.6092% 10/15/36                    |  | 33,514        | 33,651       |
| 15,000       | CABLE ONE INC 4.000% 11/15/30                |  | 12,145        | 12,113       |
| 30,000       | CAPITAL ONE FINL 3.273% 3/01/30              |  | 26,793        | 30,000       |
| 6,000        | CENTENE CORP DEL 2.450% 7/15/28              |  | 5,344         | 6,000        |
| 46,000       | CENTENE CORP DEL 3.000% 10/15/30             |  | 39,838        | 46,000       |
| 5,000        | CENTENE CORP DEL SR 4.250% 12/15/27          |  | 4,818         | 4,844        |
| 35,000       | CHARTER 5.250% 4/01/53                       |  | 29,314        | 34,755       |
| 15,000       | CHARTER COMM OPT LLC 4.800% 3/01/50          |  | 11,611        | 15,350       |
| 39,000       | CHARTER COMM OPT LLC 5.750% 4/01/48          |  | 34,612        | 46,886       |
| 10,000       | CIFC FUNDING LTD 7.63032% 10/17/31           |  | 9,951         | 9,904        |
| 16,000       | CIGNA CORP 3.400% 3/15/51                    |  | 11,831        | 16,277       |
| 15,000       | CIGNA CORP NEW GLBL 3.400% 3/01/27           |  | 14,456        | 15,549       |
| 107,083      | CITIGROUP 2.500% 9/25/51                     |  | 87,691        | 90,451       |
| 100,000      | CITIGROUP COMMERCIAL 2.456% 11/10/42         |  | 82,203        | 84,938       |
| 25,000       | CITIGROUP INC 2.561% 5/01/32                 |  | 20,858        | 21,540       |
| 20,000       | CITIGROUP INC 2.976% 11/05/30                |  | 17,808        | 18,105       |
| 35,000       | CITIGROUP INC 3.057% 1/25/33                 |  | 29,861        | 31,220       |
| 25,000       | CITIGROUP INC 4.412% 3/31/31                 |  | 23,911        | 28,290       |
| 20,000       | COMMONSPIRIT 2.782% 10/01/30                 |  | 17,341        | 20,379       |
| 15,000       | COX COMMUNICATIONS 2.600% 6/15/31            |  | 12,708        | 14,573       |
| 20,000       | CPT MORTGAGE TRUST 2.865% 11/13/39           |  | 16,847        | 20,600       |
| 99,752       | CREDIT SUISSE 7.06698% 5/15/36               |  | 99,461        | 97,383       |
| 25,000       | CVS HEALTH CORP 5.050% 3/25/48               |  | 23,383        | 26,448       |
| 25,000       | DC OFFICE TRUST 2.965% 9/15/45               |  | 20,843        | 25,748       |
| 55,350       | DELTA AIR LINES 4.000% 6/10/28               |  | 49,084        | 55,350       |
| 25,000       | DENTSPLY SIRONA INC 3.250% 6/01/30           |  | 22,101        | 20,986       |
| 39,000       | DUKE ENERGY 5.350% 1/15/53                   |  | 39,922        | 39,125       |
| 5,000        | DUKE ENERGY FLA LLC 5.875% 11/15/33          |  | 5,390         | 4,991        |
| 3,000        | ENERGY TRANSFER L P 6.550% 12/01/33          |  | 3,256         | 2,997        |
| 20,000       | EVERSOURCE ENERGY 4.600% 7/01/27             |  | 19,837        | 19,976       |
| 20,000       | EVERSOURCE ENERGY 5.950% 2/01/29             |  | 20,945        | 19,977       |
| 30,000       | EXTRA SPACE LP 2.400% 10/15/31               |  | 24,749        | 24,030       |
| 8,000        | EXTRA SPACE STORAGE 2.200% 10/15/30          |  | 6,654         | 6,329        |
| 5,000        | EXTRA SPACE STORAGE 3.875% 12/15/27          |  | 4,774         | 4,749        |
| 75,000       | FARMERS EXCHANGE CAP 7.200% 7/15/48          |  | 75,253        | 59,438       |
| 81,000       | FIRSTENERGY 2.866% 9/15/28                   |  | 73,441        | 81,000       |
| 25,000       | FISERV INC 5.600% 3/02/33                    |  | 26,097        | 24,970       |
| 5,000        | FISERV INC 5.625% 8/21/33                    |  | 5,238         | 4,888        |
| 25,000       | FRESENIUS MED CARE 1.875% 12/01/26           |  | 22,584        | 25,093       |
| 18,192       | FS RIALTO 6.89515% 12/16/36                  |  | 18,110        | 18,192       |
| 10,000       | GALLAGHER ARTHUR J 5.750% 3/02/53            |  | 10,176        | 9,900        |
| 97,365       | GCAT TR 6.000% 8/25/53                       |  | 97,643        | 94,962       |
| 5,000        | GGAM FIN LTD 8.000% 2/15/27                  |  | 5,125         | 4,966        |
| 10,000       | GGAM FIN LTD 8.000% 6/15/28                  |  | 10,346        | 10,000       |
| 35,000       | GLOBAL PMTS INC 5.300% 8/15/29               |  | 35,229        | 34,998       |
| 5,000        | GLOBAL PMTS INC 5.950% 8/15/52               |  | 5,095         | 4,236        |
| 30,000       | GLP CAP L P 3.250% 1/15/32                   |  | 25,328        | 24,626       |
| 10,000       | GLP CAP LP GLP 6.750% 12/01/33               |  | 10,788        | 9,820        |
|              | <u>Forward</u>                               |  | \$ 2,449,034  | \$ 2,574,740 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Corporate Debt Securities (Continued) | Fair<br>Value | Cost         |
|--------------|---------------------------------------|---------------|--------------|
|              | <u>Forwarded</u>                      | \$ 2,449,034  | \$ 2,574,740 |
| \$ 14,000    | GLP CAP LP GLP FING 4.000% 1/15/31    | 12,609        | 11,856       |
| 15,000       | GLP CAPITAL LP FIN 5.375% 4/15/26     | 14,907        | 15,998       |
| 10,000       | GOLDMAN SACHS 1.948% 10/21/27         | 9,148         | 9,517        |
| 55,000       | GOLDMAN SACHS GROUP 1.431% 3/09/27    | 50,715        | 55,016       |
| 45,000       | GOLDMAN SACHS GROUP 1.542% 9/10/27    | 40,816        | 43,738       |
| 15,000       | GOLDMAN SACHS GROUP 2.383% 7/21/32    | 12,324        | 12,281       |
| 15,000       | GOLDMAN SACHS GROUP 3.750% 2/25/26    | 14,656        | 14,965       |
| 30,000       | GRAPHIC PACKING INTL 4.125% 8/15/24   | 29,550        | 29,550       |
| 37,811       | HARBORVIEW MTG LN 4.65977% 6/20/35    | 34,064        | 37,244       |
| 20,000       | HCA INC 4.125% 6/15/29                | 19,122        | 22,594       |
| 28,000       | HCA INC 5.250% 4/15/25                | 27,968        | 29,870       |
| 15,000       | HCA INC 5.250% 6/15/49                | 13,944        | 15,126       |
| 20,000       | HCA INC 5.375% 9/01/26                | 20,092        | 20,092       |
| 20,000       | HCA INC 5.500% 6/15/47                | 19,254        | 22,595       |
| 5,000        | HEALTHCARE TRUST OF 2.400% 3/15/30    | 4,106         | 4,018        |
| 40,000       | HEALTHCARE TRUST OF 3.100% 2/15/30    | 34,968        | 35,126       |
| 60,000       | HIGHBRIDGE LOAN 6.96495% 1/23/35      | 59,929        | 60,000       |
| 35,000       | HSBC HLDGS PLC 1.589% 5/24/27         | 32,101        | 34,850       |
| 45,000       | HSBC HLDGS PLC 2.804% 5/24/32         | 37,566        | 37,876       |
| 40,000       | HSBC HLDGS PLC SR 2.013% 9/22/28      | 35,610        | 39,913       |
| 10,000       | HSBC HOLDINGS PLC 2.099% 6/04/26      | 9,520         | 9,295        |
| 5,000        | HUDSON PACIFIC 3.250% 1/15/30         | 3,672         | 3,363        |
| 5,000        | HUDSON PACIFIC 3.950% 11/01/27        | 4,186         | 3,713        |
| 35,000       | HUDSON PACIFIC 4.650% 4/01/29         | 28,391        | 38,258       |
| 25,000       | HUDSON YARDS 2.9428% 12/10/41         | 21,620        | 25,693       |
| 55,000       | HUMANA INC 3.700% 3/23/29             | 52,834        | 54,930       |
| 9,000        | ICAHN ENTERPRISES 5.250% 5/15/27      | 8,084         | 7,558        |
| 5,000        | ICAHN ENTERPRISES LP 9.750% 1/15/29   | 5,101         | 5,000        |
| 50,000       | ILLUMINA INC 5.750% 12/13/27          | 51,328        | 49,932       |
| 20,000       | IMPERIAL BRANDS FIN 3.125% 7/26/24    | 19,668        | 21,074       |
| 25,000       | INTERCONTINENTAL 1.850% 9/15/32       | 20,060        | 22,464       |
| 15,000       | INTERNATIONAL 2.300% 11/01/30         | 12,403        | 11,602       |
| 5,000        | INTL FLAVOR 4.375% 6/01/47            | 3,836         | 3,525        |
| 40,000       | INTL FLAVOR 5.000% 9/26/48            | 33,950        | 40,429       |
| 5,000        | INTL FLAVORS 1.832% 10/15/27          | 4,381         | 4,146        |
| 5,000        | INTL FLAVORS 3.268% 11/15/40          | 3,578         | 3,569        |
| 5,000        | INTL FLAVORS 3.468% 12/01/50          | 3,412         | 3,280        |
| 25,000       | INVITATION HOMES L P 2.000% 8/15/31   | 19,894        | 18,890       |
| 25,000       | INVITATION HOMES LTD 5.500% 8/15/33   | 25,030        | 23,918       |
| 89,444       | J P MORGAN MTG TR 2.500% 11/27/51     | 77,963        | 91,638       |
| 20,000       | JBS USA LUX S A 3.000% 2/02/29        | 17,592        | 20,000       |
| 25,000       | JBS USA LUX S A 3.000% 5/15/32        | 20,354        | 25,000       |
| 5,000        | JBS USA LUX S A 3.750% 12/01/31       | 4,308         | 5,000        |
| 30,000       | JBS USA LUX S A 6.750% 3/15/34        | 31,609        | 29,960       |
| 20,000       | JBS USA LUX S A JBS 6.500% 12/01/52   | 20,110        | 20,000       |
| 15,000       | JP MORGAN CHASE 3.3973% 6/05/39       | 13,492        | 15,450       |
| 90,008       | JP MORGAN MORTGAGE 2.500% 2/25/52     | 78,432        | 91,513       |
| 92,376       | JP MORGAN MORTGAGE 2.500% 4/25/52     | 75,532        | 92,823       |
|              | <u>Forward</u>                        | \$ 3,642,823  | \$ 3,868,988 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | <u>Corporate Debt Securities</u> (Continued) |                   | Fair<br>Value | Cost         |
|--------------|----------------------------------------------|-------------------|---------------|--------------|
|              | <u>Forwarded</u>                             |                   | \$ 3,642,823  | \$ 3,868,988 |
| \$ 135,369   | JP MORGAN MRTG                               | 2.500% 12/25/51   | 117,787       | 116,856      |
| 55,000       | JPMORGAN CHASE                               | 0.969% 6/23/25    | 53,714        | 55,000       |
| 65,000       | JPMORGAN CHASE                               | 2.580% 4/22/32    | 54,980        | 58,174       |
| 15,000       | JPMORGAN CHASE CO                            | 2.069% 6/01/29    | 13,300        | 12,816       |
| 10,000       | JPMORGAN CHASE CO                            | 2.545% 11/08/32   | 8,344         | 9,025        |
| 35,000       | JPMORGAN CHASE CO                            | 3.900% 7/15/25    | 34,456        | 36,542       |
| 65,000       | JPMORGAN CHASE CO SR                         | 1.578% 4/22/27    | 59,983        | 65,410       |
| 10,000       | KEYSPAN GAS EAST                             | 5.994% 3/06/33    | 10,169        | 10,032       |
| 55,000       | KEYSPAN GAS EAST MTN                         | 3.586% 1/18/52    | 38,132        | 55,000       |
| 15,000       | KILROY RLTY L P                              | 2.650% 11/15/33   | 11,374        | 11,649       |
| 2,000        | KRAFT HEINZ FOODS CO                         | 5.000% 7/15/35    | 2,010         | 2,157        |
| 10,000       | LLOYDS BANKING                               | 3.900% 3/12/24    | 9,959         | 10,579       |
| 10,000       | LLOYDS BKG GROUP                             | 3.870% 7/09/25    | 9,905         | 10,835       |
| 5,000        | LXP INDUSTRIAL TRUST                         | 6.750% 11/15/28   | 5,254         | 4,971        |
| 40,000       | MADISON PK FDG                               | 7.33976% 4/22/30  | 39,857        | 39,240       |
| 20,000       | MAGIC MERGECO INC                            | 5.250% 5/01/28    | 15,812        | 20,213       |
| 10,000       | META PLATFORMS INC                           | 5.600% 5/15/53    | 10,838        | 9,972        |
| 17,000       | MODIVCARE INC SR                             | 5.000% 10/01/29   | 13,895        | 13,426       |
| 40,000       | MORGAN STANLEY                               | 2.484% 9/16/36    | 31,704        | 30,731       |
| 5,079        | MORGAN STANLEY                               | 3.50324% 2/25/36  | 5,011         | 5,071        |
| 3,735        | MORGAN STANLEY                               | 4.57492% 1/25/35  | 3,733         | 3,688        |
| 20,000       | MORGAN STANLEY MTN                           | 1.164% 10/21/25   | 19,248        | 20,000       |
| 25,000       | MORGAN STANLEY MTN                           | 1.593% 5/04/27    | 23,035        | 25,000       |
| 20,000       | MORGAN STANLEY MTN                           | 1.928% 4/28/32    | 16,083        | 15,914       |
| 9,225        | MORTGAGEIT TRUST                             | 6.11046% 2/25/35  | 8,848         | 9,118        |
| 112,000      | NATIONWIDE MUT IN                            | 7.96104% 12/15/24 | 111,889       | 112,000      |
| 26,165       | NAVIENT STUDENT                              | 6.07191% 3/25/43  | 25,808        | 26,165       |
| 26,847       | NELNET STUDENT LOA                           | 6.40192% 11/25/43 | 26,600        | 26,847       |
| 2,674        | NEW CENTURY HOME                             | 3.39518% 12/25/35 | 2,669         | 2,647        |
| 20,000       | NEW YORK LIFE                                | 3.750% 5/15/50    | 15,993        | 21,903       |
| 5,000        | NORTHWEST FIBER L P                          | 4.750% 4/30/27    | 4,775         | 4,813        |
| 25,000       | NY PRESBYTERIAN                              | 3.563% 8/01/36    | 21,095        | 24,999       |
| 3,000        | OCCIDENTAL PETROLEUM                         | 10/10/36          | 1,598         | 1,665        |
| 127,595      | OCEANVIEW MORTGAGE                           | 2.500% 6/25/51    | 111,098       | 111,719      |
| 100,708      | OCEANVIEW MTG                                | 2.500% 7/25/51    | 87,709        | 84,728       |
| 60,000       | OCP CLO LTD                                  | 7.13087% 10/20/34 | 59,895        | 60,000       |
| 30,000       | ONE BRYANT PARK                              | 2.51641% 9/13/49  | 25,399        | 30,000       |
| 106,990      | ONSLOW BAY                                   | 2.500% 5/25/51    | 93,336        | 90,319       |
| 15,000       | ORACLE CORP                                  | 3.800% 11/15/37   | 12,747        | 11,899       |
| 69,000       | ORACLE CORP                                  | 3.950% 3/25/51    | 54,032        | 67,499       |
| 15,000       | ORACLE CORP                                  | 6.900% 11/09/52   | 17,605        | 14,991       |
| 5,000        | ORACLE CORPORATION                           | 2.800% 4/01/27    | 4,716         | 5,203        |
| 55,000       | PALMER SQUARE                                | 7.03519% 4/20/35  | 54,965        | 55,000       |
| 7,000        | PARK AEROSPACE                               | 5.500% 2/15/24    | 6,987         | 7,680        |
| 20,000       | PECO ENERGY CO 1M                            | 4.600% 5/15/52    | 18,761        | 19,855       |
| 21,000       | PETROLEOS MEXICANOS                          | 6.625% 6/15/35    | 16,106        | 14,398       |
| 15,000       | PHYSICIANS RLTY LP                           | 2.625% 11/01/31   | 12,341        | 11,551       |
| 10,000       | PILGRIMS PRIDE                               | 6.250% 7/01/33    | 10,289        | 9,931        |
|              | <u>Forward</u>                               |                   | \$ 5,056,667  | \$ 5,336,219 |

# MEDIA GUILD RETIREMENT PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par Value | Corporate Debt Securities (Continued) | Fair Value   | Cost         |
|-----------|---------------------------------------|--------------|--------------|
|           | <u>Forwarded</u>                      | \$ 5,056,667 | \$ 5,336,219 |
| \$ 25,000 | PNC FINANCIAL 5.068% 1/24/34          | 24,462       | 24,621       |
| 20,000    | PNC FINANCIAL 6.037% 10/28/33         | 20,896       | 20,000       |
| 10,000    | PNC FINL SVCS GROUP 5.582% 6/12/29    | 10,213       | 10,000       |
| 15,000    | PNC FINL SVCS GROUP 6.875% 10/20/34   | 16,652       | 14,982       |
| 87,719    | POPULAR ABS MTG TR 2.55084% 6/25/47   | 80,473       | 51,754       |
| 6,000     | POWERTEAM SVCS L P 9.033% 12/04/25    | 5,676        | 5,760        |
| 3,000     | QWEST CORP 7.250% 9/15/25             | 2,940        | 3,143        |
| 2,000     | RAISING CANES 9.375% 5/01/29          | 2,134        | 2,000        |
| 55,000    | RECETTE CLO LTD 7.05776% 4/20/34      | 54,753       | 55,000       |
| 20,000    | REYNOLDS AMERICAN 5.700% 8/15/35      | 19,737       | 24,012       |
| 40,000    | REYNOLDS AMERICAN 5.850% 8/15/45      | 37,442       | 45,045       |
| 60,000    | ROCKFORD TOWER CLO 7.26665% 1/20/32   | 59,930       | 60,000       |
| 30,000    | ROCKIES EXPRESS 4.950% 7/15/29        | 28,685       | 30,063       |
| 10,000    | ROYAL BK SCOTLND 4.269% 3/22/25       | 9,965        | 10,833       |
| 10,000    | S L M A 1.33997% 4/25/29              | 9,273        | 8,856        |
| 10,000    | S L M A 2.10771% 4/25/29              | 9,774        | 9,030        |
| 10,000    | S L M A 5.68195% 1/25/29              | 9,279        | 8,661        |
| 51,252    | S L M A 6.15191% 1/25/29              | 49,115       | 50,227       |
| 10,000    | S L M A 6.66771% 7/25/29              | 9,187        | 9,604        |
| 10,000    | S L M A 6.66771% 7/25/29              | 9,245        | 9,552        |
| 10,000    | S L M A 6.66771% 7/25/29              | 9,822        | 9,698        |
| 39,751    | S L M A 6.74221% 10/25/21             | 39,248       | 39,702       |
| 57,261    | S L M A 7.40665% 7/25/22              | 57,180       | 57,907       |
| 85,000    | SANTANDER UK GROUP 1.089% 3/15/25     | 84,065       | 84,416       |
| 15,000    | SANTANDER UK GROUP 1.532% 8/24/26     | 13,988       | 15,025       |
| 35,000    | SANTANDER UK GROUP 1.673% 6/14/27     | 31,817       | 34,892       |
| 10,000    | SFAVE COMMERCIAL 3.872% 1/05/43       | 7,341        | 9,603        |
| 40,000    | SOUTHERN CO GAS CAP 5.150% 9/15/32    | 40,561       | 39,888       |
| 5,000     | SPECTRUM BRANDS INC 3.875% 3/15/31    | 4,550        | 4,575        |
| 38,250    | SPRINT SPECTRUM 5.152% 3/20/28        | 38,079       | 41,053       |
| 12,500    | SPRINT SPECTRUM 4.79064% 3/20/25      | 12,392       | 13,046       |
| 10,172    | STRUCTURED ASSET 5.95025% 4/19/35     | 9,563        | 9,981        |
| 49,000    | SUNOCO LOGISTICS 5.400% 10/01/47      | 45,657       | 50,332       |
| 25,000    | T MOBILE USA INC 2.250% 2/15/26       | 23,690       | 25,000       |
| 34,000    | T MOBILE USA INC 2.625% 4/15/26       | 32,339       | 34,000       |
| 16,000    | T MOBILE USA INC 3.375% 4/15/29       | 14,866       | 14,209       |
| 20,000    | TAKE TWO INTERACTIVE 4.000% 4/14/32   | 18,992       | 19,979       |
| 45,000    | TEACHERS INSURANCE 3.300% 5/15/50     | 33,180       | 46,818       |
| 30,000    | TENCENT HOLDINGS LTD 3.975% 4/11/29   | 28,539       | 32,714       |
| 30,777    | THORNBURG MTG SECS 6.64995% 9/25/43   | 28,832       | 30,354       |
| 25,000    | TIME WARNER CABL 5.500% 9/01/41       | 21,627       | 23,643       |
| 20,000    | TIME WARNER CABL 5.875% 11/15/40      | 18,104       | 20,845       |
| 55,000    | TRESTLES CLO LTD 7.65309% 10/20/34    | 54,639       | 55,000       |
| 100,000   | UBS GROUP AG 1.305% 2/02/27           | 91,523       | 89,633       |
| 5,000     | UBS GROUP AG 3.091% 5/14/32           | 4,258        | 4,164        |
| 10,000    | UBS GROUP AG 3.869% 1/12/29           | 9,427        | 9,004        |
| 75,000    | UBS GROUP AG 6.537% 8/12/33           | 80,037       | 69,934       |
| 45,000    | UBS GROUP AG 9.016% 11/15/33          | 55,316       | 43,993       |
|           | <u>Forward</u>                        | \$ 6,436,130 | \$ 6,718,770 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Corporate Debt Securities (Continued)     | Fair<br>Value       | Cost              |
|--------------|-------------------------------------------|---------------------|-------------------|
|              | <u>Forwarded</u>                          | \$ 6,436,130        | \$ 6,718,770      |
| \$ 40,000    | UNITED AIR LINES 5.800% 7/15/37           | 40,564              | 40,000            |
| 16,598       | UNITED AIRLINES 4.300% 2/15/27            | 16,083              | 17,053            |
| 10,000       | UNIVERSAL HLTH SVCS 1.650% 9/01/26        | 9,098               | 9,988             |
| 35,000       | US BANCORP 4.839% 2/01/34                 | 33,524              | 34,348            |
| 20,000       | US BANCORP 5.850% 10/21/33                | 20,605              | 20,000            |
| 10,000       | US BANCORP MTN 5.836% 6/12/34             | 10,315              | 10,000            |
| 25,000       | VENTAS REALTY LP 2.650% 1/15/25           | 24,239              | 24,864            |
| 5,000        | VICI PPTYS INC 3.875% 2/15/29             | 4,593               | 4,413             |
| 10,000       | VICI PPTYS INC 4.500% 1/15/28             | 9,539               | 9,438             |
| 5,000        | VICI PPTYS INC SR 4.500% 9/01/26          | 4,840               | 4,788             |
| 6,000        | VICI PROPERTIES L P 4.950% 2/15/30        | 5,822               | 5,534             |
| 26,000       | VICI PROPERTIES L P 5.125% 5/15/32        | 25,345              | 25,481            |
| 5,000        | VICI PROPERTIES L P 5.625% 5/15/52        | 4,794               | 4,989             |
| 12,000       | VZ SECD FING 5.000% 1/15/32               | 10,245              | 9,900             |
| 12,081       | WAMU MORTGAGE 5.30602% 12/25/45           | 11,729              | 12,055            |
| 35,207       | WAMU MORTGAGE PASS 5.1859% 4/25/45        | 34,051              | 34,915            |
| 17,989       | WAMU MORTGAGE PASS 5.76223% 7/25/44       | 16,580              | 17,944            |
| 75,433       | WAMU MORTGAGE PASS 5.97656% 10/25/44      | 70,942              | 73,468            |
| 65,172       | WAMU MTG CERT 5.64607% 6/25/45            | 60,802              | 63,950            |
| 45,000       | WARNERMEDIA HLDGS 5.050% 3/15/42          | 39,671              | 45,000            |
| 88,000       | WARNERMEDIA HLDGS 5.141% 3/15/52          | 75,536              | 80,607            |
| 60,000       | WELLMAN PARK CLO 6.9056% 7/15/34          | 60,042              | 60,000            |
| 15,000       | WELLS FARGO CO 4.897% 7/25/33             | 14,613              | 14,509            |
| 10,000       | WELLS FARGO CO 5.013% 4/04/51             | 9,512               | 12,657            |
| 75,000       | WELLS FARGO CO MTN 2.393% 6/02/28         | 68,695              | 77,992            |
| 55,000       | WELLS FARGO CO MTN 3.350% 3/02/33         | 48,038              | 52,377            |
| 35,000       | WELLS FARGO CO MTN 5.574% 7/25/29         | 35,737              | 33,941            |
| 10,000       | WILLIS NORTH AMER 5.350% 5/15/33          | 10,099              | 9,526             |
| 15,000       | WILLIS NORTH AMERICA 2.950% 9/15/29       | 13,416              | 15,457            |
| 25,000       | WRKCO INC 3.750% 3/15/25                  | 24,524              | 25,268            |
|              | <u>TOTALS - CORPORATE DEBT SECURITIES</u> | <u>\$ 7,249,723</u> | <u>\$ 850,462</u> |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Government Debt Securities          | Fair<br>Value | Cost      |
|--------------|-------------------------------------|---------------|-----------|
| \$ 30,000    | ALABAMA ECON AL 4.263% 9/15/32      | \$ 28,792     | \$ 30,000 |
| 15,000       | CALIFORNIA HEALTH 3.000% 8/15/51    | 12,205        | 11,267    |
| 92,125       | F H L M C #QE0312 2.000% 4/01/52    | 75,299        | 81,127    |
| 87,550       | F H L M C #SD8189 2.500% 12/01/51   | 74,511        | 78,484    |
| 113,180      | F H L M C #SD8193 2.000% 1/01/52    | 92,499        | 98,623    |
| 111,219      | F H L M C #SD8194 2.500% 1/01/52    | 94,652        | 103,525   |
| 91,011       | F H L M C #SD8205 2.500% 4/01/52    | 77,449        | 83,193    |
| 115,442      | F H L M C #SD8212 2.500% 4/01/52    | 98,235        | 106,421   |
| 3,322        | F H L M C #ZA5103 3.500% 12/01/47   | 3,100         | 3,513     |
| 6,752        | F H L M C #ZT0542 4.000% 7/01/48    | 6,512         | 7,219     |
| 3,899        | F H L M C #ZT1403 3.500% 11/01/33   | 3,828         | 4,008     |
| 7,052        | F H L M C GD G07786 4.000% 8/01/44  | 6,870         | 7,440     |
| 19,694       | F H L M C GD G07849 3.500% 5/01/44  | 18,584        | 20,469    |
| 8,334        | F H L M C GD G07924 3.500% 1/01/45  | 7,806         | 8,704     |
| 10,505       | F H L M C GD G08710 3.000% 6/01/46  | 9,580         | 10,797    |
| 9,318        | F H L M C GD G08711 3.500% 6/01/46  | 8,708         | 9,798     |
| 35,255       | F H L M C GD G08715 3.000% 7/01/46  | 32,141        | 36,117    |
| 13,331       | F H L M C GD G08716 3.500% 7/01/46  | 12,544        | 14,086    |
| 6,906        | F H L M C GD G08722 3.500% 8/01/46  | 6,480         | 7,296     |
| 20,349       | F H L M C GD G08726 3.000% 9/01/46  | 18,507        | 21,105    |
| 13,884       | F H L M C GD G08732 3.000% 10/01/46 | 12,586        | 14,323    |
| 3,546        | F H L M C GD G08738 3.500% 11/01/46 | 3,314         | 3,618     |
| 7,168        | F H L M C GD G08757 3.500% 3/01/47  | 6,699         | 7,365     |
| 7,818        | F H L M C GD G08784 3.500% 9/01/47  | 7,313         | 7,722     |
| 34,528       | F H L M C GD G08796 3.500% 12/01/47 | 32,268        | 35,386    |
| 1,843        | F H L M C GD G08833 5.000% 6/01/48  | 1,856         | 1,947     |
| 1,093        | F H L M C GD G08844 5.000% 10/01/48 | 1,100         | 1,145     |
| 2,608        | F H L M C GD G08849 5.000% 11/01/48 | 2,623         | 2,729     |
| 10,152       | F H L M C GD G16584 3.500% 8/01/33  | 9,980         | 10,321    |
| 7,507        | F H L M C GD G16756 3.500% 1/01/34  | 7,366         | 7,643     |
| 3,084        | F H L M C GD G18592 3.000% 3/01/31  | 2,958         | 3,227     |
| 12,916       | F H L M C GD G18713 3.500% 11/01/33 | 12,697        | 13,119    |
| 22,570       | F H L M C GD G60138 3.500% 8/01/45  | 21,280        | 23,423    |
| 33,894       | F H L M C GD G60278 4.000% 10/01/45 | 32,877        | 36,447    |
| 39,893       | F H L M C GD G60440 3.500% 3/01/46  | 37,472        | 41,063    |
| 54,797       | F H L M C GD G61556 3.500% 8/01/48  | 51,444        | 55,062    |
| 46,814       | F H L M C GD G67707 3.500% 1/01/48  | 43,947        | 47,425    |
| 14,788       | F H L M C GD G67711 4.000% 3/01/48  | 14,288        | 15,089    |
| 9,589        | F H L M C GD Q52319 3.500% 11/01/47 | 8,962         | 9,593     |
| 63,450       | F H L M C GD Q52850 3.500% 12/01/47 | 59,296        | 63,639    |
| 6,458        | F H L M C MLTCL M 20.500% 2/15/32   | 7,264         | 6,809     |
| 50,000       | F H L M C MLTCL MTG 3.990% 8/25/33  | 47,960        | 50,669    |
| 45,981       | F H L M C MLTCL MTG 4.000% 2/15/47  | 43,375        | 48,358    |
| 1,306        | F H L M C MLTCL MTG 4.000% 6/15/47  | 1,282         | 1,313     |
| 13,892       | F H L M C MLTCL MTG 5.000% 1/15/34  | 13,936        | 12,964    |
| 6,726        | F N M A #607794 7.500% 11/01/31     | 6,815         | 7,027     |
| 12,974       | F N M A #655928 7.000% 8/01/32      | 13,492        | 13,834    |
| 26,367       | F N M A #AL0149 4.000% 2/01/41      | 25,714        | 26,503    |
| 60,606       | F N M A #AS6451 3.500% 1/01/46      | 56,837        | 60,838    |

Forward

\$ 1,275,303 \$ 1,371,793

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Government Debt Securities (Continued) |        |          | Fair<br>Value | Carry<br>Value |
|--------------|----------------------------------------|--------|----------|---------------|----------------|
|              | <u>Forwarded</u>                       |        |          | \$ 1,275,303  | \$ 1,371,793   |
| \$ 2,234     | F N M A #AS9830                        | 4.000% | 6/01/47  | 2,154         | 2,352          |
| 2,360        | F N M A #AS9972                        | 4.000% | 7/01/47  | 2,275         | 2,487          |
| 2,663        | F N M A #BD5046                        | 3.500% | 2/01/47  | 2,486         | 2,749          |
| 35,000       | F N M A #BL6060                        | 2.455% | 4/01/40  | 25,646        | 34,913         |
| 12,671       | F N M A #BM2003                        | 4.000% | 10/01/47 | 12,216        | 13,164         |
| 34,313       | F N M A #BN7755                        | 3.000% | 9/01/49  | 30,896        | 36,258         |
| 67,339       | F N M A #BQ6913                        | 2.000% | 12/01/51 | 55,079        | 59,474         |
| 180,017      | F N M A #BV8477                        | 3.000% | 5/01/52  | 159,763       | 162,952        |
| 91,372       | F N M A #BV8515                        | 3.000% | 5/01/52  | 80,839        | 84,237         |
| 3,072        | F N M A #CA0996                        | 3.500% | 1/01/48  | 2,878         | 3,043          |
| 39,139       | F N M A #CA1182                        | 3.500% | 2/01/48  | 36,669        | 40,916         |
| 11,008       | F N M A #CA1710                        | 4.500% | 5/01/48  | 10,833        | 11,447         |
| 2,189        | F N M A #CA1711                        | 4.500% | 5/01/48  | 2,153         | 2,272          |
| 6,302        | F N M A #CA2327                        | 4.000% | 9/01/48  | 6,097         | 6,470          |
| 39,582       | F N M A #CA3633                        | 3.500% | 6/01/49  | 37,004        | 42,168         |
| 112,613      | F N M A #CB2610                        | 2.000% | 1/01/52  | 92,141        | 99,883         |
| 67,544       | F N M A #CB2802                        | 2.000% | 2/01/52  | 55,260        | 55,576         |
| 157,855      | F N M A #FM9669                        | 2.000% | 12/01/51 | 129,184       | 140,269        |
| 115,108      | F N M A #FS1598                        | 2.000% | 4/01/52  | 94,104        | 98,435         |
| 11,799       | F N M A #MA1561                        | 3.000% | 8/01/33  | 11,138        | 11,624         |
| 17,982       | F N M A #MA1584                        | 3.500% | 9/01/33  | 17,286        | 18,238         |
| 47,724       | F N M A #MA2705                        | 3.000% | 7/01/46  | 43,465        | 47,115         |
| 17,681       | F N M A #MA2895                        | 3.000% | 2/01/47  | 16,021        | 17,148         |
| 10,387       | F N M A #MA3014                        | 3.500% | 5/01/27  | 10,174        | 10,697         |
| 3,188        | F N M A #MA3027                        | 4.000% | 6/01/47  | 3,085         | 3,363          |
| 1,693        | F N M A #MA3029                        | 3.000% | 6/01/32  | 1,620         | 1,746          |
| 13,181       | F N M A #MA3088                        | 4.000% | 8/01/47  | 12,706        | 13,912         |
| 4,895        | F N M A #MA3210                        | 3.500% | 12/01/47 | 4,566         | 4,899          |
| 17,285       | F N M A #MA3295                        | 3.500% | 2/01/28  | 16,910        | 17,815         |
| 4,569        | F N M A #MA3537                        | 4.500% | 11/01/48 | 4,502         | 4,752          |
| 13,284       | F N M A #MA3811                        | 3.000% | 10/01/49 | 11,552        | 13,334         |
| 14,554       | F N M A #MA4093                        | 2.000% | 8/01/40  | 12,529        | 15,022         |
| 71,050       | F N M A #MA4158                        | 2.000% | 9/01/50  | 58,444        | 58,561         |
| 60,220       | F N M A #MA4176                        | 2.000% | 10/01/40 | 51,841        | 62,111         |
| 117,107      | F N M A #MA4356                        | 2.500% | 6/01/51  | 99,702        | 99,541         |
| 111,230      | F N M A #MA4548                        | 2.500% | 1/01/52  | 94,669        | 103,505        |
| 112,014      | F N M A #MA4563                        | 2.500% | 3/01/52  | 95,336        | 103,149        |
| 17,714       | F N M A GTD REMIC                      | 3.000% | 6/25/49  | 15,979        | 17,819         |
| 250,000      | F N M A TBA 30YR                       | 2.500% | 1/15/44  | 212,658       | 206,601        |
| 500,000      | F N M A TBA 30YR                       | 3.000% | 1/15/47  | 442,245       | 427,984        |
| 175,000      | F N M A TBA 30YR                       | 3.500% | 1/15/44  | 160,535       | 155,757        |
| 750,000      | F N M A TBA 30YR                       | 4.000% | 1/15/44  | 709,305       | 694,526        |
| 900,000      | F N M A TBA 30YR                       | 4.500% | 1/15/45  | 872,370       | 854,400        |
| 425,000      | F N M A TBA 30YR                       | 5.000% | 1/15/53  | 420,453       | 411,976        |
| 650,000      | FHLMC TBA 30YR                         | 2.000% | 1/15/51  | 531,174       | 510,855        |
| 120,401      | FNMA CB0610                            | 2.500% | 5/01/51  | 103,533       | 103,507        |
| 150,000      | G N M A I I #                          | 5.500% | 1/15/53  | 151,079       | 149,689        |
|              | <u>Forward</u>                         |        |          | \$ 6,297,857  | \$ 6,410,504   |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Government Debt Securities (Continued)     | Fair<br>Value        | Carry<br>Value       |
|--------------|--------------------------------------------|----------------------|----------------------|
|              | <u>Forwarded</u>                           | \$ 6,297,857         | \$ 6,410,504         |
| \$ 20,922    | G N M A I I #AU1220 3.000% 8/20/46         | 19,223               | 20,641               |
| 6,713        | G N M A I I #MA3597 3.500% 4/20/46         | 6,329                | 7,002                |
| 49,914       | G N M A I I #MA3937 3.500% 9/20/46         | 46,965               | 51,795               |
| 8,175        | G N M A I I #MA4126 3.000% 12/20/46        | 7,513                | 8,278                |
| 4,692        | G N M A I I #MA4450 3.000% 5/20/47         | 4,307                | 4,773                |
| 18,910       | G N M A I I #MA4510 3.500% 3/20/47         | 17,814               | 19,082               |
| 6,112        | G N M A I I #MA4567 4.000% 6/20/47         | 5,891                | 6,287                |
| 8,624        | G N M A I I #MA4588 4.500% 7/20/47         | 8,551                | 8,993                |
| 15,091       | G N M A I I #MA4719 3.500% 9/20/47         | 14,211               | 15,623               |
| 28,206       | G N M A I I #MA4777 3.000% 10/20/47        | 25,850               | 28,445               |
| 8,841        | G N M A I I #MA4837 3.500% 11/20/47        | 8,325                | 8,930                |
| 4,120        | G N M A I I #MA4838 4.000% 11/20/47        | 3,977                | 4,326                |
| 27,051       | G N M A I I #MA4900 3.500% 12/20/47        | 25,512               | 27,279               |
| 15,773       | G N M A I I #MA5020 4.000% 2/20/48         | 15,239               | 16,379               |
| 15,811       | G N M A I I #MA5399 4.500% 8/20/48         | 15,624               | 16,374               |
| 5,911        | G N M A I I #MA5466 4.000% 9/20/48         | 5,683                | 6,069                |
| 14,431       | G N M A I I #MA5528 4.000% 10/20/48        | 13,878               | 14,810               |
| 10,713       | G N M A I I #MA6209 3.000% 10/20/49        | 9,534                | 10,777               |
| 325,000      | G N M A I I TBA 4.500% 1/15/44             | 317,181              | 312,000              |
| 10,229       | G N M A GTD REMIC 0.964% 8/16/38           | 78                   | 1,252                |
| 18,529       | G N M A GTD REMIC 1.464% 7/16/39           | 818                  | 2,525                |
| 75,000       | G N M A GTD REMIC 3.000% 7/20/46           | 64,652               | 75,281               |
| 4,440        | G N M A GTD REMIC 3.000% 9/20/49           | 3,958                | 4,479                |
| 151          | G N M A GTD REMIC 3.500% 12/20/48          | 150                  | 154                  |
| 300,000      | GNMA II TBA 30YR 5.000% 1/15/53            | 297,891              | 294,273              |
| 300,000      | GNMAII TBA 30YR 2.500% 1/15/50             | 262,401              | 254,391              |
| 50,000       | NEW YORK CITY NY 3.950% 8/01/32            | 47,635               | 51,724               |
| 30,000       | NEW YORK ST DORM 5.289% 3/15/33            | 30,614               | 35,510               |
| 35,000       | SAN FRANCISCO CA 6.000% 11/01/40           | 37,364               | 43,148               |
| 791,000      | U S TREASURY BD 4.500% 8/15/43             | 807,437              | 771,604              |
| 588,000      | U S TREASURY BD 5.000% 11/15/53            | 659,389              | 597,401              |
| 735,000      | U S TREASURY NT 3.750% 12/31/28            | 731,612              | 732,144              |
| 820,000      | U S TREASURY NT 4.250% 12/31/25            | 819,844              | 819,087              |
| 958,000      | U S TREASURY NT 4.375% 11/30/28            | 980,302              | 961,219              |
| 1,985,000    | U S TREASURY NT 4.375% 12/15/26            | 2,004,393            | 1,983,862            |
| 1,347,000    | U S TREASURY NT 4.750% 11/15/33            | 1,414,134            | 1,348,542            |
| 570,000      | U S TREASURY NT 4.750% 11/15/43            | 611,416              | 594,251              |
| 1,262,000    | U S TREASURY NT 4.875% 10/31/28            | 1,317,313            | 1,265,380            |
| 125,000      | U S TREASURY NT 4.875% 11/30/25            | 126,295              | 125,163              |
| 300,000      | UMBS TBA 30YR 5.500% 1/15/53               | 301,266              | 296,879              |
|              | <u>TOTALS - GOVERNMENT DEBT SECURITIES</u> | <u>\$ 17,388,426</u> | <u>\$ 17,256,636</u> |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| <u>No. of<br/>Shares</u> | <u>Mutual Fund</u>                         | <u>Fair<br/>Value</u> | <u>Cost</u>           |
|--------------------------|--------------------------------------------|-----------------------|-----------------------|
| 764,318                  | MFS INSTL INTERNATIONAL EQUITY FUND        | \$ 25,176,650         | \$ 15,945,225         |
|                          | <u>Common Investment Trusts</u>            |                       |                       |
| 44,744                   | MARSHALL WACE EUREKA FUND                  | \$ 13,200,134         | \$ 6,519,339          |
| 1,945,141                | PARTNERS GROUP PRIVATE EQUITY LLC          | 16,096,820            | 7,533,595             |
|                          | <u>TOTALS - COMMON INVESTMENT TRUSTS</u>   | <u>\$ 29,296,954</u>  | <u>\$ 14,052,934</u>  |
|                          | <u>Common/Collective Trusts</u>            |                       |                       |
| 822,390                  | JPM GLOBAL EMERGING MARKETS DISCOVERY FUND | \$ 16,604,054         | \$ 13,364,043         |
| 214,019                  | BLACKROCK EQUITY INDEX FUND                | 18,408,725            | 7,680,101             |
|                          | <u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>   | <u>\$ 35,012,779</u>  | <u>\$ 21,044,144</u>  |
|                          | <u>Limited Partnership</u>                 |                       |                       |
|                          | BPIF NON-TAXABLE LP                        | \$ 13,669,343         | \$ 12,848,706         |
|                          | <u>Cash and Cash Equivalents</u>           |                       |                       |
| 2,035,101                | FIRST AMERICAN GOVERNMENT OBLIGATION FUND  | \$ 2,035,101          | \$ 2,035,101          |
| 425,000                  | U.S. TREASURY BILL 04/16/2024              | 418,544               | 417,704               |
| 85,000                   | U.S. TREASURY BILL 04/23/24                | 83,626                | 83,546                |
|                          | <u>TOTALS - CASH AND CASH EQUIVALENTS</u>  | <u>\$ 2,537,271</u>   | <u>\$ 2,536,351</u>   |
|                          | <u>TOTALS - INVESTMENTS AT FAIR VALUE</u>  | <u>\$ 162,692,959</u> | <u>\$ 106,933,031</u> |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

E.I.N. 94-6052176; PLAN NO. 001

JANUARY 1, 2023 TO DECEMBER 31, 2023

| Description<br>of Asset                      | Interest<br>Rate (%) | Maturity<br>Date | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Net Gain<br>or (Loss) |
|----------------------------------------------|----------------------|------------------|-------------------|------------------|------------------|-----------------------|
| FIRST AMERICAN GOVERNMENT<br>OBLIGATION FUND | -                    | -                | \$ 73,300,837     | \$ -             | \$ 73,300,837    | \$ -                  |
|                                              | -                    | -                | -                 | 74,917,840       | 74,917,840       | -                     |

**2023 Schedule MB (Form 5500), Line 8b(2)**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINE 8b(2) – SCHEDULE OF ACTIVE PARTICIPANT DATA**

---

| Attained Age | Years of Credited Service |        |          |          |          |          |         | Total |
|--------------|---------------------------|--------|----------|----------|----------|----------|---------|-------|
|              | Under 5                   | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 & up |       |
| Under 25     | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| 25 to 29     | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| 30 to 34     | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| 35 to 39     | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| 40 to 44     | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| 45 to 49     | 0                         | 0      | 1        | 1        | 2        | 0        | 0       | 4     |
| 50 to 54     | 0                         | 1      | 0        | 1        | 4        | 1        | 1       | 8     |
| 55 to 59     | 0                         | 0      | 1        | 2        | 2        | 6        | 0       | 11    |
| 60 to 64     | 0                         | 0      | 0        | 1        | 8        | 4        | 3       | 16    |
| 65 to 69     | 0                         | 0      | 0        | 0        | 0        | 0        | 3       | 3     |
| 70 & up      | 0                         | 0      | 0        | 0        | 0        | 0        | 0       | 0     |
| Total        | 0                         | 1      | 2        | 5        | 16       | 11       | 7       | 42    |

**2023 Schedule MB (Form 5500), Line 6**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

---

**Actuarial Cost Method:** Entry Age Normal Method.

**Asset Valuation Method:** Investment income during the year is equal to expected income plus 20% of the excess (or minus 20% of the deficit) of market earnings over assumed earnings for the current and prior four years. Actuarial value may not be less than 80% or more than 120% of market value.

**Actuarial Assumptions:**

**Interest Discount Rate:** For Funding: 7.50% compounded annually.  
For Current Liability: 2.55%.

**Investment Yield:** 7.50% compounded annually, net of investment expenses.

**Operational Expenses:** Estimated based on the most recent audit report with a 5% increase for inflation.  
Administrative expenses are assumed to remain constant.  
Investment expenses are assumed to be provided for by fund earnings.

**Mortality:** RP-2014 (adjusted to 2006 Base Year) with Generational Projections from 2006 using scale MP2020.

**Accrued Benefits:** No additional accruals after January 1, 2010.

**Non-retired Marital Status:** For active participants, 50% are assumed to be married and husbands are assumed to be 4 years older than wives. For inactive participants, form of payment has been selected and includes spouse's date of birth.

**Exempt Employees:** Valued as vested terminations.

**2023 Schedule MB (Form 5500), Line 6**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINE 6 – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

---

**Actuarial Assumptions (Continued):**

**Inactive Retirement Date:** Vested terminated and exempt employees are assumed to retire at age 65 or immediately, if over age 65.

**Active Termination:** Active participants are assumed to work until retirement and retire from active status.

| <b>Active Retirement:</b> | <u>Age</u> | <u>Retirement Rate</u> |
|---------------------------|------------|------------------------|
|                           | 55-57      | 0.025                  |
|                           | 58-59      | 0.035                  |
|                           | 60         | 0.250                  |
|                           | 61         | 0.090                  |
|                           | 62         | 0.200                  |
|                           | 63         | 0.150                  |
|                           | 64         | 0.200                  |
|                           | 65         | 1.000                  |

**Form of Payments:** Married participants are assumed to retire with a 100% Joint & Survivor Annuity and non-married participants are assumed to retire with a Single Life Annuity.

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                              |                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023          |                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                        | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
| B This return/report is:                                                                            | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |
|                                                                                                     | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                               |
|                                                                                                     | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                |
| C If the plan is a collectively-bargained plan, check here . . . . .                                | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                           |
| D Check box if filing under:                                                                        | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                            |
|                                                                                                     | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                  |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . | ▶ <input type="checkbox"/>                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                               |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Part II Basic Plan Information - enter all requested information</b>                                                                                                                                                                                                                                                                       |                                                       |
| 1a Name of plan<br>MEDIA GUILD RETIREMENT PLAN                                                                                                                                                                                                                                                                                                | 1b Three-digit plan number (PN) ▶ 001                 |
|                                                                                                                                                                                                                                                                                                                                               | 1c Effective date of plan<br>12/18/1957               |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MEDIA GUILD RETIREMENT PLAN<br><br>433 NATOMA ST STE 250<br>SAN FRANCISCO, CA 94103 | 2b Employer Identification Number (EIN)<br>94-6052176 |
|                                                                                                                                                                                                                                                                                                                                               | 2c Plan Sponsor's telephone number<br>415-543-2569    |
|                                                                                                                                                                                                                                                                                                                                               | 2d Business code (see instructions)<br>511110         |

**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<br>HERE | <div>24DF814214934A2...</div> <div>Michael Applegate</div> | 10/4/2024 | Michael Applegate                                            |
|              | Signature of plan administrator                            | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | <div>B61E125449AD4C0...</div> <div>Carolene Eaddy</div>    | 10/4/2024 | Carolene Eaddy                                               |
|              | Signature of employer/plan sponsor                         | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                            |           |                                                              |
|              | Signature of DFE                                           | Date      | Enter name of individual signing as DFE                      |

Form 5500 (2023)

Page **2**

|                                                                                                          |                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><div style="border: 1px solid black; padding: 2px;">94-6052176</div> <b>3c</b> Administrator's telephone number<br><div style="border: 1px solid black; padding: 2px;">415-543-2569</div> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                            |                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                    | <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">1852</div>   |
| <b>6</b> 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).                                                                                                                                   |                                                                                                                                            |
| <b>6a(1)</b> Total number of active participants at the beginning of the plan year . . . . .                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px;">6a(1)</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">42</div> |
| <b>6a(2)</b> Total number of active participants at the end of the plan year . . . . .                                                                                                                                                                                                     | <div style="border: 1px solid black; padding: 2px;">6a(2)</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">42</div> |
| <b>b</b> Retired or separated participants receiving benefits . . . . .                                                                                                                                                                                                                    | <div style="border: 1px solid black; padding: 2px;">6b</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">1036</div>  |
| <b>c</b> Other retired or separated participants entitled to future benefits. . . . .                                                                                                                                                                                                      | <div style="border: 1px solid black; padding: 2px;">6c</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">629</div>   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. . . . .                                                                                                                                                                                                                                    | <div style="border: 1px solid black; padding: 2px;">6d</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">1707</div>  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .                                                                                                                                                                              | <div style="border: 1px solid black; padding: 2px;">6e</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">112</div>   |
| <b>f</b> Total. Add lines 6d and 6e. . . . .                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px;">6f</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">1819</div>  |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                               | <div style="border: 1px solid black; padding: 2px;">6g(1)</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">0</div>  |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                                     | <div style="border: 1px solid black; padding: 2px;">6g(2)</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">0</div>  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .                                                                                                                                             | <div style="border: 1px solid black; padding: 2px;">6h</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">0</div>     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .                                                                                                                                                   | <div style="border: 1px solid black; padding: 2px;">7</div> <div style="border: 1px solid black; padding: 2px; width: 100px;">1</div>      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B 1I

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                        |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

E.I.N. 94-6052176; PLAN NO. 001

JANUARY 1, 2023 TO DECEMBER 31, 2023

| Description<br>of Asset                      | Interest<br>Rate (%) | Maturity<br>Date | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Net Gain<br>or (Loss) |
|----------------------------------------------|----------------------|------------------|-------------------|------------------|------------------|-----------------------|
| FIRST AMERICAN GOVERNMENT<br>OBLIGATION FUND | -                    | -                | \$ 73,300,837     | \$ -             | \$ 73,300,837    | \$ -                  |
|                                              | -                    | -                | -                 | 74,917,840       | 74,917,840       | -                     |

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

► 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.

|                                                                                                                     |                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>MEDIA GUILD RETIREMENT PLAN</div>                                                    | <div>B Three-digit plan number (PN) ►</div> <div>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>MEDIA GUILD RETIREMENT PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>94-6052176</div> |

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

|                                                                                                              |                      |
|--------------------------------------------------------------------------------------------------------------|----------------------|
| 1a Enter the valuation date: Month 01 Day 01 Year 2023                                                       |                      |
| b Assets                                                                                                     |                      |
| (1) Current value of assets .....                                                                            | 1b(1) 150,073,899    |
| (2) Actuarial value of assets for funding standard account.....                                              | 1b(2) 165,949,201    |
| c (1) Accrued liability for plan using immediate gain methods .....                                          | 1c(1) 161,043,850    |
| (2) Information for plans using spread gain methods:                                                         |                      |
| (a) Unfunded liability for methods with bases .....                                                          | 1c(2)(a) 0           |
| (b) Accrued liability under entry age normal method.....                                                     | 1c(2)(b) 0           |
| (c) Normal cost under entry age normal method .....                                                          | 1c(2)(c) 0           |
| (3) Accrued liability under unit credit cost method.....                                                     | 1c(3) 161,248,296    |
| 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) 269,551,373 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | 1d(2)(b) 0           |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | 1d(2)(c) 13,476,616  |
| (3) Expected plan disbursements for the plan year .....                                                      | 1d(3) 13,887,250     |

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.

|                                                                                                                                                     |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div></div> <div>Signature of actuary</div> | <div>10/2/2024</div> <div>Date</div> <div>23-08290</div> <div>Most recent enrollment number</div> <div>408-298-1170</div> <div>Telephone number (including area code)</div> |
| <div>KELLY B. LAMBERT</div> <div>Type or print name of actuary</div> <div>NWPS</div> <div>Firm name</div>                                           |                                                                                                                                                                             |

160 W. SANTA CLARA STREET SUITE 1550  
SAN JOSE CA 95113  
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 ☐

|            |                                                                                                                            |                                   |                              |
|------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b>   | Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 150,073,899                  |
| <b>b</b>   | "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|            |                                                                                                                            | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> | For retired participants and beneficiaries receiving payment .....                                                         | 1,130                             | 156,456,921                  |
| <b>(2)</b> | For terminated vested participants .....                                                                                   | 686                               | 103,427,707                  |
| <b>(3)</b> | For active participants:                                                                                                   |                                   |                              |
| <b>(a)</b> | Non-vested benefits .....                                                                                                  |                                   | 0                            |
| <b>(b)</b> | Vested benefits .....                                                                                                      |                                   | 9,666,745                    |
| <b>(c)</b> | Total active .....                                                                                                         | 42                                | 9,666,745                    |
| <b>(4)</b> | Total .....                                                                                                                | 1,858                             | 269,551,373                  |
| <b>c</b>   | If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 55.67 %                      |

| (a) Date<br>(MM/DD/YYYY)                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | c) Amount paid by<br>employees |        |
|--------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|--------------------------------|--------|
| 07/01/2023                                                               | 517,000                           | 0                               |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 |                          |                                   |                                |        |
|                                                                          |                                   |                                 | Totals ►                 | 3(b)                              | 517,000                        | 3(c) 0 |
| (d) Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | 3(d)                           | 0      |

|                                                                                                                                                                        |           |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 102.9 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | 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, does line 1(c) reflect any benefit reductions for the first time  
 (see instructions)? ..... ☐ Yes ☐ No

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                                                                                                                                                                                                                                                                                                                                                  | <b>4e</b> |  |
| <b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input style="width: 50px;" type="text"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul> | <b>4f</b> |  |

**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):

|                                                                      |    |  |
|----------------------------------------------------------------------|----|--|
| i 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:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                  | <b>6a</b>                                                                                        | 2.55 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males.....                                                                                                         | <b>6c(1)</b>                                                                                     | 7                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | 7                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.50 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 7.50 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 6.8 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | -14.4 %                                                                                                                                         |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <b>6i(1)</b>                                                                                     | 88.8 %                                                                                                                                          |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     |                                                                                                                                                 |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 424,177             | 44,701                         |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                               |                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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.....                                | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                   |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                    |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                 | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)).....                                   | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                          | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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**

479,368

**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)**

34,846,918

8,371,935

(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**

663,848

**e** Total charges. Add lines 9a through 9d .....

**9e**

9,515,151

**Credits to funding standard account:**

**f** Prior year credit balance, if any .....

**9f**

2,791,705

**g** Employer contributions. Total from column (b) of line 3 .....

**9g**

517,000

Outstanding balance

**h** Amortization credits as of valuation date .....

**9h**

36,960,564

5,980,885

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

**9i**

676,981

**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL) .....

**9j(1)**

16,333,129

(2) "RPA '94" override (90% current liability FFL) .....

**9j(2)**

72,842,998

(3) FFL credit .....

**9j(3)**

**k** (1) Waived funding deficiency .....

**9k(1)**

(2) Other credits .....

**9k(2)**

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

**9l**

9,966,571

**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

**9m**

451,420

**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 current plan year .....

**9o(1)**

(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)**

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....

**9o(2)(b)**

0

(3) Total as of valuation date .....

**9o(3)**

0

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....

**10**

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

☒ Yes ☐ No

October 2 2024

Mr. Jesse Ward  
Partner/CPA  
Miller Kaplan  
275 Battery Street, Suite 1800  
San Francisco, CA 94111

Re: Media Guild Retirement Plan – 2023 Form 5500 Schedule MB

Dear Jesse:

Enclosed is the following item for the Media Guild Retirement Plan:

- 2023 Form 5500 Schedule MB, Actuarial Information with attachments. The Schedule MB and attachments should be attached to the 2023 Form 5500 filing.

Please let me know if you have any questions or need further assistance or information.

Sincerely,



Kelly Lambert  
Consulting Actuary

Enclosures

cc: Jess Olivares  
Michael Applegate

**2023 Schedule MB (Form 5500), Line 8b(1)**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINE 8b(1) – SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS**

| Plan Year | Active<br>Participants | Terminated<br>Vested<br>Participants | Retired<br>Participants and<br>Beneficiaries | Total        |
|-----------|------------------------|--------------------------------------|----------------------------------------------|--------------|
| 2023      | \$170,563              | \$978,389                            | \$12,314,705                                 | \$13,463,657 |
| 2024      | 260,993                | 1,425,415                            | 11,997,290                                   | 13,683,698   |
| 2025      | 337,686                | 1,908,773                            | 11,667,197                                   | 13,913,656   |
| 2026      | 362,710                | 2,284,727                            | 11,324,480                                   | 13,971,917   |
| 2027      | 384,880                | 2,806,628                            | 10,969,162                                   | 14,160,670   |
| 2028      | 403,432                | 3,252,521                            | 10,601,205                                   | 14,257,158   |
| 2029      | 419,503                | 3,576,123                            | 10,220,524                                   | 14,216,149   |
| 2030      | 436,892                | 4,004,027                            | 9,827,037                                    | 14,267,957   |
| 2031      | 463,587                | 4,334,371                            | 9,420,769                                    | 14,218,727   |
| 2032      | 473,761                | 4,632,707                            | 9,001,945                                    | 14,108,413   |
| 2033      | 484,107                | 4,887,534                            | 8,571,102                                    | 13,942,744   |
| 2034      | 490,588                | 5,135,911                            | 8,129,154                                    | 13,755,653   |
| 2035      | 498,615                | 5,357,184                            | 7,677,409                                    | 13,533,209   |
| 2036      | 507,241                | 5,554,692                            | 7,217,610                                    | 13,279,543   |
| 2037      | 505,068                | 5,670,357                            | 6,751,841                                    | 12,927,266   |
| 2038      | 501,510                | 5,772,629                            | 6,282,499                                    | 12,556,638   |
| 2039      | 496,129                | 5,837,477                            | 5,812,330                                    | 12,145,937   |
| 2040      | 488,465                | 5,889,899                            | 5,344,331                                    | 11,722,694   |
| 2041      | 480,084                | 5,857,783                            | 4,881,670                                    | 11,219,538   |
| 2042      | 475,573                | 5,804,450                            | 4,427,652                                    | 10,707,675   |
| 2043      | 463,637                | 5,725,054                            | 3,985,649                                    | 10,174,340   |
| 2044      | 450,654                | 5,638,702                            | 3,559,048                                    | 9,648,403    |
| 2045      | 436,574                | 5,526,098                            | 3,151,209                                    | 9,113,881    |
| 2046      | 421,367                | 5,389,318                            | 2,765,346                                    | 8,576,031    |
| 2047      | 405,024                | 5,219,133                            | 2,404,373                                    | 8,028,530    |
| 2048      | 387,569                | 5,025,374                            | 2,070,772                                    | 7,483,715    |
| 2049      | 369,059                | 4,816,477                            | 1,766,439                                    | 6,951,975    |
| 2050      | 349,601                | 4,597,204                            | 1,492,554                                    | 6,439,359    |
| 2051      | 329,346                | 4,364,409                            | 1,249,530                                    | 5,943,285    |
| 2052      | 308,487                | 4,121,309                            | 1,036,994                                    | 5,466,791    |
| 2053      | 287,245                | 3,871,056                            | 853,825                                      | 5,012,126    |
| 2054      | 265,856                | 3,615,852                            | 698,266                                      | 4,579,974    |
| 2055      | 244,559                | 3,358,076                            | 568,046                                      | 4,170,682    |
| 2056      | 223,583                | 3,100,203                            | 460,551                                      | 3,784,337    |
| 2057      | 203,135                | 2,844,733                            | 372,985                                      | 3,420,853    |
| 2058      | 183,401                | 2,594,077                            | 302,515                                      | 3,079,992    |
| 2059      | 164,529                | 2,356,673                            | 246,390                                      | 2,767,591    |
| 2060      | 146,636                | 2,124,063                            | 202,067                                      | 2,472,766    |
| 2061      | 129,806                | 1,900,050                            | 167,296                                      | 2,197,151    |
| 2062      | 114,098                | 1,688,080                            | 140,114                                      | 1,942,292    |
| 2063      | 99,551                 | 1,489,227                            | 118,879                                      | 1,707,657    |
| 2064      | 86,187                 | 1,304,263                            | 102,257                                      | 1,492,707    |
| 2065      | 74,014                 | 1,133,694                            | 89,193                                       | 1,296,901    |
| 2066      | 63,023                 | 977,787                              | 78,870                                       | 1,119,680    |
| 2067      | 53,189                 | 836,578                              | 70,665                                       | 960,431      |
| 2068      | 44,472                 | 709,877                              | 64,106                                       | 818,455      |
| 2069      | 36,820                 | 597,290                              | 58,836                                       | 692,946      |
| 2070      | 30,170                 | 498,239                              | 54,583                                       | 582,991      |
| 2071      | 24,454                 | 411,995                              | 51,129                                       | 487,578      |
| 2072      | 19,596                 | 337,687                              | 48,304                                       | 405,586      |

**2023 Schedule MB (Form 5500), Line 8b(3)**

Plan Name: Media Guild Retirement Plan

Employer ID: 94-6052176

Plan Number: 001

**SCHEDULE MB, LINE 8b(3) – SCHEDULE OF PROJECTION OF EMPLOYER CONTRIBUTIONS  
AND WITHDRAWAL LIABILITY PAYMENTS**

| Plan Year | Employer<br>Contributions | Withdrawal<br>Liability Payments | Total     |
|-----------|---------------------------|----------------------------------|-----------|
| 2024      | \$563,000                 | \$0                              | \$563,000 |
| 2025      | 724,000                   | 0                                | 724,000   |
| 2026      | 1,816,000                 | 0                                | 1,816,000 |
| 2027      | 1,122,000                 | 0                                | 1,122,000 |
| 2028      | 251,000                   | 0                                | 251,000   |
| 2029      | 1,001,000                 | 0                                | 1,001,000 |
| 2030      | 908,000                   | 0                                | 908,000   |
| 2031      | 352,000                   | 0                                | 352,000   |
| 2032      | 486,000                   | 0                                | 486,000   |

## 2023 Schedule MB (Form 5500), Line 6

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

### **SCHEDULE MB, LINE 6 – SUMMARY OF PLAN PROVISIONS**

---

**Plan Type:** Qualified defined benefit plan.

**Plan Effective Date:** December 18, 1957.

**Plan Year:** January 1 – December 31.

**Monthly Normal Retirement Benefit:** One-twelfth (1/12) of the sum of (A) through (D) below:

- (A) **Basic Benefit:** 3.2137% times the Participant's career earnings through December 31, 2005.
- (B) **Additional Benefit:** Up to \$8.25 for each year of credited service through December 31, 2005.
- (C) **New Benefit:** One percent (1%) times the Participant's earnings between January 1, 2006 and December 31, 2009.
- (D) **Supplemental Benefit:** One week's pay for each six months of continued and uninterrupted service through December 31, 2005. Payable as an actuarial equivalent life annuity.

**Maximum Pension:**

**Basic Benefit:** Maximum of \$1,000 per month for up to 15 years of service; maximum is increased by \$12 per year of service beginning with 15 years of service up to \$1,300 for participants with 39 or more years of service.

**Supplemental Benefit:** Maximum of 60 week's pay.

No additional accruals after January 1, 2010.

**Normal Retirement Age:** Age 65 with 5 years of service.

**Normal Form of Benefit:** Life Annuity for single participants and 100% Joint and Survivor Annuity for married participants.

**Early Retirement Age:** Age 55 and 5 years of service.

**Early Retirement Benefit:** The accrued benefit is reduced on an actuarially equivalent basis for each year preceding normal retirement age.

**Late Retirement Benefit:** Actuarially increased normal retirement benefit payable for life.

**Vesting:** 5 Years of Vesting Credit.

**Death Benefit:** The Basic, Additional and Supplemental benefits are payable to the participant's spouse or domestic partner of as if the participant retired on date of death and elected 100% joint and survivor form of payment. Payments begin at date the participant turns 45 if participant dies before age 45.

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| No. of<br>Shares | <u>Common Stock</u>               | Fair<br>Value | Cost         |
|------------------|-----------------------------------|---------------|--------------|
| 1,737            | AAON INC                          | \$ 128,312    | \$ 106,753   |
| 2,175            | ABERCROMBIE & FITCH CO CL A       | 191,879       | 107,934      |
| 1,010            | ABM INDS INC                      | 45,278        | 46,191       |
| 4,625            | ACADIA PHARMACEUTICALS INC        | 144,809       | 107,601      |
| 2,120            | ACCENTURE PLC IRELAND SHS CLASS A | 743,929       | 627,072      |
| 1,630            | ADOBE INC                         | 972,458       | 340,984      |
| 1,800            | ADTRAIN HOLDINGS INC COM          | 13,212        | 29,517       |
| 1,820            | ADVANCE AUTO PARTS INC            | 111,075       | 104,131      |
| 1,885            | ALARM COM HOLDINGS INC            | 121,809       | 111,717      |
| 932              | ALEXANDER BALDWIN INC NEW         | 17,727        | 27,872       |
| 3,400            | ALKERMES PLC                      | 94,316        | 99,494       |
| 9,510            | ALPHABET INC CL A                 | 1,328,452     | 553,109      |
| 9,330            | AMAZON COM INC                    | 1,417,600     | 1,003,604    |
| 2,473            | AMERICAN AXLE & MFG HLDGS INC     | 21,787        | 24,577       |
| 605              | APPFOLIO INC A                    | 104,810       | 110,706      |
| 3,690            | ARISTA NETWORKS INC               | 869,032       | 559,608      |
| 760              | ARMSTRONG WORLD INDS INC          | 74,723        | 51,417       |
| 810              | ASML HOLDING NV NY REG SHS A D R  | 613,105       | 446,096      |
| 825              | ASSURED GUARANTY LTD              | 61,735        | 23,505       |
| 2,690            | AUTODESK INC                      | 654,961       | 575,055      |
| 1,275            | AUTOMATIC DATA PROCESSING         | 297,037       | 225,433      |
| 1,200            | AXCELIS TECHNOLOGIES INC          | 155,628       | 93,694       |
| 985              | AXIS CAPITAL HOLDINGS LTD         | 54,539        | 53,325       |
| 630              | AXON ENTERPRISE INC               | 162,748       | 61,479       |
| 3,300            | AZEK CO INC CL A                  | 126,225       | 111,415      |
| 1,975            | AZENTA INC                        | 128,652       | 116,784      |
| 845              | BEACON ROOFING SUPPLY INC         | 73,532        | 29,997       |
| 2,900            | BELLRING BRANDS INC               | 160,747       | 88,957       |
| 3,325            | BERRY GLOBAL GROUP INC            | 224,072       | 176,281      |
| 1,290            | BLACK HILLS CORP                  | 69,596        | 74,964       |
| 5,820            | BOSTON SCIENTIFIC CORP            | 336,454       | 250,228      |
| 4,188            | BROOKLINE BANCORP INC             | 45,691        | 55,559       |
| 1,570            | CABOT CORP                        | 131,095       | 69,559       |
| 860              | CARTERS INC                       | 64,405        | 63,972       |
| 315              | CELANESE CORP SER A               | 48,942        | 29,912       |
| 2,780            | CHATHAM LODGING TRUST             | 29,802        | 50,972       |
| 177              | CHIPOTLE MEXICAN GRILL INC        | 404,792       | 338,360      |
| 9,440            | CITIZENS FINANCIAL GROUP          | 312,842       | 295,863      |
| 3,845            | CNO FINANCIAL GROUP INC           | 107,276       | 61,786       |
| 1,166            | COLUMBIA SPORTSWEAR CO            | 92,744        | 88,143       |
| 3,059            | COMMSCOPE HLDG CO INC             | 8,626         | 39,495       |
| 559              | CROWN HOLDINGS INC COM            | 51,478        | 35,099       |
| 185              | CULLEN FROST BANKERS INC          | 20,071        | 18,437       |
| 2,235            | CUSHMAN WAKEFIELD PLC             | 24,138        | 19,781       |
| 5,023            | DEVON ENERGY CORP                 | 227,542       | 150,816      |
| 5,125            | DIGITALOCEAN HLDGS INC COM        | 188,036       | 137,832      |
| 6,545            | DUN BRADSTREET HLDGS INC COM      | 76,577        | 78,021       |
| 550              | DUOLINGO INC CL A COM             | 124,768       | 103,914      |
| 3,450            | DUTCH BROS INC CL A               | 109,262       | 114,482      |
| 2,865            | E L F BEAUTY INC                  | 413,534       | 75,005       |
| 1,060            | EAST WEST BANCORP INC             | 76,267        | 52,053       |
| 1,385            | ENERGIZER HLDGS INC               | 43,877        | 56,154       |
| 1,960            | ENSIGN GROUP INC THE              | 219,932       | 124,629      |
|                  | <u>Forward</u>                    | \$ 12,341,936 | \$ 8,399,344 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| No. of<br>Shares | <u>Common Stock</u> (Continued) | Fair<br>Value | Carry<br>Value |
|------------------|---------------------------------|---------------|----------------|
|                  | <u>Forwarded</u>                | \$ 12,341,936 | \$ 8,399,344   |
| 360              | ENSTAR GROUP LTD                | 105,966       | 73,968         |
| 2,260            | ENTEGRIIS INC                   | 270,793       | 190,347        |
| 1,480            | EPAM SYS INC COM                | 440,063       | 521,484        |
| 5,500            | EVOLENT HEALTH INC A            | 181,665       | 140,421        |
| 8,500            | FASTLY INC CLASS A              | 151,300       | 101,802        |
| 90               | FIRST CTZNS BANCSHARES INC CL A | 127,707       | 51,755         |
| 5,120            | FIRST HAWAIIAN INC              | 117,043       | 101,342        |
| 2,987            | FIRST HORIZON CORPORATION       | 42,296        | 33,905         |
| 3,440            | FISERV INC                      | 456,970       | 381,541        |
| 1,550            | FIVE9 INC                       | 121,970       | 90,431         |
| 19,435           | FNB CORP                        | 267,620       | 192,469        |
| 6,400            | FORTINET INC                    | 374,592       | 371,140        |
| 4,475            | FORTREA HLDGS INC               | 156,178       | 146,493        |
| 5,325            | FRANKLIN STR PPTYS CORP         | 13,632        | 61,025         |
| 2,400            | FRESHPET INC                    | 208,224       | 110,063        |
| 5,400            | FRESHWORKS INC CLASS A COM      | 126,846       | 119,675        |
| 775              | FRONTDOOR INC                   | 27,296        | 28,172         |
| 7,500            | FRONTIER COMMUNICATIONS CORP    | 190,050       | 140,645        |
| 770              | GENTHERM INC                    | 40,317        | 24,805         |
| 2,270            | GRANITE CONSTRUCTION INC        | 115,452       | 84,932         |
| 8,075            | GRAPHIC PACKAGING HLDG CO COM   | 199,049       | 128,700        |
| 865              | GREIF INC CL A                  | 56,735        | 36,755         |
| 2,980            | HALOZYME THERAPEUTICS INC       | 110,141       | 101,918        |
| 9,975            | HANESBRANDS INC                 | 44,489        | 115,372        |
| 5,300            | HARMONIC INC                    | 69,112        | 68,565         |
| 1,625            | HEALTH EQUITY INC               | 107,738       | 106,359        |
| 845              | HILLENBRAND INC                 | 40,433        | 37,002         |
| 6,250            | HOPE BANCORP INC                | 75,500        | 74,342         |
| 3,235            | HORACE MANN EDUCATORS CORP      | 105,785       | 105,757        |
| 4,872            | HUNTINGTON BANCSHARES INC       | 61,972        | 54,090         |
| 225              | HYSTER YALE MATERIALS W I       | 13,993        | 12,524         |
| 1,236            | ICU MEDICAL INC                 | 123,279       | 166,044        |
| 1,750            | INARI MED INC                   | 113,610       | 114,662        |
| 5,450            | INFORMATICA INC COM CL A        | 154,726       | 113,841        |
| 1,250            | INTEGER HOLDINGS CORPORATION    | 123,850       | 99,389         |
| 5,549            | INTERNATIONAL GAME TECHNOLOG    | 152,098       | 155,815        |
| 1,525            | INTUIT INC                      | 953,171       | 499,452        |
| 2,395            | JAMES RIVER GROUP HOLDINGS L    | 22,130        | 42,239         |
| 492              | JANUS HENDERSON GROUP PLC       | 14,834        | 13,351         |
| 6,921            | JELD WEN HOLDING INC            | 130,668       | 111,109        |
| 3,795            | KEMPER CORP                     | 184,703       | 216,024        |
| 1,203            | KENNAMETAL INC                  | 31,025        | 35,263         |
| 22,720           | KEYCORP                         | 327,168       | 297,925        |
| 4,106            | KITE REALTY GROUP TRUST         | 93,863        | 59,197         |
| 1,670            | KOPPERS HLDGS INC               | 85,537        | 56,820         |
| 765              | LINDE PLC SHS                   | 314,193       | 240,408        |
| 3,575            | LIVERAMP HOLDINGS INC           | 135,421       | 111,925        |
| 1,350            | MACOM TECHNOLOGY SOLUTIONS H    | 125,483       | 126,263        |
| 690              | MASTERCARD INC                  | 294,292       | 238,579        |
| 968              | MATSON INC                      | 106,093       | 43,595         |
| 690              | MAXIMUS INC                     | 57,863        | 46,226         |
|                  | <u>Forward</u>                  | \$ 20,306,870 | \$ 14,995,270  |

# MEDIA GUILD RETIREMENT PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| No. of<br>Shares | Common Stock (Continued)       | Fair<br>Value | Carry<br>Value |
|------------------|--------------------------------|---------------|----------------|
|                  | <u>Forwarded</u>               | \$ 20,306,870 | \$ 14,995,270  |
| 70               | MERCURY SYSTEMS INC            | 2,560         | 2,324          |
| 2,275            | MERIT MED SYS INC              | 172,809       | 97,679         |
| 5,490            | MICROSOFT CORP COM             | 2,064,460     | 429,019        |
| 3,117            | MILLERKNOLL INC COM            | 83,162        | 81,463         |
| 2,200            | MODINE MANUFACTURING CO        | 131,340       | 113,182        |
| 705              | MODIVCARE INC                  | 31,013        | 83,110         |
| 5,410            | MONSTER BEVERAGE CORP          | 311,670       | 225,052        |
| 3,221            | MRC GLOBAL INC                 | 35,463        | 45,739         |
| 1,827            | NCR ATLEOS LLC W I             | 44,378        | 35,800         |
| 3,680            | NCR VOYIX CORPORATION          | 62,229        | 57,110         |
| 8,200            | NEOGEN CORP                    | 164,902       | 129,865        |
| 3,165            | NEUROCRINE BIOSCIENCES INC     | 417,020       | 300,377        |
| 2,650            | NEXTRACKER INC CLASS A COM     | 124,153       | 116,726        |
| 4,090            | NOMAD FOODS LTD                | 69,326        | 65,712         |
| 989              | NORTHWESTERN ENERGY GROUP INC  | 50,330        | 53,370         |
| 5,625            | NUTANIX INC                    | 268,256       | 124,896        |
| 2,635            | NVIDIA CORP                    | 1,304,905     | 623,727        |
| 16,218           | OLD NATL BANCORP IND           | 273,922       | 253,400        |
| 2,535            | OLIN CORP NEW                  | 136,763       | 43,566         |
| 1,450            | OLLIES BARGAIN OUTLET HLDGS    | 110,041       | 113,654        |
| 3,250            | PAR PACIFIC HOLDINGS INC       | 118,203       | 83,840         |
| 6,283            | PATTERSON U T I ENERGY INC     | 67,856        | 72,376         |
| 490              | PAYCOM SOFTWARE INC            | 101,293       | 143,322        |
| 8,090            | PEBBLEBROOK HOTEL TRUST        | 129,278       | 110,627        |
| 5,775            | PENN ENTERTAINMENT INC         | 150,266       | 149,768        |
| 7,200            | PHYSICIANS REALTY TRUST        | 95,832        | 112,340        |
| 1,766            | PORTLAND GENERAL ELECTRIC CO   | 76,538        | 76,285         |
| 5,745            | PRIMO WATER CORP               | 86,462        | 69,664         |
| 3,097            | PROGYNY INC                    | 115,146       | 122,187        |
| 2,180            | RADIAN GROUP INC COM           | 62,239        | 44,036         |
| 2,315            | RANGE RESOURCES CORP           | 70,469        | 28,430         |
| 2,450            | RAPID7 INC                     | 139,895       | 115,157        |
| 831              | RAYONIER INC                   | 27,764        | 21,790         |
| 6,610            | RESIDEO TECHNOLOGIES INC       | 124,400       | 107,998        |
| 310              | REYNOLDS CONSUMER PRODS I      | 8,320         | 9,161          |
| 5,790            | SCHWAB CHARLES CORP            | 398,352       | 393,163        |
| 555              | SCIENCE APPLICATNS INTE        | 68,998        | 48,502         |
| 1,600            | SHIFT4 PMTS INC CL A           | 118,944       | 110,294        |
| 1,000            | SILGAN HLDGS INC               | 45,250        | 42,358         |
| 1,535            | SIMMONS 1ST NATIONAL CORP CL A | 30,454        | 32,832         |
| 1,575            | SOUTHWEST GAS HOLDINGS INC COM | 99,776        | 102,331        |
| 3,030            | SPIRE INC                      | 188,890       | 183,639        |
| 1,375            | SPX TECHNOLOGIES INC COM       | 138,889       | 101,308        |
| 1,865            | STRIDE INC                     | 110,725       | 99,314         |
| 1,140            | SUPER MICRO COMPUTER INC       | 324,056       | 60,918         |
| 1,930            | TEGNA INC                      | 29,529        | 37,875         |
| 1,129            | TEREX CORP                     | 64,872        | 29,203         |
| 5,775            | TETRA TECHNOLOGIES INC DEL     | 26,103        | 37,489         |
| 2,410            | THE BRINKS CO                  | 211,960       | 125,082        |
| 330              | THERMO FISHER SCIENTIFIC INC   | 175,161       | 181,827        |
|                  | <u>Forward</u>                 | \$ 29,571,492 | \$ 20,844,157  |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| <u>No. of<br/>Shares</u> | <u>Common Stock</u> (Continued) | <u>Fair<br/>Value</u> | <u>Carry<br/>Value</u> |
|--------------------------|---------------------------------|-----------------------|------------------------|
|                          | <u>Forwarded</u>                | \$ 29,571,492         | \$ 20,844,157          |
| 2,525                    | TRI POINTE HOMES INC            | 89,385                | 31,961                 |
| 1,178                    | TRINSEO PLC SHS                 | 9,860                 | 38,004                 |
| 7,750                    | TRIPADVISOR INC                 | 166,858               | 141,464                |
| 1,365                    | UNITED BANKSHARES INC W VA      | 51,256                | 46,269                 |
| 8,275                    | UPWORK INC                      | 123,049               | 114,746                |
| 3,250                    | URBAN OUTFITTERS INC            | 115,993               | 101,586                |
| 11,059                   | VALLEY NATIONAL BANCORP         | 120,101               | 110,259                |
| 2,035                    | VERADIGM INC                    | 21,347                | 25,015                 |
| 630                      | VERINT SYSTEMS INC              | 17,029                | 16,004                 |
| 6,625                    | VERTIV HOLDINGS CO              | 318,199               | 87,835                 |
| 2,810                    | VISA INC COM CL A               | 731,584               | 176,251                |
| 2,350                    | WAFD INC                        | 77,456                | 63,307                 |
| 3,100                    | WEATHERFORD INTL LTD            | 303,273               | 128,801                |
| 660                      | WESTERN ALLIANCE BANCORPORATION | 43,421                | 18,360                 |
| 110                      | WHITE MTNS INS GROUP LTD        | 165,551               | 98,655                 |
| 875                      | WINGSTOP INC                    | 224,508               | 138,770                |
| 2,655                    | YELP INC                        | 125,688               | 112,894                |
| 9,725                    | ZETA GLOBAL HOLDINGS CORP CL A  | 85,763                | 104,235                |
|                          | <u>TOTALS - COMMON STOCK</u>    | <u>\$ 32,361,813</u>  | <u>\$ 22,398,573</u>   |

# MEDIA GUILD RETIREMENT PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Corporate Debt Securities            | Fair<br>Value | Cost         |
|--------------|--------------------------------------|---------------|--------------|
| \$ 9,400     | 321 HENDERSON 3.944% 7/15/41         | \$ 8,505      | \$ 9,393     |
| 6,000        | ADTALEM GLOBAL 5.500% 3/01/28        | 5,771         | 5,460        |
| 11,000       | AERCAP IRELAND 2.450% 10/29/26       | 10,185        | 10,593       |
| 5,000        | AERCAP IRELAND L P 3.000% 10/29/28   | 4,565         | 4,354        |
| 50,000       | AERCAP IRELAND L P 3.300% 1/30/32    | 43,517        | 48,458       |
| 60,000       | AGL CLO 7.60087% 7/20/34             | 59,671        | 60,000       |
| 50,000       | AIMCO 6.94543% 10/17/34              | 49,997        | 50,000       |
| 25,000       | AIR LEASE CORP 3.250% 3/01/25        | 24,345        | 25,898       |
| 15,000       | AIR LEASE CORP MTN 2.200% 1/15/27    | 13,736        | 14,820       |
| 10,000       | AIR LEASE CORP MTN 2.300% 2/01/25    | 9,648         | 9,896        |
| 25,000       | AMERICAN ASSETS L P 3.375% 2/01/31   | 20,385        | 22,195       |
| 15,000       | AMERICAN HOMES 4 L P 3.375% 7/15/51  | 10,274        | 10,058       |
| 10,000       | AMERICAN L P 4.300% 4/15/52          | 8,053         | 7,754        |
| 25,000       | AMERICAN TOWER 5.550% 7/15/33        | 25,866        | 24,913       |
| 32,000       | AMERICAN TOWER CORP 2.700% 4/15/31   | 27,479        | 26,194       |
| 10,000       | AMGEN INC 4.200% 2/22/52             | 8,463         | 7,621        |
| 35,000       | AON CORP SR NT 2.800% 5/15/30        | 31,033        | 36,026       |
| 50,000       | APPALACHIAN POWER CO 4.500% 3/01/49  | 42,106        | 49,658       |
| 23,000       | ARDAGH PACKAGING SR 5.250% 8/15/27   | 17,868        | 20,930       |
| 5,000        | ARIZONA PUB SVC CO 6.350% 12/15/32   | 5,427         | 5,481        |
| 12,000       | AT T INC 4.850% 3/01/39              | 11,482        | 11,435       |
| 25,000       | ATHENE GLOBAL MTN 1.608% 6/29/26     | 22,615        | 25,000       |
| 10,000       | ATHENE GLOBAL MTN 3.205% 3/08/27     | 9,176         | 10,000       |
| 35,000       | ATHENE GLOBAL MTN 0.98798% 5/24/24   | 34,973        | 35,000       |
| 37,000       | AVOLON HLDGS FDG LTD 2.528% 11/18/27 | 32,776        | 37,686       |
| 25,000       | AVOLON HOLDINGS FNDG 2.875% 2/15/25  | 24,113        | 24,983       |
| 4,000        | B A T INTL FIN PLC 1.668% 3/25/26    | 3,715         | 3,528        |
| 25,000       | BACARDI LTD 4.450% 5/15/25           | 24,647        | 27,765       |
| 5,000        | BANK AMER CORP MTN 2.592% 4/29/31    | 4,309         | 4,430        |
| 30,000       | BANK OF AMERICA CORP 3.419% 12/20/28 | 28,258        | 28,643       |
| 30,000       | BANK OF AMERICA MTN 3.194% 7/23/30   | 27,201        | 26,547       |
| 5,000        | BAT CAPITAL CORP 4.390% 8/15/37      | 4,187         | 4,151        |
| 35,000       | BAT CAPITAL CORP 4.540% 8/15/47      | 26,871        | 33,649       |
| 5,000        | BAT CAPITAL CORP 5.650% 3/16/52      | 4,513         | 4,825        |
| 55,000       | BAYER US FIN II LLC 3.375% 7/15/24   | 54,217        | 58,252       |
| 50,000       | BAYER US FINANCE II 4.625% 6/25/38   | 43,197        | 54,225       |
| 3,205        | BC AMERICA FUNDING 6.50002% 6/25/32  | 3,185         | 3,317        |
| 14,743       | BEAR STEARNS ALT 6.11052% 4/25/34    | 13,971        | 14,551       |
| 20,000       | BECTON DICKINSON 4.298% 8/22/32      | 19,294        | 20,000       |
| 7,000        | BECTON DICKINSON AND 3.363% 6/06/24  | 6,932         | 6,731        |
| 5,000        | BECTON DICKINSON CO 3.734% 12/15/24  | 4,921         | 5,067        |
| 30,000       | BERKSHIRE HATHAWAY 3.850% 3/15/52    | 25,067        | 29,894       |
| 50,000       | BERRY GLOBAL INC 1.5699% 1/15/26     | 46,450        | 49,472       |
| 45,000       | BK OF AMERICA CORP 1.658% 3/11/27    | 41,630        | 45,226       |
| 30,000       | BK OF AMERICA CORP 2.572% 10/20/32   | 24,872        | 24,934       |
| 95,000       | BK OF AMERICA MTN 1.530% 12/06/25    | 91,328        | 94,913       |
| 25,000       | BK OF AMERICA MTN 1.922% 10/24/31    | 20,296        | 20,432       |
| 10,000       | BK OF AMERICA MTN 2.299% 7/21/32     | 8,165         | 8,167        |
| 5,000        | BROADCOM INC SR GLBL 3.625% 10/15/24 | 4,930         | 5,235        |
| 50,000       | BX COML MTG TR 3.54875% 3/11/44      | 41,715        | 40,078       |
|              | <u>Forward</u>                       | \$ 1,135,900  | \$ 1,207,838 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | <u>Corporate Debt Securities</u> (Continued) |  | Fair<br>Value | Cost         |
|--------------|----------------------------------------------|--|---------------|--------------|
|              | <u>Forwarded</u>                             |  | \$ 1,135,900  | \$ 1,207,838 |
| \$ 10,000    | BX TRUST 3.202% 12/09/41                     |  | 8,827         | 10,299       |
| 33,599       | BX TRUST 6.6092% 10/15/36                    |  | 33,514        | 33,651       |
| 15,000       | CABLE ONE INC 4.000% 11/15/30                |  | 12,145        | 12,113       |
| 30,000       | CAPITAL ONE FINL 3.273% 3/01/30              |  | 26,793        | 30,000       |
| 6,000        | CENTENE CORP DEL 2.450% 7/15/28              |  | 5,344         | 6,000        |
| 46,000       | CENTENE CORP DEL 3.000% 10/15/30             |  | 39,838        | 46,000       |
| 5,000        | CENTENE CORP DEL SR 4.250% 12/15/27          |  | 4,818         | 4,844        |
| 35,000       | CHARTER 5.250% 4/01/53                       |  | 29,314        | 34,755       |
| 15,000       | CHARTER COMM OPT LLC 4.800% 3/01/50          |  | 11,611        | 15,350       |
| 39,000       | CHARTER COMM OPT LLC 5.750% 4/01/48          |  | 34,612        | 46,886       |
| 10,000       | CIFC FUNDING LTD 7.63032% 10/17/31           |  | 9,951         | 9,904        |
| 16,000       | CIGNA CORP 3.400% 3/15/51                    |  | 11,831        | 16,277       |
| 15,000       | CIGNA CORP NEW GLBL 3.400% 3/01/27           |  | 14,456        | 15,549       |
| 107,083      | CITIGROUP 2.500% 9/25/51                     |  | 87,691        | 90,451       |
| 100,000      | CITIGROUP COMMERCIAL 2.456% 11/10/42         |  | 82,203        | 84,938       |
| 25,000       | CITIGROUP INC 2.561% 5/01/32                 |  | 20,858        | 21,540       |
| 20,000       | CITIGROUP INC 2.976% 11/05/30                |  | 17,808        | 18,105       |
| 35,000       | CITIGROUP INC 3.057% 1/25/33                 |  | 29,861        | 31,220       |
| 25,000       | CITIGROUP INC 4.412% 3/31/31                 |  | 23,911        | 28,290       |
| 20,000       | COMMONSPIRIT 2.782% 10/01/30                 |  | 17,341        | 20,379       |
| 15,000       | COX COMMUNICATIONS 2.600% 6/15/31            |  | 12,708        | 14,573       |
| 20,000       | CPT MORTGAGE TRUST 2.865% 11/13/39           |  | 16,847        | 20,600       |
| 99,752       | CREDIT SUISSE 7.06698% 5/15/36               |  | 99,461        | 97,383       |
| 25,000       | CVS HEALTH CORP 5.050% 3/25/48               |  | 23,383        | 26,448       |
| 25,000       | DC OFFICE TRUST 2.965% 9/15/45               |  | 20,843        | 25,748       |
| 55,350       | DELTA AIR LINES 4.000% 6/10/28               |  | 49,084        | 55,350       |
| 25,000       | DENTSPLY SIRONA INC 3.250% 6/01/30           |  | 22,101        | 20,986       |
| 39,000       | DUKE ENERGY 5.350% 1/15/53                   |  | 39,922        | 39,125       |
| 5,000        | DUKE ENERGY FLA LLC 5.875% 11/15/33          |  | 5,390         | 4,991        |
| 3,000        | ENERGY TRANSFER L P 6.550% 12/01/33          |  | 3,256         | 2,997        |
| 20,000       | EVERSOURCE ENERGY 4.600% 7/01/27             |  | 19,837        | 19,976       |
| 20,000       | EVERSOURCE ENERGY 5.950% 2/01/29             |  | 20,945        | 19,977       |
| 30,000       | EXTRA SPACE LP 2.400% 10/15/31               |  | 24,749        | 24,030       |
| 8,000        | EXTRA SPACE STORAGE 2.200% 10/15/30          |  | 6,654         | 6,329        |
| 5,000        | EXTRA SPACE STORAGE 3.875% 12/15/27          |  | 4,774         | 4,749        |
| 75,000       | FARMERS EXCHANGE CAP 7.200% 7/15/48          |  | 75,253        | 59,438       |
| 81,000       | FIRSTENERGY 2.866% 9/15/28                   |  | 73,441        | 81,000       |
| 25,000       | FISERV INC 5.600% 3/02/33                    |  | 26,097        | 24,970       |
| 5,000        | FISERV INC 5.625% 8/21/33                    |  | 5,238         | 4,888        |
| 25,000       | FRESENIUS MED CARE 1.875% 12/01/26           |  | 22,584        | 25,093       |
| 18,192       | FS RIALTO 6.89515% 12/16/36                  |  | 18,110        | 18,192       |
| 10,000       | GALLAGHER ARTHUR J 5.750% 3/02/53            |  | 10,176        | 9,900        |
| 97,365       | GCAT TR 6.000% 8/25/53                       |  | 97,643        | 94,962       |
| 5,000        | GGAM FIN LTD 8.000% 2/15/27                  |  | 5,125         | 4,966        |
| 10,000       | GGAM FIN LTD 8.000% 6/15/28                  |  | 10,346        | 10,000       |
| 35,000       | GLOBAL PMTS INC 5.300% 8/15/29               |  | 35,229        | 34,998       |
| 5,000        | GLOBAL PMTS INC 5.950% 8/15/52               |  | 5,095         | 4,236        |
| 30,000       | GLP CAP L P 3.250% 1/15/32                   |  | 25,328        | 24,626       |
| 10,000       | GLP CAP LP GLP 6.750% 12/01/33               |  | 10,788        | 9,820        |
|              | <u>Forward</u>                               |  | \$ 2,449,034  | \$ 2,574,740 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Corporate Debt Securities (Continued) | Fair<br>Value | Cost         |
|--------------|---------------------------------------|---------------|--------------|
|              | <u>Forwarded</u>                      | \$ 2,449,034  | \$ 2,574,740 |
| \$ 14,000    | GLP CAP LP GLP FING 4.000% 1/15/31    | 12,609        | 11,856       |
| 15,000       | GLP CAPITAL LP FIN 5.375% 4/15/26     | 14,907        | 15,998       |
| 10,000       | GOLDMAN SACHS 1.948% 10/21/27         | 9,148         | 9,517        |
| 55,000       | GOLDMAN SACHS GROUP 1.431% 3/09/27    | 50,715        | 55,016       |
| 45,000       | GOLDMAN SACHS GROUP 1.542% 9/10/27    | 40,816        | 43,738       |
| 15,000       | GOLDMAN SACHS GROUP 2.383% 7/21/32    | 12,324        | 12,281       |
| 15,000       | GOLDMAN SACHS GROUP 3.750% 2/25/26    | 14,656        | 14,965       |
| 30,000       | GRAPHIC PACKING INTL 4.125% 8/15/24   | 29,550        | 29,550       |
| 37,811       | HARBORVIEW MTG LN 4.65977% 6/20/35    | 34,064        | 37,244       |
| 20,000       | HCA INC 4.125% 6/15/29                | 19,122        | 22,594       |
| 28,000       | HCA INC 5.250% 4/15/25                | 27,968        | 29,870       |
| 15,000       | HCA INC 5.250% 6/15/49                | 13,944        | 15,126       |
| 20,000       | HCA INC 5.375% 9/01/26                | 20,092        | 20,092       |
| 20,000       | HCA INC 5.500% 6/15/47                | 19,254        | 22,595       |
| 5,000        | HEALTHCARE TRUST OF 2.400% 3/15/30    | 4,106         | 4,018        |
| 40,000       | HEALTHCARE TRUST OF 3.100% 2/15/30    | 34,968        | 35,126       |
| 60,000       | HIGHBRIDGE LOAN 6.96495% 1/23/35      | 59,929        | 60,000       |
| 35,000       | HSBC HLDGS PLC 1.589% 5/24/27         | 32,101        | 34,850       |
| 45,000       | HSBC HLDGS PLC 2.804% 5/24/32         | 37,566        | 37,876       |
| 40,000       | HSBC HLDGS PLC SR 2.013% 9/22/28      | 35,610        | 39,913       |
| 10,000       | HSBC HOLDINGS PLC 2.099% 6/04/26      | 9,520         | 9,295        |
| 5,000        | HUDSON PACIFIC 3.250% 1/15/30         | 3,672         | 3,363        |
| 5,000        | HUDSON PACIFIC 3.950% 11/01/27        | 4,186         | 3,713        |
| 35,000       | HUDSON PACIFIC 4.650% 4/01/29         | 28,391        | 38,258       |
| 25,000       | HUDSON YARDS 2.9428% 12/10/41         | 21,620        | 25,693       |
| 55,000       | HUMANA INC 3.700% 3/23/29             | 52,834        | 54,930       |
| 9,000        | ICAHN ENTERPRISES 5.250% 5/15/27      | 8,084         | 7,558        |
| 5,000        | ICAHN ENTERPRISES LP 9.750% 1/15/29   | 5,101         | 5,000        |
| 50,000       | ILLUMINA INC 5.750% 12/13/27          | 51,328        | 49,932       |
| 20,000       | IMPERIAL BRANDS FIN 3.125% 7/26/24    | 19,668        | 21,074       |
| 25,000       | INTERCONTINENTAL 1.850% 9/15/32       | 20,060        | 22,464       |
| 15,000       | INTERNATIONAL 2.300% 11/01/30         | 12,403        | 11,602       |
| 5,000        | INTL FLAVOR 4.375% 6/01/47            | 3,836         | 3,525        |
| 40,000       | INTL FLAVOR 5.000% 9/26/48            | 33,950        | 40,429       |
| 5,000        | INTL FLAVORS 1.832% 10/15/27          | 4,381         | 4,146        |
| 5,000        | INTL FLAVORS 3.268% 11/15/40          | 3,578         | 3,569        |
| 5,000        | INTL FLAVORS 3.468% 12/01/50          | 3,412         | 3,280        |
| 25,000       | INVITATION HOMES L P 2.000% 8/15/31   | 19,894        | 18,890       |
| 25,000       | INVITATION HOMES LTD 5.500% 8/15/33   | 25,030        | 23,918       |
| 89,444       | J P MORGAN MTG TR 2.500% 11/27/51     | 77,963        | 91,638       |
| 20,000       | JBS USA LUX S A 3.000% 2/02/29        | 17,592        | 20,000       |
| 25,000       | JBS USA LUX S A 3.000% 5/15/32        | 20,354        | 25,000       |
| 5,000        | JBS USA LUX S A 3.750% 12/01/31       | 4,308         | 5,000        |
| 30,000       | JBS USA LUX S A 6.750% 3/15/34        | 31,609        | 29,960       |
| 20,000       | JBS USA LUX S A JBS 6.500% 12/01/52   | 20,110        | 20,000       |
| 15,000       | JP MORGAN CHASE 3.3973% 6/05/39       | 13,492        | 15,450       |
| 90,008       | JP MORGAN MORTGAGE 2.500% 2/25/52     | 78,432        | 91,513       |
| 92,376       | JP MORGAN MORTGAGE 2.500% 4/25/52     | 75,532        | 92,823       |
|              | <u>Forward</u>                        | \$ 3,642,823  | \$ 3,868,988 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | <u>Corporate Debt Securities</u> (Continued) |                   | Fair<br>Value | Cost         |
|--------------|----------------------------------------------|-------------------|---------------|--------------|
|              | <u>Forwarded</u>                             |                   | \$ 3,642,823  | \$ 3,868,988 |
| \$ 135,369   | JP MORGAN MRTG                               | 2.500% 12/25/51   | 117,787       | 116,856      |
| 55,000       | JPMORGAN CHASE                               | 0.969% 6/23/25    | 53,714        | 55,000       |
| 65,000       | JPMORGAN CHASE                               | 2.580% 4/22/32    | 54,980        | 58,174       |
| 15,000       | JPMORGAN CHASE CO                            | 2.069% 6/01/29    | 13,300        | 12,816       |
| 10,000       | JPMORGAN CHASE CO                            | 2.545% 11/08/32   | 8,344         | 9,025        |
| 35,000       | JPMORGAN CHASE CO                            | 3.900% 7/15/25    | 34,456        | 36,542       |
| 65,000       | JPMORGAN CHASE CO SR                         | 1.578% 4/22/27    | 59,983        | 65,410       |
| 10,000       | KEYSPAN GAS EAST                             | 5.994% 3/06/33    | 10,169        | 10,032       |
| 55,000       | KEYSPAN GAS EAST MTN                         | 3.586% 1/18/52    | 38,132        | 55,000       |
| 15,000       | KILROY RLTY L P                              | 2.650% 11/15/33   | 11,374        | 11,649       |
| 2,000        | KRAFT HEINZ FOODS CO                         | 5.000% 7/15/35    | 2,010         | 2,157        |
| 10,000       | LLOYDS BANKING                               | 3.900% 3/12/24    | 9,959         | 10,579       |
| 10,000       | LLOYDS BKG GROUP                             | 3.870% 7/09/25    | 9,905         | 10,835       |
| 5,000        | LXP INDUSTRIAL TRUST                         | 6.750% 11/15/28   | 5,254         | 4,971        |
| 40,000       | MADISON PK FDG                               | 7.33976% 4/22/30  | 39,857        | 39,240       |
| 20,000       | MAGIC MERGECO INC                            | 5.250% 5/01/28    | 15,812        | 20,213       |
| 10,000       | META PLATFORMS INC                           | 5.600% 5/15/53    | 10,838        | 9,972        |
| 17,000       | MODIVCARE INC SR                             | 5.000% 10/01/29   | 13,895        | 13,426       |
| 40,000       | MORGAN STANLEY                               | 2.484% 9/16/36    | 31,704        | 30,731       |
| 5,079        | MORGAN STANLEY                               | 3.50324% 2/25/36  | 5,011         | 5,071        |
| 3,735        | MORGAN STANLEY                               | 4.57492% 1/25/35  | 3,733         | 3,688        |
| 20,000       | MORGAN STANLEY MTN                           | 1.164% 10/21/25   | 19,248        | 20,000       |
| 25,000       | MORGAN STANLEY MTN                           | 1.593% 5/04/27    | 23,035        | 25,000       |
| 20,000       | MORGAN STANLEY MTN                           | 1.928% 4/28/32    | 16,083        | 15,914       |
| 9,225        | MORTGAGEIT TRUST                             | 6.11046% 2/25/35  | 8,848         | 9,118        |
| 112,000      | NATIONWIDE MUT IN                            | 7.96104% 12/15/24 | 111,889       | 112,000      |
| 26,165       | NAVIENT STUDENT                              | 6.07191% 3/25/43  | 25,808        | 26,165       |
| 26,847       | NELNET STUDENT LOA                           | 6.40192% 11/25/43 | 26,600        | 26,847       |
| 2,674        | NEW CENTURY HOME                             | 3.39518% 12/25/35 | 2,669         | 2,647        |
| 20,000       | NEW YORK LIFE                                | 3.750% 5/15/50    | 15,993        | 21,903       |
| 5,000        | NORTHWEST FIBER L P                          | 4.750% 4/30/27    | 4,775         | 4,813        |
| 25,000       | NY PRESBYTERIAN                              | 3.563% 8/01/36    | 21,095        | 24,999       |
| 3,000        | OCCIDENTAL PETROLEUM                         | 10/10/36          | 1,598         | 1,665        |
| 127,595      | OCEANVIEW MORTGAGE                           | 2.500% 6/25/51    | 111,098       | 111,719      |
| 100,708      | OCEANVIEW MTG                                | 2.500% 7/25/51    | 87,709        | 84,728       |
| 60,000       | OCP CLO LTD                                  | 7.13087% 10/20/34 | 59,895        | 60,000       |
| 30,000       | ONE BRYANT PARK                              | 2.51641% 9/13/49  | 25,399        | 30,000       |
| 106,990      | ONSLOW BAY                                   | 2.500% 5/25/51    | 93,336        | 90,319       |
| 15,000       | ORACLE CORP                                  | 3.800% 11/15/37   | 12,747        | 11,899       |
| 69,000       | ORACLE CORP                                  | 3.950% 3/25/51    | 54,032        | 67,499       |
| 15,000       | ORACLE CORP                                  | 6.900% 11/09/52   | 17,605        | 14,991       |
| 5,000        | ORACLE CORPORATION                           | 2.800% 4/01/27    | 4,716         | 5,203        |
| 55,000       | PALMER SQUARE                                | 7.03519% 4/20/35  | 54,965        | 55,000       |
| 7,000        | PARK AEROSPACE                               | 5.500% 2/15/24    | 6,987         | 7,680        |
| 20,000       | PECO ENERGY CO 1M                            | 4.600% 5/15/52    | 18,761        | 19,855       |
| 21,000       | PETROLEOS MEXICANOS                          | 6.625% 6/15/35    | 16,106        | 14,398       |
| 15,000       | PHYSICIANS RLTY LP                           | 2.625% 11/01/31   | 12,341        | 11,551       |
| 10,000       | PILGRIMS PRIDE                               | 6.250% 7/01/33    | 10,289        | 9,931        |
|              | <u>Forward</u>                               |                   | \$ 5,056,667  | \$ 5,336,219 |

# MEDIA GUILD RETIREMENT PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Corporate Debt Securities (Continued) |  | Fair<br>Value | Cost         |
|--------------|---------------------------------------|--|---------------|--------------|
|              | <u>Forwarded</u>                      |  | \$ 5,056,667  | \$ 5,336,219 |
| \$ 25,000    | PNC FINANCIAL 5.068% 1/24/34          |  | 24,462        | 24,621       |
| 20,000       | PNC FINANCIAL 6.037% 10/28/33         |  | 20,896        | 20,000       |
| 10,000       | PNC FINL SVCS GROUP 5.582% 6/12/29    |  | 10,213        | 10,000       |
| 15,000       | PNC FINL SVCS GROUP 6.875% 10/20/34   |  | 16,652        | 14,982       |
| 87,719       | POPULAR ABS MTG TR 2.55084% 6/25/47   |  | 80,473        | 51,754       |
| 6,000        | POWERTEAM SVCS L P 9.033% 12/04/25    |  | 5,676         | 5,760        |
| 3,000        | QWEST CORP 7.250% 9/15/25             |  | 2,940         | 3,143        |
| 2,000        | RAISING CANES 9.375% 5/01/29          |  | 2,134         | 2,000        |
| 55,000       | RECETTE CLO LTD 7.05776% 4/20/34      |  | 54,753        | 55,000       |
| 20,000       | REYNOLDS AMERICAN 5.700% 8/15/35      |  | 19,737        | 24,012       |
| 40,000       | REYNOLDS AMERICAN 5.850% 8/15/45      |  | 37,442        | 45,045       |
| 60,000       | ROCKFORD TOWER CLO 7.26665% 1/20/32   |  | 59,930        | 60,000       |
| 30,000       | ROCKIES EXPRESS 4.950% 7/15/29        |  | 28,685        | 30,063       |
| 10,000       | ROYAL BK SCOTLND 4.269% 3/22/25       |  | 9,965         | 10,833       |
| 10,000       | S L M A 1.33997% 4/25/29              |  | 9,273         | 8,856        |
| 10,000       | S L M A 2.10771% 4/25/29              |  | 9,774         | 9,030        |
| 10,000       | S L M A 5.68195% 1/25/29              |  | 9,279         | 8,661        |
| 51,252       | S L M A 6.15191% 1/25/29              |  | 49,115        | 50,227       |
| 10,000       | S L M A 6.66771% 7/25/29              |  | 9,187         | 9,604        |
| 10,000       | S L M A 6.66771% 7/25/29              |  | 9,245         | 9,552        |
| 10,000       | S L M A 6.66771% 7/25/29              |  | 9,822         | 9,698        |
| 39,751       | S L M A 6.74221% 10/25/21             |  | 39,248        | 39,702       |
| 57,261       | S L M A 7.40665% 7/25/22              |  | 57,180        | 57,907       |
| 85,000       | SANTANDER UK GROUP 1.089% 3/15/25     |  | 84,065        | 84,416       |
| 15,000       | SANTANDER UK GROUP 1.532% 8/24/26     |  | 13,988        | 15,025       |
| 35,000       | SANTANDER UK GROUP 1.673% 6/14/27     |  | 31,817        | 34,892       |
| 10,000       | SFAVE COMMERCIAL 3.872% 1/05/43       |  | 7,341         | 9,603        |
| 40,000       | SOUTHERN CO GAS CAP 5.150% 9/15/32    |  | 40,561        | 39,888       |
| 5,000        | SPECTRUM BRANDS INC 3.875% 3/15/31    |  | 4,550         | 4,575        |
| 38,250       | SPRINT SPECTRUM 5.152% 3/20/28        |  | 38,079        | 41,053       |
| 12,500       | SPRINT SPECTRUM 4.79064% 3/20/25      |  | 12,392        | 13,046       |
| 10,172       | STRUCTURED ASSET 5.95025% 4/19/35     |  | 9,563         | 9,981        |
| 49,000       | SUNOCO LOGISTICS 5.400% 10/01/47      |  | 45,657        | 50,332       |
| 25,000       | T MOBILE USA INC 2.250% 2/15/26       |  | 23,690        | 25,000       |
| 34,000       | T MOBILE USA INC 2.625% 4/15/26       |  | 32,339        | 34,000       |
| 16,000       | T MOBILE USA INC 3.375% 4/15/29       |  | 14,866        | 14,209       |
| 20,000       | TAKE TWO INTERACTIVE 4.000% 4/14/32   |  | 18,992        | 19,979       |
| 45,000       | TEACHERS INSURANCE 3.300% 5/15/50     |  | 33,180        | 46,818       |
| 30,000       | TENCENT HOLDINGS LTD 3.975% 4/11/29   |  | 28,539        | 32,714       |
| 30,777       | THORNBURG MTG SECS 6.64995% 9/25/43   |  | 28,832        | 30,354       |
| 25,000       | TIME WARNER CABL 5.500% 9/01/41       |  | 21,627        | 23,643       |
| 20,000       | TIME WARNER CABL 5.875% 11/15/40      |  | 18,104        | 20,845       |
| 55,000       | TRESTLES CLO LTD 7.65309% 10/20/34    |  | 54,639        | 55,000       |
| 100,000      | UBS GROUP AG 1.305% 2/02/27           |  | 91,523        | 89,633       |
| 5,000        | UBS GROUP AG 3.091% 5/14/32           |  | 4,258         | 4,164        |
| 10,000       | UBS GROUP AG 3.869% 1/12/29           |  | 9,427         | 9,004        |
| 75,000       | UBS GROUP AG 6.537% 8/12/33           |  | 80,037        | 69,934       |
| 45,000       | UBS GROUP AG 9.016% 11/15/33          |  | 55,316        | 43,993       |
|              | <u>Forward</u>                        |  | \$ 6,436,130  | \$ 6,718,770 |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Corporate Debt Securities (Continued)     | Fair<br>Value       | Cost              |
|--------------|-------------------------------------------|---------------------|-------------------|
|              | <u>Forwarded</u>                          | \$ 6,436,130        | \$ 6,718,770      |
| \$ 40,000    | UNITED AIR LINES 5.800% 7/15/37           | 40,564              | 40,000            |
| 16,598       | UNITED AIRLINES 4.300% 2/15/27            | 16,083              | 17,053            |
| 10,000       | UNIVERSAL HLTH SVCS 1.650% 9/01/26        | 9,098               | 9,988             |
| 35,000       | US BANCORP 4.839% 2/01/34                 | 33,524              | 34,348            |
| 20,000       | US BANCORP 5.850% 10/21/33                | 20,605              | 20,000            |
| 10,000       | US BANCORP MTN 5.836% 6/12/34             | 10,315              | 10,000            |
| 25,000       | VENTAS REALTY LP 2.650% 1/15/25           | 24,239              | 24,864            |
| 5,000        | VICI PPTYS INC 3.875% 2/15/29             | 4,593               | 4,413             |
| 10,000       | VICI PPTYS INC 4.500% 1/15/28             | 9,539               | 9,438             |
| 5,000        | VICI PPTYS INC SR 4.500% 9/01/26          | 4,840               | 4,788             |
| 6,000        | VICI PROPERTIES L P 4.950% 2/15/30        | 5,822               | 5,534             |
| 26,000       | VICI PROPERTIES L P 5.125% 5/15/32        | 25,345              | 25,481            |
| 5,000        | VICI PROPERTIES L P 5.625% 5/15/52        | 4,794               | 4,989             |
| 12,000       | VZ SECD FING 5.000% 1/15/32               | 10,245              | 9,900             |
| 12,081       | WAMU MORTGAGE 5.30602% 12/25/45           | 11,729              | 12,055            |
| 35,207       | WAMU MORTGAGE PASS 5.1859% 4/25/45        | 34,051              | 34,915            |
| 17,989       | WAMU MORTGAGE PASS 5.76223% 7/25/44       | 16,580              | 17,944            |
| 75,433       | WAMU MORTGAGE PASS 5.97656% 10/25/44      | 70,942              | 73,468            |
| 65,172       | WAMU MTG CERT 5.64607% 6/25/45            | 60,802              | 63,950            |
| 45,000       | WARNERMEDIA HLDGS 5.050% 3/15/42          | 39,671              | 45,000            |
| 88,000       | WARNERMEDIA HLDGS 5.141% 3/15/52          | 75,536              | 80,607            |
| 60,000       | WELLMAN PARK CLO 6.9056% 7/15/34          | 60,042              | 60,000            |
| 15,000       | WELLS FARGO CO 4.897% 7/25/33             | 14,613              | 14,509            |
| 10,000       | WELLS FARGO CO 5.013% 4/04/51             | 9,512               | 12,657            |
| 75,000       | WELLS FARGO CO MTN 2.393% 6/02/28         | 68,695              | 77,992            |
| 55,000       | WELLS FARGO CO MTN 3.350% 3/02/33         | 48,038              | 52,377            |
| 35,000       | WELLS FARGO CO MTN 5.574% 7/25/29         | 35,737              | 33,941            |
| 10,000       | WILLIS NORTH AMER 5.350% 5/15/33          | 10,099              | 9,526             |
| 15,000       | WILLIS NORTH AMERICA 2.950% 9/15/29       | 13,416              | 15,457            |
| 25,000       | WRKCO INC 3.750% 3/15/25                  | 24,524              | 25,268            |
|              | <u>TOTALS - CORPORATE DEBT SECURITIES</u> | <u>\$ 7,249,723</u> | <u>\$ 850,462</u> |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Government Debt Securities          | Fair<br>Value | Cost      |
|--------------|-------------------------------------|---------------|-----------|
| \$ 30,000    | ALABAMA ECON AL 4.263% 9/15/32      | \$ 28,792     | \$ 30,000 |
| 15,000       | CALIFORNIA HEALTH 3.000% 8/15/51    | 12,205        | 11,267    |
| 92,125       | F H L M C #QE0312 2.000% 4/01/52    | 75,299        | 81,127    |
| 87,550       | F H L M C #SD8189 2.500% 12/01/51   | 74,511        | 78,484    |
| 113,180      | F H L M C #SD8193 2.000% 1/01/52    | 92,499        | 98,623    |
| 111,219      | F H L M C #SD8194 2.500% 1/01/52    | 94,652        | 103,525   |
| 91,011       | F H L M C #SD8205 2.500% 4/01/52    | 77,449        | 83,193    |
| 115,442      | F H L M C #SD8212 2.500% 4/01/52    | 98,235        | 106,421   |
| 3,322        | F H L M C #ZA5103 3.500% 12/01/47   | 3,100         | 3,513     |
| 6,752        | F H L M C #ZT0542 4.000% 7/01/48    | 6,512         | 7,219     |
| 3,899        | F H L M C #ZT1403 3.500% 11/01/33   | 3,828         | 4,008     |
| 7,052        | F H L M C GD G07786 4.000% 8/01/44  | 6,870         | 7,440     |
| 19,694       | F H L M C GD G07849 3.500% 5/01/44  | 18,584        | 20,469    |
| 8,334        | F H L M C GD G07924 3.500% 1/01/45  | 7,806         | 8,704     |
| 10,505       | F H L M C GD G08710 3.000% 6/01/46  | 9,580         | 10,797    |
| 9,318        | F H L M C GD G08711 3.500% 6/01/46  | 8,708         | 9,798     |
| 35,255       | F H L M C GD G08715 3.000% 7/01/46  | 32,141        | 36,117    |
| 13,331       | F H L M C GD G08716 3.500% 7/01/46  | 12,544        | 14,086    |
| 6,906        | F H L M C GD G08722 3.500% 8/01/46  | 6,480         | 7,296     |
| 20,349       | F H L M C GD G08726 3.000% 9/01/46  | 18,507        | 21,105    |
| 13,884       | F H L M C GD G08732 3.000% 10/01/46 | 12,586        | 14,323    |
| 3,546        | F H L M C GD G08738 3.500% 11/01/46 | 3,314         | 3,618     |
| 7,168        | F H L M C GD G08757 3.500% 3/01/47  | 6,699         | 7,365     |
| 7,818        | F H L M C GD G08784 3.500% 9/01/47  | 7,313         | 7,722     |
| 34,528       | F H L M C GD G08796 3.500% 12/01/47 | 32,268        | 35,386    |
| 1,843        | F H L M C GD G08833 5.000% 6/01/48  | 1,856         | 1,947     |
| 1,093        | F H L M C GD G08844 5.000% 10/01/48 | 1,100         | 1,145     |
| 2,608        | F H L M C GD G08849 5.000% 11/01/48 | 2,623         | 2,729     |
| 10,152       | F H L M C GD G16584 3.500% 8/01/33  | 9,980         | 10,321    |
| 7,507        | F H L M C GD G16756 3.500% 1/01/34  | 7,366         | 7,643     |
| 3,084        | F H L M C GD G18592 3.000% 3/01/31  | 2,958         | 3,227     |
| 12,916       | F H L M C GD G18713 3.500% 11/01/33 | 12,697        | 13,119    |
| 22,570       | F H L M C GD G60138 3.500% 8/01/45  | 21,280        | 23,423    |
| 33,894       | F H L M C GD G60278 4.000% 10/01/45 | 32,877        | 36,447    |
| 39,893       | F H L M C GD G60440 3.500% 3/01/46  | 37,472        | 41,063    |
| 54,797       | F H L M C GD G61556 3.500% 8/01/48  | 51,444        | 55,062    |
| 46,814       | F H L M C GD G67707 3.500% 1/01/48  | 43,947        | 47,425    |
| 14,788       | F H L M C GD G67711 4.000% 3/01/48  | 14,288        | 15,089    |
| 9,589        | F H L M C GD Q52319 3.500% 11/01/47 | 8,962         | 9,593     |
| 63,450       | F H L M C GD Q52850 3.500% 12/01/47 | 59,296        | 63,639    |
| 6,458        | F H L M C MLTCL M 20.500% 2/15/32   | 7,264         | 6,809     |
| 50,000       | F H L M C MLTCL MTG 3.990% 8/25/33  | 47,960        | 50,669    |
| 45,981       | F H L M C MLTCL MTG 4.000% 2/15/47  | 43,375        | 48,358    |
| 1,306        | F H L M C MLTCL MTG 4.000% 6/15/47  | 1,282         | 1,313     |
| 13,892       | F H L M C MLTCL MTG 5.000% 1/15/34  | 13,936        | 12,964    |
| 6,726        | F N M A #607794 7.500% 11/01/31     | 6,815         | 7,027     |
| 12,974       | F N M A #655928 7.000% 8/01/32      | 13,492        | 13,834    |
| 26,367       | F N M A #AL0149 4.000% 2/01/41      | 25,714        | 26,503    |
| 60,606       | F N M A #AS6451 3.500% 1/01/46      | 56,837        | 60,838    |

Forward

\$ 1,275,303 \$ 1,371,793

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| Par<br>Value | Government Debt Securities (Continued) |        |          | Fair<br>Value | Carry<br>Value |
|--------------|----------------------------------------|--------|----------|---------------|----------------|
|              | <u>Forwarded</u>                       |        |          | \$ 1,275,303  | \$ 1,371,793   |
| \$ 2,234     | F N M A #AS9830                        | 4.000% | 6/01/47  | 2,154         | 2,352          |
| 2,360        | F N M A #AS9972                        | 4.000% | 7/01/47  | 2,275         | 2,487          |
| 2,663        | F N M A #BD5046                        | 3.500% | 2/01/47  | 2,486         | 2,749          |
| 35,000       | F N M A #BL6060                        | 2.455% | 4/01/40  | 25,646        | 34,913         |
| 12,671       | F N M A #BM2003                        | 4.000% | 10/01/47 | 12,216        | 13,164         |
| 34,313       | F N M A #BN7755                        | 3.000% | 9/01/49  | 30,896        | 36,258         |
| 67,339       | F N M A #BQ6913                        | 2.000% | 12/01/51 | 55,079        | 59,474         |
| 180,017      | F N M A #BV8477                        | 3.000% | 5/01/52  | 159,763       | 162,952        |
| 91,372       | F N M A #BV8515                        | 3.000% | 5/01/52  | 80,839        | 84,237         |
| 3,072        | F N M A #CA0996                        | 3.500% | 1/01/48  | 2,878         | 3,043          |
| 39,139       | F N M A #CA1182                        | 3.500% | 2/01/48  | 36,669        | 40,916         |
| 11,008       | F N M A #CA1710                        | 4.500% | 5/01/48  | 10,833        | 11,447         |
| 2,189        | F N M A #CA1711                        | 4.500% | 5/01/48  | 2,153         | 2,272          |
| 6,302        | F N M A #CA2327                        | 4.000% | 9/01/48  | 6,097         | 6,470          |
| 39,582       | F N M A #CA3633                        | 3.500% | 6/01/49  | 37,004        | 42,168         |
| 112,613      | F N M A #CB2610                        | 2.000% | 1/01/52  | 92,141        | 99,883         |
| 67,544       | F N M A #CB2802                        | 2.000% | 2/01/52  | 55,260        | 55,576         |
| 157,855      | F N M A #FM9669                        | 2.000% | 12/01/51 | 129,184       | 140,269        |
| 115,108      | F N M A #FS1598                        | 2.000% | 4/01/52  | 94,104        | 98,435         |
| 11,799       | F N M A #MA1561                        | 3.000% | 8/01/33  | 11,138        | 11,624         |
| 17,982       | F N M A #MA1584                        | 3.500% | 9/01/33  | 17,286        | 18,238         |
| 47,724       | F N M A #MA2705                        | 3.000% | 7/01/46  | 43,465        | 47,115         |
| 17,681       | F N M A #MA2895                        | 3.000% | 2/01/47  | 16,021        | 17,148         |
| 10,387       | F N M A #MA3014                        | 3.500% | 5/01/27  | 10,174        | 10,697         |
| 3,188        | F N M A #MA3027                        | 4.000% | 6/01/47  | 3,085         | 3,363          |
| 1,693        | F N M A #MA3029                        | 3.000% | 6/01/32  | 1,620         | 1,746          |
| 13,181       | F N M A #MA3088                        | 4.000% | 8/01/47  | 12,706        | 13,912         |
| 4,895        | F N M A #MA3210                        | 3.500% | 12/01/47 | 4,566         | 4,899          |
| 17,285       | F N M A #MA3295                        | 3.500% | 2/01/28  | 16,910        | 17,815         |
| 4,569        | F N M A #MA3537                        | 4.500% | 11/01/48 | 4,502         | 4,752          |
| 13,284       | F N M A #MA3811                        | 3.000% | 10/01/49 | 11,552        | 13,334         |
| 14,554       | F N M A #MA4093                        | 2.000% | 8/01/40  | 12,529        | 15,022         |
| 71,050       | F N M A #MA4158                        | 2.000% | 9/01/50  | 58,444        | 58,561         |
| 60,220       | F N M A #MA4176                        | 2.000% | 10/01/40 | 51,841        | 62,111         |
| 117,107      | F N M A #MA4356                        | 2.500% | 6/01/51  | 99,702        | 99,541         |
| 111,230      | F N M A #MA4548                        | 2.500% | 1/01/52  | 94,669        | 103,505        |
| 112,014      | F N M A #MA4563                        | 2.500% | 3/01/52  | 95,336        | 103,149        |
| 17,714       | F N M A GTD REMIC                      | 3.000% | 6/25/49  | 15,979        | 17,819         |
| 250,000      | F N M A TBA 30YR                       | 2.500% | 1/15/44  | 212,658       | 206,601        |
| 500,000      | F N M A TBA 30YR                       | 3.000% | 1/15/47  | 442,245       | 427,984        |
| 175,000      | F N M A TBA 30YR                       | 3.500% | 1/15/44  | 160,535       | 155,757        |
| 750,000      | F N M A TBA 30YR                       | 4.000% | 1/15/44  | 709,305       | 694,526        |
| 900,000      | F N M A TBA 30YR                       | 4.500% | 1/15/45  | 872,370       | 854,400        |
| 425,000      | F N M A TBA 30YR                       | 5.000% | 1/15/53  | 420,453       | 411,976        |
| 650,000      | FHLMC TBA 30YR                         | 2.000% | 1/15/51  | 531,174       | 510,855        |
| 120,401      | FNMA CB0610                            | 2.500% | 5/01/51  | 103,533       | 103,507        |
| 150,000      | G N M A I I #                          | 5.500% | 1/15/53  | 151,079       | 149,689        |
|              | <u>Forward</u>                         |        |          | \$ 6,297,857  | \$ 6,410,504   |

**MEDIA GUILD RETIREMENT PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 94-6052176; PLAN NO. 001

DECEMBER 31, 2023

| Par<br>Value | Government Debt Securities (Continued)     | Fair<br>Value        | Carry<br>Value       |
|--------------|--------------------------------------------|----------------------|----------------------|
|              | <u>Forwarded</u>                           | \$ 6,297,857         | \$ 6,410,504         |
| \$ 20,922    | G N M A I I #AU1220 3.000% 8/20/46         | 19,223               | 20,641               |
| 6,713        | G N M A I I #MA3597 3.500% 4/20/46         | 6,329                | 7,002                |
| 49,914       | G N M A I I #MA3937 3.500% 9/20/46         | 46,965               | 51,795               |
| 8,175        | G N M A I I #MA4126 3.000% 12/20/46        | 7,513                | 8,278                |
| 4,692        | G N M A I I #MA4450 3.000% 5/20/47         | 4,307                | 4,773                |
| 18,910       | G N M A I I #MA4510 3.500% 3/20/47         | 17,814               | 19,082               |
| 6,112        | G N M A I I #MA4567 4.000% 6/20/47         | 5,891                | 6,287                |
| 8,624        | G N M A I I #MA4588 4.500% 7/20/47         | 8,551                | 8,993                |
| 15,091       | G N M A I I #MA4719 3.500% 9/20/47         | 14,211               | 15,623               |
| 28,206       | G N M A I I #MA4777 3.000% 10/20/47        | 25,850               | 28,445               |
| 8,841        | G N M A I I #MA4837 3.500% 11/20/47        | 8,325                | 8,930                |
| 4,120        | G N M A I I #MA4838 4.000% 11/20/47        | 3,977                | 4,326                |
| 27,051       | G N M A I I #MA4900 3.500% 12/20/47        | 25,512               | 27,279               |
| 15,773       | G N M A I I #MA5020 4.000% 2/20/48         | 15,239               | 16,379               |
| 15,811       | G N M A I I #MA5399 4.500% 8/20/48         | 15,624               | 16,374               |
| 5,911        | G N M A I I #MA5466 4.000% 9/20/48         | 5,683                | 6,069                |
| 14,431       | G N M A I I #MA5528 4.000% 10/20/48        | 13,878               | 14,810               |
| 10,713       | G N M A I I #MA6209 3.000% 10/20/49        | 9,534                | 10,777               |
| 325,000      | G N M A I I TBA 4.500% 1/15/44             | 317,181              | 312,000              |
| 10,229       | G N M A GTD REMIC 0.964% 8/16/38           | 78                   | 1,252                |
| 18,529       | G N M A GTD REMIC 1.464% 7/16/39           | 818                  | 2,525                |
| 75,000       | G N M A GTD REMIC 3.000% 7/20/46           | 64,652               | 75,281               |
| 4,440        | G N M A GTD REMIC 3.000% 9/20/49           | 3,958                | 4,479                |
| 151          | G N M A GTD REMIC 3.500% 12/20/48          | 150                  | 154                  |
| 300,000      | GNMA II TBA 30YR 5.000% 1/15/53            | 297,891              | 294,273              |
| 300,000      | GNMAII TBA 30YR 2.500% 1/15/50             | 262,401              | 254,391              |
| 50,000       | NEW YORK CITY NY 3.950% 8/01/32            | 47,635               | 51,724               |
| 30,000       | NEW YORK ST DORM 5.289% 3/15/33            | 30,614               | 35,510               |
| 35,000       | SAN FRANCISCO CA 6.000% 11/01/40           | 37,364               | 43,148               |
| 791,000      | U S TREASURY BD 4.500% 8/15/43             | 807,437              | 771,604              |
| 588,000      | U S TREASURY BD 5.000% 11/15/53            | 659,389              | 597,401              |
| 735,000      | U S TREASURY NT 3.750% 12/31/28            | 731,612              | 732,144              |
| 820,000      | U S TREASURY NT 4.250% 12/31/25            | 819,844              | 819,087              |
| 958,000      | U S TREASURY NT 4.375% 11/30/28            | 980,302              | 961,219              |
| 1,985,000    | U S TREASURY NT 4.375% 12/15/26            | 2,004,393            | 1,983,862            |
| 1,347,000    | U S TREASURY NT 4.750% 11/15/33            | 1,414,134            | 1,348,542            |
| 570,000      | U S TREASURY NT 4.750% 11/15/43            | 611,416              | 594,251              |
| 1,262,000    | U S TREASURY NT 4.875% 10/31/28            | 1,317,313            | 1,265,380            |
| 125,000      | U S TREASURY NT 4.875% 11/30/25            | 126,295              | 125,163              |
| 300,000      | UMBS TBA 30YR 5.500% 1/15/53               | 301,266              | 296,879              |
|              | <u>TOTALS - GOVERNMENT DEBT SECURITIES</u> | <u>\$ 17,388,426</u> | <u>\$ 17,256,636</u> |

**MEDIA GUILD RETIREMENT PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 94-6052176; PLAN NO. 001**  
**DECEMBER 31, 2023**

| <u>No. of<br/>Shares</u> | <u>Mutual Fund</u>                         | <u>Fair<br/>Value</u> | <u>Cost</u>           |
|--------------------------|--------------------------------------------|-----------------------|-----------------------|
| 764,318                  | MFS INSTL INTERNATIONAL EQUITY FUND        | \$ 25,176,650         | \$ 15,945,225         |
|                          | <u>Common Investment Trusts</u>            |                       |                       |
| 44,744                   | MARSHALL WACE EUREKA FUND                  | \$ 13,200,134         | \$ 6,519,339          |
| 1,945,141                | PARTNERS GROUP PRIVATE EQUITY LLC          | 16,096,820            | 7,533,595             |
|                          | <u>TOTALS - COMMON INVESTMENT TRUSTS</u>   | <u>\$ 29,296,954</u>  | <u>\$ 14,052,934</u>  |
|                          | <u>Common/Collective Trusts</u>            |                       |                       |
| 822,390                  | JPM GLOBAL EMERGING MARKETS DISCOVERY FUND | \$ 16,604,054         | \$ 13,364,043         |
| 214,019                  | BLACKROCK EQUITY INDEX FUND                | 18,408,725            | 7,680,101             |
|                          | <u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>   | <u>\$ 35,012,779</u>  | <u>\$ 21,044,144</u>  |
|                          | <u>Limited Partnership</u>                 |                       |                       |
|                          | BPIF NON-TAXABLE LP                        | \$ 13,669,343         | \$ 12,848,706         |
|                          | <u>Cash and Cash Equivalents</u>           |                       |                       |
| 2,035,101                | FIRST AMERICAN GOVERNMENT OBLIGATION FUND  | \$ 2,035,101          | \$ 2,035,101          |
| 425,000                  | U.S. TREASURY BILL 04/16/2024              | 418,544               | 417,704               |
| 85,000                   | U.S. TREASURY BILL 04/23/24                | 83,626                | 83,546                |
|                          | <u>TOTALS - CASH AND CASH EQUIVALENTS</u>  | <u>\$ 2,537,271</u>   | <u>\$ 2,536,351</u>   |
|                          | <u>TOTALS - INVESTMENTS AT FAIR VALUE</u>  | <u>\$ 162,692,959</u> | <u>\$ 106,933,031</u> |

**2023 Schedule MB (Form 5500), Lines 9c and 9h**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES**

---

| Description             | Date<br>Established | Outstanding<br>Balance | Remaining<br>Period | Amortization<br>Amount |
|-------------------------|---------------------|------------------------|---------------------|------------------------|
| <b>Charges</b>          |                     |                        |                     |                        |
| Assumption Change       | 1/1/1995            | \$366,639              | 2                   | \$189,946              |
| Amendment               | 1/1/1997            | 1,836,535              | 4                   | 510,074                |
| Amendment               | 1/1/2000            | 1,206,467              | 7                   | 211,890                |
| Amendment               | 1/1/2001            | 3,604,406              | 8                   | 572,437                |
| Amendment               | 1/1/2003            | 2,676,039              | 10                  | 362,662                |
| Assumption Change       | 1/1/2006            | 4,618,815              | 13                  | 528,754                |
| Experience Loss         | 1/1/2009            | 2,721,869              | 1                   | 2,721,869              |
| Experience Loss         | 1/1/2011            | 1,272,471              | 3                   | 455,175                |
| Experience Loss         | 1/1/2012            | 2,956,210              | 4                   | 821,050                |
| Experience Loss         | 1/1/2013            | 2,705,469              | 5                   | 622,043                |
| Assumption Change       | 1/1/2018            | 3,508,410              | 10                  | 475,466                |
| Experience Loss         | 1/1/2019            | 2,918,457              | 11                  | 371,112                |
| Experience Loss         | 1/1/2020            | 4,030,954              | 12                  | 484,756                |
| Experience Loss         | 1/1/2023            | 424,177                | 15                  | 44,701                 |
| <b>Subtotal Charges</b> |                     | <hr/> \$34,846,918     |                     | <hr/> \$8,371,935      |

**2023 Schedule MB (Form 5500), Lines 9c and 9h**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINES 9c AND 9h – SCHEDULE OF FUNDING STANDARD ACCOUNT BASES**

---

| Description                | Date Established | Outstanding Balance | Remaining Period | Amortization Amount |
|----------------------------|------------------|---------------------|------------------|---------------------|
| <b>Credits</b>             |                  |                     |                  |                     |
| Assumption Change          | 1/1/1996         | \$644,200           | 3                | \$230,436           |
| Amendment                  | 1/1/2006         | 6,773,340           | 13               | 775,401             |
| Experience Gain            | 1/1/2010         | 934,084             | 2                | 483,923             |
| Amendment                  | 1/1/2010         | 2,056,441           | 2                | 1,065,385           |
| Experience Gain            | 1/1/2014         | 3,601,559           | 6                | 713,762             |
| Experience Gain            | 1/1/2015         | 643,398             | 7                | 112,999             |
| Experience Gain            | 1/1/2016         | 166,047             | 8                | 26,371              |
| Experience Gain            | 1/1/2017         | 811,926             | 9                | 118,403             |
| Experience Gain            | 1/1/2018         | 2,564,382           | 10               | 347,530             |
| Experience Gain            | 1/1/2021         | 10,288,272          | 13               | 1,177,784           |
| Experience Gain            | 1/1/2022         | 8,476,915           | 14               | 928,891             |
| <b>Subtotal Credits</b>    |                  | <hr/> \$36,960,564  |                  | <hr/> \$5,980,885   |
| <b>Net Charges/Credits</b> |                  | (\$2,113,646)       |                  | \$2,391,050         |

**2023 Schedule MB (Form 5500), Line 11**

Plan Name: Media Guild Retirement Plan  
Employer ID: 94-6052176  
Plan Number: 001

**SCHEDULE MB, LINE 11 – JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTIONS**

---

The RPA '94 current liability interest rate was changed from 2.22% to 2.55% in accordance with IRC 412(l)(7)(C). The RPA '94 current liability mortality was updated in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.