

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 02/02/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS 3601 WEST OLIVE AVENUE SUITE 300 BURBANK, CA 91505	2b Employer Identification Number (EIN) 95-2110997 2c Plan Sponsor's telephone number 818-954-9400 2d Business code (see instructions) 512100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	DAVID CHOI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	BARRY GORDON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 69149
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 33798 6a(2) 31823 6b 14268 6c 21775 6d 67866 6e 1330 6f 69196 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 9415

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 1
- (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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	D Employer Identification Number (EIN) 95-2110997	

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

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	796011		01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	159005305

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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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.

A Name of plan SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	D Employer Identification Number (EIN) 95-2110997

E Type of plan: (1) ☒ 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) 4359780455
(2) Actuarial value of assets for funding standard account.....	1b(2) 4877787834
c (1) Accrued liability for plan using immediate gain methods	1c(1) 6169287165
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 6169287165
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) 12907327126
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 330794628
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 354717635
(3) Expected plan disbursements for the plan year	1d(3) 351301640

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

SIGN HERE	10/03/2024
Signature of actuary CARY FRANKLIN	Date 20-04013
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 818-691-2002
Firm name 5200 LANKERSHIM BLVD, SUITE 740, NORTH HOLLYWOOD, CA 91601	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	4359780455
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	15053	4068550472
(2) For terminated vested participants	20298	3467742102
(3) For active participants:		
(a) Non-vested benefits		280383157
(b) Vested benefits		5090651395
(c) Total active	33798	5371034552
(4) Total	69149	12907327126
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	33.78 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2023	283187438				
Totals ►			3(b)	283187438	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1224975

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	79.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate.....	6d	7.25 %
e Salary scale	6e	4.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-12.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	15889371
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	212219985	22069820
4	-8174935	-850152

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	121194059

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	
9c(1)	2161469426	304214052
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 30842088**e** Total charges. Add lines 9a through 9d**9e** 456250199**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 613786029**g** Employer contributions. Total from column (b) of line 3**9g** 283187438**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 57901325**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	256184066	66858171
9j(1)	2728962073	
9j(2)	7031257984	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 1021732963**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 565482764**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)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	D Employer Identification Number (EIN) 95-2110997	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ABS INVESTMENT MANAGEMENT LLC
13-4205457

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALPHASIMPLEX GROUP, LLC
04-3488687

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
APOLLO HYBRID VALUE ADVISORS, L.P.
82-4593363

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARES ENERGY OPPORTUNITIES FUND B, L
82-3985701

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

ARES EPIC CO-INVEST DELAWARE FEEDER

83-2662239

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

ARES SENIOR DIRECT LENDING FUND III

1800 AVENUE OF THE STARS SUITE 1400
LOS ANGELES, CA 90067

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

ARES SPECIAL OPPORTUNITIES FUND

98-1463109

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

ARES SPECIAL OPPORTUNITIES FUND II

87-1248205

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

ARTISAN PARTNERS LIMITED

30-0551775

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

ASCRIBE OPPORTUNITIES FUND IV, L.P.

35-2602652

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

ATERIAN INVESTMENT PARTNERS IV, LP

87-1783056

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

AUDAX MANAGEMENT COMPANY (NY), LLC

04-3525044

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

AURORA EQUITY PARTNERS VI

83-4331484

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

AVENUE ASIA CAPITAL MANAGEMENT, L.P

52-2320128

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

AVISTA CAPITAL HOLDINGS, L.P.

20-3345897

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

BALANCE POINT CAPITAL PARTNERS V.

85-1892172

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

BCP SPECIAL OPPORTUNITIES FUND II

98-1481286

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

BCP SPECIAL OPPORTUNITIES FUND III 40 PORTMAN SQUARE
WESTMINSTER, LONDON W1H6DA GB

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

BEACHPOINT CAPITAL MANAGEMENT LP

80-0242162

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

BLACKSTONE ALTERNATIVE CREDIT ADVIS

01-0899018

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

BLACKSTONE CAPITAL OPPORTUNITIES

345 PARK AVENUE 31ST FLOOR
NEW YORK, NY 10154

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

BLACKSTONE CAPITAL PARTNERS VIII

84-3767616

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

BLACKSTONE TACTICAL OPPORTUNITIES

82-4602635

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

BOND III, LP

87-2613017

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

BSP DEBT FUND V (NON-US) LP

98-1612799

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

CARLYLE CREDIT OPPORTUNITIES FUND

87-3865673

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

CASTLELAKE, L.P.

20-3323857

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

COMVEST CAPITAL ADVISORS LLC

360 S. ROSEMARY AVENUE, SUITE 1700
WEST PALM BEACH, FL 33401

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

CRABEL CAPITAL MANAGEMENT, LLC

39-1903915

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

CRESCENT CREDIT SOLUTIONS VIII, LP

86-1529826

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

CRESCENT DIRECT LENDING FUND III

98-1558735

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

CVC CAPITAL PARTNERS VIII, L.P.

98-1545246

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

EARNEST PARTNERS

58-2386669

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

EQT X USD SCSP

51A, BOULEVARD ROYAL
LUXEMBOURG, LUXEMBOURG L2449 LU

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

EVERBERG CAPITAL, LLC

83-4332767

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

FIRST EAGLE INVESTMENTS

57-1156902

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

GREAT HILL EQUITY PARTNERS VIII

87-2535033

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

HARK CAYMAN FEEDER III, LP

84-4229842

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

HL ROSE SPV LP

23-2962336

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

HPS MEZZANINE PARTNERS 2019, L.P.

98-1464019

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

HPS STRATEGIC INVESTMENT PARTNERS V

86-2573385

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

HUDSON ADVISORS L.P.

75-2578511

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

INDEPENDENT FRANCHISE PARTNERS

98-0682628

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

INFLEXION BUYOUT FUND VI

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

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

K5 PRIVATE INVESTORS, L.P.

84-4692327

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

KELSO & COMPANY, LP

94-2680741

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

KPS SPECIAL SITUATIONS FUND V, L.P.

98-1509288

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

L CATTERTON GROWTH IV, L.P.

83-1671274

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

LBC CREDIT PARTNERS V, L.P.

98-1481362

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

LONE STAR GLOBAL ACQUISITIONS, LTD.

75-2787141

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

NEWQUEST ASIA FUND IV, L.P.

95-6031814

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

NEWVIEW CAPITAL FUND I, L.P.

83-1595868

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

OAK HILL ADVISORS, L.P.

13-4077194

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

OAKTREE OPPORTUNITIES FUND XI, L.P.

98-1538630

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

OAKTREE PRINCIPAL FUND V, L.P.

98-0599574

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

OAKTREE REAL ESTATE DEBT FUND II

98-1294751

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

OAKTREE SPECIAL SITUATIONS FUND III

98-1600519

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

PAYDEN AND RYSEL COLLECTIVE

37-6667944

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

PLATINUM EQUITY PARTNERS VI, LLC

87-3315632

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

PLATINUM EQUITY SMALL CAP PARTNERS

82-3265890

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

PLEXUS FUND VI, LP

4242 SIX FORKS ROAD SUITE 950
RALEIGH, NC 27609

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

ROARK CAPITAL PARTNERS

98-1391237

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

STG ALLEGRO FUND, L.P.

87-0990805

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

STG VI, L.P.

85-1749593

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

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

85-4208740

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

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

82-2870469

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

WEBSTER CAPITAL II-A, L.P.

32-0544068

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

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

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

BRIDGEWATER

98-0501379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	3836770	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JP MORGAN ASSET MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 52	NONE	3056793	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WALTER SCOTT PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1686175	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1421504	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 53	NONE	1256582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1083214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VOYA ALTERNATIVE ASSET MANAGEMENT

13-3863170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	961080	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LAZARD ASSET MANAGEMENT LLC

50-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	917898	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

27-6331814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	745671	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NIGRO, KARLIN, SEGAL & FELDSTEIN

95-3632775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50 70	NONE	633656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH + BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	410694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KABOUTER MANAGEMENT

20-0236475

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	369069	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	327615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP, INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	313000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	301774	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

HORIZON ACTUARIAL SERVICES, LLC.

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	292659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE JUSTICE LEGAL GROUP TRUST

82-4241611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	262000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE, LLP.

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	258576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 18 19 25 51 52	NONE	238611	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BRANDYWINE GLOBAL

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	230472	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYEE FILE NUMBER 001553

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	214353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	211805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSH GOTTLIEB, A LAW CORP.

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	160998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGNIZANT WORLDWIDE LIMITED

13-3924155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	160251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000195

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	159127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000428

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	133958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001380

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	128695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000319

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	122127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001568

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	117804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN, WEISS AND SIMON, LLP.

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	108102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000401

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	107807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001574

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000391

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000136

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93378	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001212

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000335

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000175

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000220

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEXUSTEK

84-1432041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VECTOR RESOURCES, INC.

95-4154511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 062065

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001392

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	81443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000170

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000100

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000282

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	75571	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYEE FILE NUMBER 000264

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000430

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	72964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TURNER TECHTRONICS

95-4101994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	67718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001417

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 083918

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000396

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 050202

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000140

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000397

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000304

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000372

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000384

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000356

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001538

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000284

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000213

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000283

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000351

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROGRESS SOFTWARE, CORP.

04-2746201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	52489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000296

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000415

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001239

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000291

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000263

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000332

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001293

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001427

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVEST SYSTEMS, LLC

13-4146072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	46019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000182

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CSC COVANSYS, CORP.

38-2606945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	44933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000208

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000338

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000362

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000249

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000159

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000350

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001541

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40474	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HARTFORD

06-0294398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	40330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000357

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000364

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000113

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000426

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000230

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000161

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000337

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000232

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000278

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001552

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000441

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001219

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000402

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000277

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000334

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000270

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATACCAMA CORP

99-0361800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	32400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001059

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000151

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000352

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001111

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000436

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001005

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000410

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000327

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000439

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 001400

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000451

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001131

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000146

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000069

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000435

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANDYM GROUP, LLC

81-3058939

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	26902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 001479

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000438

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000177

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000299

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000271

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000406

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE FILE NUMBER 000367

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE FILE NUMBER 000229

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REAMS ASSET MANAGEMENT

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	24859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENCLOUD SERVICES LLC.

83-2016902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	22029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UKG INC.

65-0694077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	20646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	19873	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INVENGER SERVICES, INC.

85-1643560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	19094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MOD OP, LLC

47-4320236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	17462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID L. WEISSMAN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	16404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG GLUSKER

95-2161045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	14976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHAPESTONE INC.

46-3125724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT HALF INTERNATIONAL

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 61	NONE	13520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEGRO SOLUTIONS, INC.

45-2216372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THERMAL CONCEPTS, INC.

71-1043751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLOUDFLARE, INC.

27-0805829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREER STRATEGIES TEMPORARY, INC.

95-4263858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WAGENER LAW, A PROFESSIONAL CORP

45-2708684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUADIENT LEASING USA, INC.

94-2388882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	9069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIM STEVENS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STACY MARCUS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN MCGUIRE

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KLEIN & PURI IMMIGRATION LAW GROUP

95-3938352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEW LEVEL WORK INC

82-1965298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP RETIREMENT PLAN SERVI

P.O. BOX 659530
SAN ANTONIO, TX 78265-9530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLUE BEYOND CONSULTING INC.

45-4340006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BROWER LAW GROUP, A PROFESSIONAL CO

82-3315514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REBECCA LISH

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINKEDIN, CORP.

47-0912023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6322	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NED VAUGHN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	6108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AJILON PROFESSIONAL STAFFING, LLC

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RANDSTAD RISESMART, INC

20-8536015

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOHN CARTER BROWN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLAN LINDERMAN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSIONMARK FINANCIAL GROUP, LLC

61-1758632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JIM BRACCHITTA

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (WESTERN STATES)

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS</u>	D Employer Identification Number (EIN) <u>95-2110997</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT

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

c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37884855</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II ACCOUNT

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

c EIN-PN <u>22-1211670-039</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>121120450</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND

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

c EIN-PN <u>04-2929221-016</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>241653832</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINE INVESTMENT TRUST

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

c EIN-PN <u>51-0412248-017</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRIDGEWATER PURE ALPHA MAJOR MARKET

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

c EIN-PN <u>98-0674465-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57450679</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

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

c EIN-PN <u>76-6192146-003</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>185464422</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY GROUP TRUST

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

c EIN-PN <u>13-5545100-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>129116181</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC EMERGING MKTS		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 47-3828930-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39101702
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119859914
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF CORE II BOND PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124562324
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EAFE INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161107804
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR MACRO ALLOCATION FUND		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR		
c EIN-PN 27-6331814-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101274024
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234182685
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151254513
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 725007212
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31980
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM GOVT BD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 37-6667944-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88247109

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

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

c EIN-PN 37-6667944-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41329344
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP INDEX NL FND

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

c EIN-PN 90-0337987-287	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78435574
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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)
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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)
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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)
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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)
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS		
D Employer Identification Number (EIN) 95-2110997		

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	41311916	19585960
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13996111	13961799
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3707050	133764174
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	207226687	121248696
(2) U.S. Government securities	1c(2)	66196529	164843203
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	89106599	88146462
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	642271975	962303576
(6) Real estate (other than employer real property)	1c(6)	84228531	64275510
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1557113863	1864394185
(10) Value of interest in pooled separate accounts	1c(10)	182445976	159005305
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	746048118	613685114
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	154924336	52622784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	579174529	621315076

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	9421340	8162433
f Total assets (add all amounts in lines 1a through 1e)	1f	4377173560	4887314277
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	8978775	5748097
i Acquisition indebtedness	1i		
j Other liabilities	1j	8414330	138841842
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17393105	144589939
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4359780455	4742724338

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	281962461	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		281962461
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9248925	
(B) U.S. Government securities	2b(1)(B)	4486860	
(C) Corporate debt instruments	2b(1)(C)	3943348	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	40163141	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		57842274
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		5632437
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	553455523	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	554022838	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-567315
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-3131785	
(B) Other	2b(5)(B)	79158605	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		76026820

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		238886857
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-22409628
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		119670580
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3646902
c Other income	2c		1249532
d Total income. Add all income amounts in column (b) and enter total	2d		761940920

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	331890583	
(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)		331890583
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)	6701767	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	410697	
(5) Investment advisory and investment management fees	2i(5)	29835943	
(6) Bank or trust company trustee/custodial fees	2i(6)	61453	
(7) Actuarial fees	2i(7)	288159	
(8) Legal fees	2i(8)	596242	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	130218	
(11) Other expenses	2i(11)	9081975	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		47106454
j Total expenses. Add all expense amounts in column (b) and enter total	2j		378997037

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		382943883
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: **WITHUM SMITH & BROWN, PC**

(2) EIN: **22-2027092**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		1583585652
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 513110.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS		D Employer Identification Number (EIN) 95-2110997
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 33
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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 **NBC UNIVERSAL**

b EIN **27-3526824**

c Dollar amount contributed by employer **11766020**

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 **CMC/FORECAST INC.**

b EIN **36-4042591**

c Dollar amount contributed by employer **10384366**

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 **CORPORATE MANAGEMENT SOLUTIONS, INC.**

b EIN **37-1425813**

c Dollar amount contributed by employer **10010907**

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 **TALENT SOLUTIONS, INC.**

b EIN **32-0283221**

c Dollar amount contributed by employer **7391764**

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 **TWENTIETH CENTURY FOX FILM CORP.**

b EIN **84-0850631**

c Dollar amount contributed by employer **7288599**

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 **SAG-AFTRA**

b EIN **45-4931719**

c Dollar amount contributed by employer **6094241**

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): _____

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 **WARNER BROS. TELEVISION**

b EIN **13-3666692**

c Dollar amount contributed by employer **5921178**

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 **CBS FILM, INC.**

b EIN **13-0590730**

c Dollar amount contributed by employer **5879267**

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 **UNIVERSAL TELEVISION, LLC**

b EIN **41-2040219**

c Dollar amount contributed by employer **5546331**

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 **DISNEY (WALT) PICTURES & TV**

b EIN **95-3834209**

c Dollar amount contributed by employer **5429552**

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	
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: 53.00 % Private Equity: 6.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 12.00 %

High-Yield Debt: 4.00 % Real Assets: 8.00 % Cash or Cash Equivalents: 0.00 % Other: 17.00 %

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 _____.

SAG•Producers PENSION PLAN

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN
Financial Statements
December 31, 2023 and 2022
With Independent Auditor's Report

Screen Actors Guild-Producers Pension Plan
Table of Contents
December 31, 2023 and 2022

Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-21
Supplementary Information	
Form 5500, Schedule H - Item 4i - Schedule of Assets (Held at End of Year)	22-26
Form 5500, Schedule H - Item 4j - Schedule of Reportable Transactions	27

INDEPENDENT AUDITOR'S REPORT

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

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Screen Actors Guild - Producers Pension Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Form 5500, supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 and Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Screen Actors Guild - Producers Pension Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Withum Smith & Brown, PC

October 10, 2024

Screen Actors Guild - Producers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments - at fair value		
Investments	\$ 4,710,156,213	\$ 4,307,261,432
SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,683,698	1,475,711
Total investments - at fair value	<u>4,711,839,911</u>	<u>4,308,737,143</u>
Receivables		
Employers' contributions	13,961,799	13,996,111
Accrued interest and dividends	3,125,144	2,287,729
Receivable for sale of securities	130,623,837	18,932
Receivable from SAG-AFTRA Health Plan	-	1,377,409
Receivable from SAG-AFTRA Producers Industry Advancement and Cooperative Fund	-	14,152
Receivable from Business Arts Plaza Inc.	15,193	8,828
Total receivables	<u>147,725,973</u>	<u>17,703,161</u>
Cash	<u>19,585,960</u>	<u>41,311,916</u>
Fixed assets - net of accumulated depreciation and amortization	<u>4,734,629</u>	<u>3,915,247</u>
Prepaid expenses	<u>709,300</u>	<u>539,859</u>
Right-of-use assets	<u>2,718,504</u>	<u>4,966,234</u>
Total assets	<u>4,887,314,277</u>	<u>4,377,173,560</u>
Liabilities		
Accounts payable and accrued expenses	5,748,097	8,978,775
Payable for purchase of securities	133,678,706	1,899,375
Lease liabilities	2,795,164	5,039,244
Due to SAG-AFTRA Health Plan	548,623	-
Due to SAG-AFTRA Producers Industry Advancement and Cooperative Fund	135,651	-
Due to SAG-Producers Pension Plan 457 Deferred Compensation Plan	1,683,698	1,475,711
Total liabilities	<u>144,589,939</u>	<u>17,393,105</u>
Net assets available for benefits	<u>\$ 4,742,724,338</u>	<u>\$ 4,359,780,455</u>

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

Screen Actors Guild - Producers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 415,254,216	\$ (586,890,662)
Interest and dividends	57,842,274	42,525,879
Net income from income-producing property	<u>5,632,437</u>	<u>4,212,213</u>
Total investment income (loss)	<u>478,728,927</u>	<u>(540,152,570)</u>
Investment expenses	<u>(29,522,943)</u>	<u>(50,295,863)</u>
Net investment income (loss)	449,205,984	(590,448,433)
Employers' contributions	281,962,461	358,724,812
Withdrawal liability income	1,224,977	8,246,832
Other income	<u>24,555</u>	<u>73,298</u>
Total additions	<u>732,417,977</u>	<u>(223,403,491)</u>
Deductions		
Benefit payments		
Pension benefits	329,324,839	312,641,185
Death benefits	<u>2,565,744</u>	<u>4,555,259</u>
Total benefit payments	<u>331,890,583</u>	<u>317,196,444</u>
General and administrative expenses	<u>17,583,511</u>	<u>16,400,078</u>
Total deductions	<u>349,474,094</u>	<u>333,596,522</u>
Net increase (decrease)	382,943,883	(557,000,013)
Net assets available for benefits		
Beginning of year	<u>4,359,780,455</u>	<u>4,916,780,468</u>
End of year	<u>\$ 4,742,724,338</u>	<u>\$ 4,359,780,455</u>

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

1. PLAN DESCRIPTION AND FUNDING

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

General

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

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

Participation

Participants earn one pension credit for each year worked in covered employment, subject to certain restrictions. Pension credits are units that measure the amount of time participants have worked in employment covered by the Plan. An annual pension credit is based on earnings credit in covered employment. For the years ended December 31, 2023 and 2022, the minimum earnings required to earn a pension credit was \$20,000. Some participants may earn pension credits at a lower earnings' threshold for prior service, for military service or under an alternative program. Under the alternative program, days of employment required for one pension credit is 70 days in a calendar year. Participants become vested upon accumulation of ten pension credits or upon accumulation of five pension credits by or after age 65 without a permanent break in service and meeting an activity test. Some participants become eligible under special rules when they attain retirement age.

Plan Benefits and Vesting

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Employers' Contributions

The Boards of Trustees of the Plan, the SAG-AFTRA Health Plan (the "Health Plan"), and the SAG-AFTRA Producers Industry Advancement and Cooperative Fund (the "IACF"), have authorized the allocation of contributions received from producers among the Plan, the Health Plan and the IACF pursuant to provisions of collective bargaining agreements with SAG-AFTRA. The Plan is funded by contributions from producers at rates applied to the actors' compensation as specified under the collective bargaining agreements. Generally, the producers are required to submit contributions to the Plan within 30 days from the date that the performers are paid. Contributions to the Plan for the years ended December 31, 2023 and 2022 exceeded the minimum funding requirement under ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment in Income-Producing Property

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

Investment Valuation and Income Recognition

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

Screen Actors Guild - Producers Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

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

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

Benefits

Benefits are recognized when paid.

Withdrawal Liability Income

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

During the years ended December 31, 2023 and 2022, the Plan assessed withdrawal liability against certain employers. The Plan's independent actuary made a computation of the resulting withdrawal liability assessment, which represents the employer's share of the Plan's unfunded obligations. These amounts are reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of January 1, 2023 and December 31, 2023, the allowance was \$2,513,900 and \$1,477,584, respectively. As of December 31, 2022, the allowance for credit losses was \$2,513,900.

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any amounts received by the Plan during the 90-day period subsequent to the fiscal year-end date which relates to performances on or before December 31 of the respective years and an estimate based on delinquent accounts. The carrying amount of employers' contributions receivables is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of January 1, 2023 and December 31, 2023, the allowance was \$0. As of December 31, 2022, the allowance for credit losses was \$0.

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

Fixed Assets, Depreciation and Amortization

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

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

Operating Expenses

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

Leases

The Plan recognizes a lease liability and a right-of-use asset on the statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Operating leases with contractual terms of 12 months or less are not recognized on the statements of net assets available for benefits. The Plan has no financing leases at December 31, 2023 or 2022.

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

Lease liabilities are recognized at the present value of the fixed lease payments, reduced by landlord incentives, using a risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2023 and 2022 was 1.17 years and 2.16 years, respectively. The weighted average discount rate at December 31, 2023 and 2022 was 3.50%. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, reduced by landlord incentives, plus any direct costs from executing the leases. Leased assets are tested for impairment in the same manner as long-lived assets used in operations. There were no indicators of impairment during the year ended December 31, 2023.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Recently Adopted Accounting Standards

Credit Losses

In June 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update ("ASU") 2016-13, *Financial Instruments - Credit Losses (Topic 326)* amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective January 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2023 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 10, 2024, the date that the financial statements were available to be issued and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits as of December 31, 2022:

Vested benefits	
Participants currently receiving benefits	\$ 2,693,436,909
Other participants	<u>3,393,427,045</u>
	<u>6,086,863,954</u>
Nonvested benefits	<u>90,598,146</u>
Present value of administrative expenses	
Vested participants	215,949,507
Nonvested participants	<u>3,214,237</u>
	<u>219,163,744</u>
Total actuarial present value of accumulated	
plan benefits at December 31, 2022	<u>\$ 6,396,625,844</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2022 consisted of the following:

Actuarial present value of accumulated	
plan benefits at January 1, 2022	\$ 6,147,230,963
Benefits accumulated, net liability gain or loss,	
changes in data	149,410,032
Benefits and administrative expenses paid	(333,596,522)
Interest	<u>433,581,371</u>
Total actuarial present value of accumulated	
plan benefits at December 31, 2022	<u>\$ 6,396,625,844</u>

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. Following is a listing of significant actuarial assumptions used in the valuation as of December 31, 2022:

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

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

- Assumed net investment return of 7.25% per year, compounded annually, net of investment expense.
- Administrative expenses - \$16,500,000

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

Since the prior valuation, the operating expense assumption was raised from \$15.4 million to \$16.5 million. There have been no other assumption changes since the prior valuation.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2023 and 2022.

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

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2023 and 2022, there were no transfers in or out of Level 3.

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

	2023			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate bonds	\$ -	\$ 63,803,196	\$ -	\$ 63,803,196
Asset backed securities	-	24,343,266	-	24,343,266
U.S. and other government securities	-	164,843,203	-	164,843,203
Registered investment companies	52,622,784	-	-	52,622,784
Real estate	-	-	64,275,510	64,275,510
Short-term investments	-	121,248,696	-	121,248,696
Total investments in the fair value hierarchy	<u>\$ 52,622,784</u>	<u>\$ 374,238,361</u>	<u>\$ 64,275,510</u>	<u>\$ 491,136,655</u>
Investments measured at net asset value				<u>4,220,703,256</u>
Total investments at fair value				<u>\$ 4,711,839,911</u>

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

Included in registered investment companies at December 31, 2023 and 2022 is \$1,683,698 and \$1,475,711, respectively, of investments related to the SAG-Producers Pension Plan 457 Deferred Compensation Plan sponsored by the Plan. This amount is reported on the statements of net assets available for benefits as investments at fair value and as a corresponding liability due to SAG-Producers Pension Plan 457 Deferred Compensation Plan.

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

	2023	2022
Balance at beginning of year	\$ 84,228,531	\$ 87,000,403
Unrealized losses	<u>(19,953,021)</u>	<u>(2,771,872)</u>
Balance at end of year	<u>\$ 64,275,510</u>	<u>\$ 84,228,531</u>

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

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

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

2023				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values
Real estate	\$ 64,275,510	Income capitalization approach	DCF \$/SF (NRA)	\$385/SF
			Holding period	10 years
			Terminal capitalization rate	7.00%
			Internal rate of return	8.75%
2022				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values
Real estate	\$ 84,228,531	Income capitalization approach	DCF \$/SF (NRA)	\$507/SF
			Holding period	11 years
			Terminal capitalization rate	6.00%
			Internal rate of return	7.25%

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

	2023		2022		Redemption Frequency	Redemption Notice Period
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments		
US Equity Managers (a)	\$ 844,867,125	\$ -	\$ 574,092,645	\$ -	Daily	None
Global Equity Managers (b)	847,133,949	-	765,455,226	-	Daily	None
International Equity Managers (c)	404,759,431	-	412,956,133	-	Daily/Monthly	30 Days
Emerging Markets Equity Managers (d)	230,390,205	-	196,175,381	-	Daily/Monthly	5 Days
Fixed Income Managers (e)	423,008,272	-	398,835,661	-	Daily/Monthly/Quarterly	45 to 60 Days
Real Estate Managers (f)	640,397,409	8,047,209	598,837,684	81,757,209	Quarterly/Upon Liquidation	45 to 90 Days/Upon Liquidation
Global Macro Managers (g)	213,698,673	-	226,077,522	-	Monthly	5 Days
Long Term Government Bond (h)	88,247,110	-	85,697,357	-	Daily	None
Private Debt Managers (i)	263,720,924	259,939,090	213,705,319	213,820,094	Upon Liquidation	Upon Liquidation
Private Equity (j)	264,480,158	188,249,631	220,347,617	223,031,712	Upon Liquidation	Upon Liquidation
	<u>\$ 4,220,703,256</u>	<u>\$ 456,235,930</u>	<u>\$ 3,692,180,545</u>	<u>\$ 518,609,015</u>		

- (a) This fund strives to approximate the risk and return characterized by the S&P 500 index.
- (b) These funds aim to seek maximum long term capital growth by investing primarily in equity securities and publicly traded corporate equities of non-U.S. companies across a broad capitalization range.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

- (c) These funds aim to achieve long term capital appreciation by investing in equity securities and common stock, of small and mid-sized companies located outside of the United States, including emerging markets.
- (d) These funds strive to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of issuers that are located, or do significant business, in emerging markets countries.
- (e) These funds aim to achieve interest income and long term capital appreciation by investing in U.S. fixed income instruments and non U.S. developed and emerging markets sovereign debt securities, high yield fixed income corporate securities, domestic corporate preferred stock and preferred-like fixed income securities.
- (f) These funds invest in U.S. real estate, properties and related real estate across European markets, infrastructure-related assets located primarily in U.S., Canada, Western Europe and Australia and real estate investments either directly owned or through partnership interest on income producing real estate.
- (g) These funds aim to achieve substantial capital appreciation in a wide range of asset classes using proprietary investment systems developed by the investment manager.
- (h) This fund aims to hold a portfolio representative of the long-term government securities sector of the United States bond and debt market.
- (i) These funds invest primarily in debt and equity securities to offer an opportunity for growth and provide an attractive risk return profile. These investments are across various sectors.
- (j) These funds generally invest in private equity and equity related investments in established, mature companies or business units to achieve substantial capital appreciation. These investments are across various sectors.

5. DERIVATIVES

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

2023			
	<u>Number of Contracts</u>	<u>Maturity Date</u>	<u>Notional Amount</u>
Equity Index Futures			
S&P 500 EMINI Future	36	Mar-2024	\$ 8,676,000
International Equity Index Futures			
MSCI Emerging Markets Future	239	Mar-2024	12,352,715
MSCI EAFE Future	611	Mar-2024	68,810,820
Total international equity futures			<u>81,163,535</u>
Fixed income futures			
Future U.S. Treasury Note 5 year	55	Mar-2024	5,982,539
Future U.S. Treasury Note 2 year	29	Mar-2024	5,971,508
Future U.S. Treasury Note 10 year	29	Mar-2024	3,273,828
Future U.S. Treasury Long bond	24	Mar-2024	2,998,500
Future U.S. Treasury Ultra Note 10 year	22	Mar-2024	2,596,344
Future U.S. Treasury Ultra Bond	16	Mar-2024	2,137,500
Total fixed income futures			<u>22,960,219</u>
			<u>\$ 112,799,754</u>
2022			
	<u>Number of Contracts</u>	<u>Maturity Date</u>	<u>Notional Amount</u>
International Equity Index Futures			
MSCI EAFE Future	3,861	Mar-2023	\$ 87,451,650
International Equity Index Futures			
MSCI Emerging Markets Future	532	Mar-2023	25,520,040
MSCI EAFE Future	351	Mar-2023	34,211,970
Total international equity futures			<u>59,732,010</u>
Fixed income futures			
Future U.S. Treasury Note 5 year	145	Mar-2023	15,649,805
Future U.S. Treasury Note 2 year	93	Mar-2023	19,072,266
Future U.S. Treasury Note 10 year	90	Mar-2023	10,106,719
Future U.S. Treasury Long bond	58	Mar-2023	7,269,938
Future U.S. Treasury Ultra Note 10 year	68	Mar-2023	8,043,125
Future U.S. Treasury Ultra Bond	52	Mar-2023	6,984,250
Total fixed income futures			<u>67,126,103</u>
			<u>\$ 214,309,763</u>

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

As of December 31, 2023, the fair value of futures contracts in the statement of net assets available for benefits is \$3,522,166 and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2023, the Plan recognized net appreciation in the fair value of futures contracts of \$6,904,751 which is included in net appreciation (depreciation) in fair value of investments on the statement of changes in net assets available for benefits.

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

6. FIXED ASSETS

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

	<u>2023</u>	<u>2022</u>
Office furniture	\$ 27,586	\$ 757,562
Office equipment	33,641	226,282
Computer equipment, software and licenses	27,024,985	29,190,247
Leasehold improvements	622,079	1,088,540
Projects in progress	680,673	2,162,196
	<u>28,388,964</u>	<u>33,424,827</u>
Less: Accumulated depreciation and amortization	<u>(23,654,335)</u>	<u>(29,509,580)</u>
	<u>\$ 4,734,629</u>	<u>\$ 3,915,247</u>

Total depreciation and asset retirements expense of \$1,023,580 and \$917,411 is included in general and administrative expenses on the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, respectively.

7. RELATED PARTY TRANSACTIONS

During 2023 and 2022, the Plan provided administrative services to the Health Plan, IACF and BAPI.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

	<u>2023</u>	<u>2022</u>
Receivable due from related parties		
Health Plan	\$ -	\$ 1,377,409
IACF	-	14,152
BAPI	<u>15,193</u>	<u>8,828</u>
	<u>\$ 15,193</u>	<u>\$ 1,400,389</u>
Payable due to related parties		
Health plan	\$ 548,623	\$ -
IACF	<u>135,651</u>	<u>-</u>
	<u>\$ 684,274</u>	<u>\$ -</u>

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

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

	<u>2023</u>			
	<u>Pension Plan</u>	<u>Health Plan</u>	<u>IACF</u>	<u>Total</u>
Salaries and related expenses	\$ 7,089,242	\$ 16,504,947	\$ 321,638	\$ 23,915,827
Rent expense	719,605	2,019,490	28,617	2,767,712
Other administrative expenses	<u>9,774,664</u>	<u>15,499,295</u>	<u>1,112,708</u>	<u>26,386,667</u>
Total	<u>\$ 17,583,511</u>	<u>\$ 34,023,732</u>	<u>\$ 1,462,963</u>	<u>\$ 53,070,206</u>
	<u>2022</u>			
	<u>Pension Plan</u>	<u>Health Plan</u>	<u>IACF</u>	<u>Total</u>
Salaries and related expenses	\$ 6,412,769	\$ 16,366,038	\$ 249,138	\$ 23,027,945
Rent expense	666,487	1,871,288	25,634	2,563,409
Other administrative expenses	<u>9,320,822</u>	<u>17,430,038</u>	<u>351,032</u>	<u>27,101,892</u>
Total	<u>\$ 16,400,078</u>	<u>\$ 35,667,364</u>	<u>\$ 625,804</u>	<u>\$ 52,693,246</u>

The cost of certain fixed assets acquired is allocated to the Plan, Health Plan, and IACF. For the years ended December 31, 2023 and 2022, the cost that was allocated to the Plan was \$3,556,686 and \$295,794, respectively.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

8. LEASING ACTIVITIES

BAPI is the lessor of an office building. The leases are non-cancelable and expire on various dates through 2028. Net income from income-producing property of \$5,632,437 and \$4,212,213 is presented net of BAPI operating expenses for the years ended December 31, 2023 and 2022, respectively.

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

	<u>2023</u>	<u>2022</u>
Assets	\$ 65,640,607	\$ 85,547,499
Liabilities	\$ 1,365,097	\$ 1,318,968
Net income from income-producing property	\$ 5,632,437	\$ 4,212,213

The Plan leases office space from BAPI. The Plan has a non-cancelable lease that extends through December 31, 2025. The Plan recognized lease expense, prior to allocation of expenses to related parties (Note 7).

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for the years subsequent to December 31, 2023:

2024	2,442,943
2025	<u>405,396</u>
Total future annual payments	2,848,339
Less: Imputed interest	<u>(53,175)</u>
Total lease liability	<u>\$ 2,795,164</u>

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

2024	\$ 5,973,074
2025	5,917,481
2026	3,649,849
2027	1,189,706
2028	460,538
Thereafter	<u>474,354</u>
	<u>\$ 17,665,002</u>

Total lease expense for operating leases, was \$2,381,397 for both of the years ended December 31, 2023 and 2022, respectively. The portion of lease expense allocated to the Plan for operating leases, was \$747,229 and \$693,307 for the years ended December 31, 2023 and 2022, respectively, and is included in general and administrative expenses on the statements of changes in net assets available for benefits. Because BAPI is reflected in these financial statements as an investment and not consolidated, these amounts were not eliminated in consolidation.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

9. RISKS AND UNCERTAINTIES

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

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

The Plan has significant cash balances at financial institutions, which throughout the year regularly exceed the federally insured limit of \$250,000. As of December 31, 2023, the Plan has cash balances at financial institutions totaling \$18,819,108 that exceed the federally insured limit. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

10. TAX STATUS

The Plan is a qualified plan under Section 401(a) and the underlying trust is exempt from federal income taxes under Section 501(a) of the IRC. The Plan obtained a favorable determination letter dated February 18, 2016, in which the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC subject to the adoption of certain amendments. The amendments were adopted within the time prescribed by the IRS. Therefore, the Trustees believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2023 and 2022 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and other participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by the governing documents and in accordance with ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time of the priority of those benefits.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the SPD, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2023

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value							
(a)	(b) Identity of issue, borrower, or similar party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost		(e) Current Value	
Interest Bearing Cash									
	UNITED STATES DOLLAR	STIF	VAR	N/A	3,867,199	\$	3,867,199	\$ 3,867,199	
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	STIF	VAR	N/A	117,381,497		117,381,497	117,381,497	
							121,248,696	121,248,696	
Government Bonds									
	UNITED STATES OF AMER TREAS NOTES 4.625%09-30-2028	Government Bonds	4.63%	9/30/2028	17,210,000		17,736,275	17,983,004	
	UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	Government Bonds	3.00%	8/15/2052	8,760,000		7,180,463	7,298,547	
	UNITED STATES OF AMER TREAS NOTES 5% DUE 10-31-2025	Government Bonds	5.00%	10/31/2025	20,285,000		20,388,010	21,037,339	
	UNITED STATES TREAS NTS 4.625% 11-15-2026	Government Bonds	4.63%	11/15/2026	9,405,000		9,450,095	9,557,831	
	UNITED STATES TREAS BDS 2.0% 02-15-2052	Government Bonds	2.00%	2/15/2052	10,765,000		7,487,210	7,592,926	
	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053	Government Bonds	4.13%	8/15/2053	7,210,000		7,268,661	7,434,994	
	UNITED STATES OF AMER TREAS NOTES 3.875% 08-15-2033	Government Bonds	3.88%	8/15/2033	2,380,000		2,380,099	2,416,694	
	UNITED STATES OF AMER TREAS NOTES 4.375%12-15-2026	Government Bonds	4.38%	12/15/2026	2,125,000		2,146,582	2,146,748	
	UNITED STATES TREAS NTS 2.75% 08-15-2032	Government Bonds	2.75%	8/15/2032	825,000		755,423	765,539	
	UNITED STATES TREAS 2.375% DUE 02-15-2042 REG	Government Bonds	2.38%	2/15/2042	825,000		631,559	642,909	
	FNMA POOL #MA5107 5.5% 08-01-2053 BEO	Government Mortgage Backed Securities	5.50%	8/1/2053	14,557,868		14,598,812	14,695,809	
	FNMA POOL #MA4978 5% 04-01-2053 BEO	Government Mortgage Backed Securities	5.00%	4/1/2053	14,178,171		13,978,790	14,100,419	
	FHLMC POOL# SD8350 6.0% 07-01-2053	Government Mortgage Backed Securities	6.00%	7/1/2053	9,762,760		9,969,116	9,969,116	
	FEDERAL HOME LN MTG CORP POOL #SD8244 4%DUE 09-01-2052 BEO	Government Mortgage Backed Securities	4.00%	9/1/2052	9,187,521		8,624,785	8,731,820	
	FEDERAL HOME LN MTG CORP POOL #SD3631 3%07-01-2052 BEO	Government Mortgage Backed Securities	3.00%	7/1/2052	8,365,550		7,385,212	7,433,993	
	FEDERAL HOME LOAN MORTGAGE CORP 3.5% 05-01-2052	Government Mortgage Backed Securities	3.50%	5/1/2052	7,722,425		7,072,655	7,116,856	
	FEDERAL HOME LOAN MORTGAGE CORP 4.5% 12-01-2052	Government Mortgage Backed Securities	4.50%	12/1/2052	5,861,913		5,655,830	5,712,211	
	FNMA POOL #MA5140 6.5% 09-01-2053 BEO	Government Mortgage Backed Securities	6.50%	9/1/2053	2,968,534		3,041,124	3,058,227	
	FHLMC MULTICLASS 1.238% SRS K-1516 CL A1 DUE 01-25-2035	Gov't-issued Commercial Mortgage-Backed	1.24%	1/25/2035	499		499	1	
	UNITED STATES TREAS NTS DTD 04-28-2023 1.25% DUE 04-15-2028	Index Linked Government Bonds	1.25%	4/15/2028	13,650,000		13,621,853	13,689,833	
	UNITED STATES OF AMER TREAS BONDS 1.5% 02-15-2053	Index Linked Government Bonds	1.50%	2/15/2053	2,050,000		1,945,111	1,950,776	
	UNITED STATES OF AMER TREAS NOTES 1.375% 07-15-2033	Index Linked Government Bonds	1.38%	7/15/2033	1,520,000		1,491,831	1,507,611	
							162,747,030	164,843,203	
Corporate Bonds									
	PVTPPL DRYDEN SENIOR LOAN FUND 20-83A A CLO FLT 01-18-2032 144A	Asset Backed Securities	6.88%	1/18/2032	735,000		735,147	735,239	
	CARMAX AUTO OWNER FIXED 6% DUE 07-17-2028	Asset Backed Securities	6.00%	7/17/2028	750,000		766,113	773,588	
	CARMAX AUTO OWNER TRUST SER 23-3 CL A3 6% 05-15-2028	Asset Backed Securities	5.28%	5/15/2028	750,000		752,695	758,199	
	WORLD OMNI SELECT AUTO TR SR 23-A CL A3 5.65% 07-17-2028	Asset Backed Securities	5.65%	7/17/2028	750,000		750,205	755,463	
	WESTLAKE 5.8% DUE 02-16-2027	Asset Backed Securities	5.80%	2/16/2027	750,000		750,029	752,330	
	ONEMAIN DIRECT 4.65% DUE 03-14-2029	Asset Backed Securities	4.65%	3/14/2029	750,000		737,344	741,785	
	CAP 1 PRIME AUTO 5.82% DUE 06-15-2028	Asset Backed Securities	5.82%	6/15/2028	700,000		712,551	719,468	
	PORSCHE FINL AUTO 5.79% DUE 01-22-2029	Asset Backed Securities	5.79%	1/22/2029	700,000		709,160	716,619	
	TOYOTA LEASE OWNER 5.66% DUE 11-20-2026	Asset Backed Securities	5.66%	11/20/2026	700,000		706,699	710,323	
	GMF FLOORPLAN 5.34% DUE 06-15-2028	Asset Backed Securities	5.34%	6/15/2028	700,000		701,641	708,753	
	VOLKSWAGEN AUTO LEASE TRUST SER 23-A CL A3 5.9% DUE 10-20-2026	Asset Backed Securities	5.90%	10/20/2026	700,000		706,125	708,701	
	SANTANDER DRIVE AUTO RECEIVABLES TR SER 23-4 CL A3 5.73% DUE 04-17-2028	Asset Backed Securities	5.73%	4/17/2028	700,000		703,691	707,175	
	WORLD OMNI AUTO RECEIVABLES TRUST SER 23-C CL A3 5.15% DUE 11-15-2028	Asset Backed Securities	5.15%	11/15/2028	700,000		699,617	705,810	
	CITIBANK CREDIT CARD ISSUANCE TRUST SER 23-1 CL A1 5.23% 12-08-2027	Asset Backed Securities	5.23%	12/8/2027	700,000		699,912	705,371	
	TOYOTA AUTO RECEIVABLES OWNER TRUST SER 23-C CL A3 5.16% DUE 04-17-2028	Asset Backed Securities	5.16%	4/17/2028	700,000		701,148	705,105	
	PVTPPL OHA LOAN FUNDING LTD SER 16-1A CL AR FLTG 01-20-2033	Asset Backed Securities	6.94%	1/20/2033	700,000		700,210	700,072	
	FORD CR FLOORPLAN MASTER OWNER TR A SER 20-2 CL A 1.06% DUE 09-15-2027 REG	Asset Backed Securities	1.06%	9/15/2027	700,000		649,578	655,224	
	PVTPPL BAIN CAPITAL CREDIT CLO SER 17-1A CL A1R FLTG 07-20-2030	Asset Backed Securities	6.65%	7/20/2030	551,445		551,169	550,486	
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2028	Asset Backed Securities	4.98%	11/15/2028	500,000		499,933	506,037	
	TOYOTA AUTO RECEIVABLES OWNER TRUST SER 22-D CL A3 5.32% DUE 09-15-2027	Asset Backed Securities	5.32%	9/15/2027	424,000		424,017	426,196	
	CARVANA AUTO 5.62% DUE 01-10-2029	Asset Backed Securities	5.62%	1/10/2029	400,000		399,958	404,572	
	CARVANA AUTO RECEIVABLES TR 2021-P3 ASSET BACKED NT CL A-4 1.03% 06-10-2027	Asset Backed Securities	1.03%	6/10/2027	259,000		235,164	237,379	
	WESTLAKE 5.82% DUE 05-17-2027	Asset Backed Securities	5.82%	5/17/2027	200,000		200,164	201,008	
	CARVANA AUTO 5.42% DUE 04-10-2028	Asset Backed Securities	5.42%	4/10/2028	200,000		198,180	200,483	
	CARVANA AUTO 1.64% DUE 12-10-2027	Asset Backed Securities	1.64%	12/10/2027	150,000		137,414	138,761	
	ALLY AUTO RECEIVABLES TRUST SER 22-2 CL A3 DUE 05-17-2027 BEO	Asset Backed Securities	0.00%	5/17/2027	136,000		134,667	135,423	
	PVTPPL KUBOTA CR OWNER TR 2022-2 NT CL A-3 144A 4.09% DUE 12-15-2026 BEO	Asset Backed Securities	4.09%	12/15/2026	120,000		117,009	117,979	
	SLM PVT CR STUD LN TR 2003-B STUD LN BKDNT CL A-4 03-15-2033 REG	Asset Backed Securities	6.40%	3/15/2033	50,000		49,938	50,000	
	J P MORGAN MTG FLTG RT 6.42% DUE 11-25-2036	Asset Backed Securities	6.42%	11/25/2036	6,656		7,079	6,407	
	PVTPPL STANWICH MTG LN TR SER 2010-2 CL A144A VAR RT DUE 02-28-2057 BEO	Asset Backed Securities	0.01%	2/28/2057	6,146		3,246	3,380	
	PVTPPL CMO J P MORGAN MTG TR 2021-7 SR 21-7 CL A-3 VAR RT 11-25-2051	Non-Government Backed C.M.O.s	2.50%	11/25/2051	1,266,125		1,031,100	1,039,377	
	PVTPPL CMO GS MORTGAGE-BACKED SECURITIES TRUST SR 21-GR2 CL A2 VAR RT 02-25-2052	Non-Government Backed C.M.O.s	2.50%	2/25/2052	1,070,582		880,554	878,436	
	FLAGSTAR MTG TR FLTG RT 2.5% DUE 08-25-2051	Non-Government Backed C.M.O.s	2.50%	8/25/2051	2,109,504		1,740,341	1,730,893	
	OBX 2021-INV2 TR FLTG RT 2.5% DUE 10-25-2051	Non-Government Backed C.M.O.s	2.50%	10/25/2051	1,187,300		966,900	977,174	
	PVTPPL CMO GS MTG-BACKED SECS TR 2021-PJ2 CTF CL A-2 VAR RT DUE 07-25-2051	Non-Government Backed C.M.O.s	2.50%	7/25/2051	1,138,393		931,339	940,337	
	PVTPPL CMO GS MTG-BACKED SECS TR 2022-PJ6SMBMS 2022-PJ6 A4 VAR RT 01-25-2053	Non-Government Backed C.M.O.s	3.00%	1/25/2053	1,076,244		909,251	920,861	
	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051	Non-Government Backed C.M.O.s	2.50%	6/25/2051	1,034,331		901,969	904,000	
	GS MTG-BACKED SECS FLTG RT 2.5% DUE 12-25-2051	Non-Government Backed C.M.O.s	2.50%	12/25/2051	992,604		812,074	815,694	
	J P MORGAN MTG TR 2021-3 MTG PASS THRU CTF CL A-3 2.5% 07-25-2051	Non-Government Backed C.M.O.s	2.50%	7/25/2051	674,863		549,592	555,845	
	PVTPPL CMO J P MORGAN MTG SER 17-2 CL A7 FLTG RT 05-25-2047	Non-Government Backed C.M.O.s	3.50%	5/25/2047	386,714		343,209	345,551	
	AMSR 2020-SFR4 TR 1.355% 11-17-2037	Commercial Mortgage-Backed	1.36%	11/17/2037	1,725,176		1,599,899	1,602,700	
	PVTPPL ARBOR RLTY COML REAL ESTATE NTS 2021-FL4 SR 21-FL4 CL A 11-15-2036	Commercial Mortgage-Backed	6.83%	11/15/2036	750,000		742,969	741,362	
	PVTPPL MF1 2021-FL6 LTD SER 21-FL6 CL A FLTG 07-16-2036	Commercial Mortgage-Backed	6.57%	7/16/2036	723,696		713,746	711,462	
	EXTENDED STAY AMER TR 2021-ESH MTG PASS THRU CTF CL A 144A 6.51548% 07-15-2038	Commercial Mortgage-Backed	6.52%	7/15/2038	700,080		692,642	693,494	

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2023

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
Corporate Bonds (continued)							
	BX COML MTG TR FLTG RT 6.13546% DUE 09-15-2036	Commercial Mortgage-Backed	6.14%	9/15/2036	500,000	486,563	487,130
	LIFE 2021-BMR MTG FLTG RT 6.13548% DUE 03-15-2038	Commercial Mortgage-Backed	6.14%	3/15/2038	491,485	480,734	480,673
	PVTPL GREYSTONE COMMERCIAL REAL ESTA 21-FL3 CL A FLTG RT DUE 07-15-2039 BEO	Commercial Mortgage-Backed	6.50%	7/15/2039	200,000	195,750	196,308
	PVTPL BSPRT 2021-FL7 ISSUER LTD/BSPRT 2021-F SR 21-FL7 CL A VAR RT 12-15-2038	Commercial Mortgage-Backed	6.80%	12/15/2038	150,000	146,813	147,482
	BANK AMER CORP 5.015% DUE 07-22-2033/01-22-2023 BEO	Corporate Bonds	5.02%	7/22/2033	3,000,000	2,958,150	3,038,145
	PVTPL AIR CDA PASS THRU TR 2020-2A 5.25%DUE 10-01-2030 BEO	Corporate Bonds	5.25%	10/1/2030	953,022	936,344	946,805
	WELLS FARGO & COMPANY 4.54% 08-15-2026	Corporate Bonds	4.54%	8/15/2026	700,000	686,651	692,679
	PUBLIC SVC CO NEW HAMPSHIRE 5.35% 10-01-2033	Corporate Bonds	5.35%	10/1/2033	520,000	542,578	553,007
	MIDAMERICAN ENERGY CO 5.35% DUE 01-15-2034	Corporate Bonds	5.35%	1/15/2034	430,000	450,937	461,046
	MORGAN STANLEY 6.138% 10-16-2026	Corporate Bonds	6.14%	10/16/2026	350,000	353,073	356,372
	PVTPL TTX CO 5.5% 09-25-2026	Corporate Bonds	5.50%	9/25/2026	350,000	352,853	355,942
	GE HEALTHCARE HLDG LLC GTD SR NT 5.6% 11-15-2025	Corporate Bonds	5.60%	11/15/2025	350,000	350,630	353,161
	MORGAN STANLEY 5.05% DUE 01-28-2027	Corporate Bonds	5.05%	1/28/2027	350,000	346,962	350,426
	DTE ENERGY CO 2.85% DUE 10-01-2026	Corporate Bonds	2.85%	10/1/2026	350,000	327,943	330,963
	WELLS FARGO & COMPANY 4.897% 07-25-2033	Corporate Bonds	4.90%	7/25/2033	3,600,000	3,495,636	3,588,369
	JPMORGAN CHASE & CO 4.912% DUE 07-25-2033/07-25-2032 BEO	Corporate Bonds	4.91%	7/25/2033	3,450,000	3,400,458	3,490,033
	CITIGROUP INC 3.785% 03-17-2033	Corporate Bonds	3.79%	3/17/2033	3,600,000	3,230,568	3,282,739
	GENERAL MTRS FINL CO INC 1.25% DUE 01-08-2026 REG	Corporate Bonds	1.25%	1/8/2026	2,200,000	2,029,148	2,049,393
	MORGAN STANLEY 2.943% DUE 01-21-2033	Corporate Bonds	2.94%	1/21/2033	2,350,000	1,993,740	2,034,505
	DUKE ENERGY FLA LLC 5.875% 11-15-2033	Corporate Bonds	5.88%	11/15/2033	1,675,000	1,799,118	1,823,625
	WISCONSIN PWR & LT CO 4.95% 04-01-2033	Corporate Bonds	4.95%	4/1/2033	1,700,000	1,700,493	1,730,017
	GOLDMAN SACHS GROUP INC 3.102% 02-24-2033	Corporate Bonds	3.10%	2/24/2033	1,900,000	1,627,559	1,654,141
	DTE ELEC CO 5.2% DUE 04-01-2033	Corporate Bonds	5.20%	4/1/2033	1,145,000	1,186,448	1,205,991
	AGREE LTD PARTNERSHIP 2.0% DUE 06-15-2028 BEO	Corporate Bonds	2.00%	6/15/2028	1,250,000	1,085,013	1,086,136
	BANK OF NEW YORK MELLON CORP 4.967% 04-26-2034	Corporate Bonds	4.97%	4/26/2034	1,000,000	990,220	1,006,247
	METLIFE INC 5.375% 07-15-2033	Corporate Bonds	5.38%	7/15/2033	950,000	985,815	1,016,333
	APPALACHIAN PWR CO SR NT SER AA 2.7% 04-01-2031	Corporate Bonds	2.70%	4/1/2031	1,100,000	936,639	948,544
	TRANSCANADA 4.1% DUE 04-15-2030	Corporate Bonds	4.10%	4/15/2030	860,000	812,829	826,428
	HSBC HLDGS PLC 4.95% DUE 03-31-2030	Corporate Bonds	4.95%	3/31/2030	750,000	742,028	753,938
	ENTERGY ARKANSAS LLC 5.3% 09-15-2033	Corporate Bonds	5.30%	9/15/2033	700,000	716,345	731,757
	BANK MONTREAL 5.266% 12-11-2026	Corporate Bonds	5.27%	12/11/2026	705,000	705,000	714,938
	GOLDMAN SACHS GROUP INC 5.798% DUE 08-10-2026	Corporate Bonds	5.80%	8/10/2026	700,000	701,015	706,897
	CITIGROUP INC 5.61% 09-29-2026	Corporate Bonds	5.61%	9/29/2026	700,000	699,328	705,267
	JPMORGAN CHASE & CO 4.08% 04-26-2026	Corporate Bonds	4.08%	4/26/2026	700,000	685,006	688,728
	PUBLIC SERVICE ENTERPRISE GROUP INC 2.45% 11-15-2031	Corporate Bonds	2.45%	11/15/2031	775,000	649,008	653,127
	DOMINION ENERGY INC 3.375% DUE 04-01-2030 REG	Corporate Bonds	3.38%	4/1/2030	600,000	548,940	558,228
	ENTERGY AR LLC FIXED 3.35% DUE 06-15-2052	Corporate Bonds	3.35%	6/15/2052	750,000	546,495	545,657
	PVTPL MONONGAHELA POWER CO 5.85% 02-15-2034 BEO	Corporate Bonds	5.85%	2/15/2034	515,000	538,592	550,321
	US AIRWAYS GROUP FIXED 4.625% DUE 12-03-2026	Corporate Bonds	4.63%	12/3/2026	507,238	540,483	494,963
	AMERICAN AIRLRS 2017-2 AA PTT 3.35% DUE 04-15-2031	Corporate Bonds	3.35%	4/15/2031	526,746	467,223	479,351
	BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	Corporate Bonds	2.88%	6/15/2052	675,000	473,094	474,890
	GENERAL MOTORS FINANCIAL 3.1% 01-12-2032	Corporate Bonds	3.10%	1/12/2032	540,000	457,153	468,398
	WISCONSIN PUBLIC SERVICE 2.85% 12-01-2051	Corporate Bonds	2.85%	12/1/2051	680,000	451,289	452,143
	PVTPL UBS GROUP AG SR 3.126% 08-13-2030	Corporate Bonds	3.13%	8/13/2030	500,000	443,875	452,702
	PNC FINL SVCS GROUP INC 6.037% 10-28-2033	Corporate Bonds	6.04%	10/28/2033	425,000	442,816	449,317
	WARNERMEDIA HLDGS INC SR NT 3.755% 03-15-2027	Corporate Bonds	3.76%	3/15/2027	408,000	386,849	391,251
	CANADIAN IMPERIAL BK COMM TORONTO BRH 5.926% 10-02-2026	Corporate Bonds	5.93%	10/2/2026	350,000	355,551	360,261
	ENERGY TRANSFER L P 6.05% 12-01-2026	Corporate Bonds	6.05%	12/1/2026	350,000	354,963	359,707
	WELLS FARGO BANK NA 5.254% 12-11-2026	Corporate Bonds	5.25%	12/11/2026	355,000	355,000	359,497
	AMEREN CORP 5.7% 12-01-2026	Corporate Bonds	5.70%	12/1/2026	350,000	353,409	358,323
	DELL INTL L L C/EMC CORP 6.02% DUE 06-15-2026	Corporate Bonds	6.02%	6/15/2026	350,000	353,976	358,273
	SUMITOMO MITSUI FINL GROUP INC 5.88% 07-13-2026	Corporate Bonds	5.88%	7/13/2026	350,000	353,728	358,039
	AMERICAN EXPRESS CO 6.338% DUE 10-30-2026	Corporate Bonds	6.34%	10/30/2026	350,000	355,233	356,953
	AMERICO LIFE INC SR NT 144A 3.45% 04-15-2031	Corporate Bonds	3.45%	4/15/2031	455,000	453,703	360,119
	ONEOK INC 5.55% 11-01-2026	Corporate Bonds	5.55%	11/1/2026	350,000	352,625	356,234
	PVTPL CREDIT AGRICOLE S.A.(LONDON BRANCH) 5.589% 07-05-2026	Corporate Bonds	5.59%	7/5/2026	350,000	351,887	356,080
	BANK NOVA SCOTIA B C 5.35% 12-07-2026	Corporate Bonds	5.35%	12/7/2026	350,000	349,297	356,051
	PVTPL MET TOWER GLOBAL FUNDING 5.4% 06-20-2026	Corporate Bonds	5.40%	6/20/2026	350,000	352,230	355,368
	PVTPL MACQUARIE BANK LTD 5.391% 12-07-2026	Corporate Bonds	5.39%	12/7/2026	350,000	350,263	354,777
	CONAGRA BRANDS INC 5.3% 10-01-2026	Corporate Bonds	5.30%	10/1/2026	350,000	349,444	354,440
	AMERN EXPRESS CO FLTG RT 5.389% DUE 07-28-2027	Corporate Bonds	5.39%	7/28/2027	350,000	349,958	354,213
	WILLIAMS COMPANIES INC 5.4% DUE 03-02-2026	Corporate Bonds	5.40%	3/2/2026	350,000	349,944	353,665
	NEXTERA ENERGY CAP HLDGS INC .509% 09-01-2025	Corporate Bonds	0.51%	9/1/2025	350,000	350,571	353,439
	BPCE SR NON PFD VAR RT 5.975% DUE 01-18-2027	Corporate Bonds	5.98%	1/18/2027	350,000	348,663	352,866
	PVTPL HYUNDAI CAPITAL AMERICA 5.65% 06-26-2026	Corporate Bonds	5.65%	6/26/2026	350,000	349,213	352,438
	GENERAL MOTORS FINANCIAL CO INC 5.4% DUE04-06-2026	Corporate Bonds	5.40%	4/6/2026	350,000	348,751	352,399
	AMERICAN ELEC PWR 5.699% 08-15-2025	Corporate Bonds	5.70%	8/15/2025	350,000	350,476	352,374
	NATIONAL FUEL GAS CO 5.5% DUE 10-01-2026	Corporate Bonds	5.50%	10/1/2026	350,000	351,600	351,597
	MITSUBISHI UFJ FINL GROUP INC 5.719% 02-20-2026	Corporate Bonds	5.72%	2/20/2026	350,000	350,004	351,542
	BANK OF AMERICA CORPORATION 5.08% DUE 01-20-2027	Corporate Bonds	5.08%	1/20/2027	350,000	346,241	349,349
	BANK AMER CORP FIXED 4.827% DUE 07-22-2026	Corporate Bonds	4.83%	7/22/2026	350,000	345,510	347,391
	PNC FINL SVCS GROUP INC 4.758% 01-26-2027	Corporate Bonds	4.76%	1/26/2027	350,000	343,602	347,388
	PVTPL NTT FINANCE CORP 4.239% DUE 07-25-2025 BEO	Corporate Bonds	4.24%	7/25/2025	350,000	344,225	346,184
	AMERN TOWER CORP 4.4% DUE 02-15-2026	Corporate Bonds	4.40%	2/15/2026	350,000	342,864	345,671

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 95-2110997, Plan Number: 001

December 31, 2023

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					
(a)	(b) Identity of issue, borrower, or similar party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)							
	PLAINS ALL AMERN 4.5% DUE 12-15-2026	Corporate Bonds	4.50%	12/15/2026	350,000	340,368	345,399
	HUNTINGTON 4% DUE 05-15-2025	Corporate Bonds	4.00%	5/15/2025	350,000	340,372	343,360
	GENERAL MTRS FINL CO INC 3.8% 04-07-2025	Corporate Bonds	3.80%	4/7/2025	350,000	340,435	342,671
	PENSKE TRUCK 4% DUE 07-15-2025	Corporate Bonds	4.00%	7/15/2025	350,000	342,213	342,366
	FORD MTR CR CO LLC 4.542% DUE 08-01-2026	Corporate Bonds	4.54%	8/1/2026	350,000	333,396	339,047
	DUKE ENERGY CAROLINAS LLC 4.95% 01-15-2033	Corporate Bonds	4.95%	1/15/2033	330,000	330,795	344,217
	FORD MTR CR CO LLC 3.375% DUE 11-13-2025BEO	Corporate Bonds	3.38%	11/13/2025	350,000	330,022	335,035
	AIR LEASE CORP MED 2.875% DUE 01-15-2026	Corporate Bonds	2.88%	1/15/2026	350,000	329,721	333,537
	T-MOBILE USA INC 2.25% DUE 02-15-2026	Corporate Bonds	2.25%	2/15/2026	350,000	327,565	331,637
	JETBLUE AIRWAYS CORPORATION 4.0% 11-15-2032	Corporate Bonds	4.00%	5/15/2034	361,660	330,239	333,299
	PRIN LIFE GLOBAL FDG II GLOBAL TRANCHE #TR 101 06/23/2020 1.25% 06-23-2025	Corporate Bonds	1.25%	6/23/2025	350,000	327,635	331,310
	RYDER SYSTEM INC 1.75% 09-01-2026	Corporate Bonds	1.75%	9/1/2026	350,000	318,885	322,603
	JP MORGAN CHASE BK NA 5.11% 12-08-2026	Corporate Bonds	5.11%	12/8/2026	250,000	250,000	252,367
	AMERICAN AIRLINES INC. 3.575% A/BKD 07-15-2029 USD/AA'	Corporate Bonds	3.58%	7/15/2029	246,750	220,841	234,150
	BSTN UNIV MEDIUM 7.625% DUE 07-15-2097	Corporate Bonds	7.63%	7/15/2097	180,000	240,300	202,731
	CONSOLIDATED EDISON CO N Y INC 3.35% DUE04-01-2030 REG	Corporate Bonds	3.35%	4/1/2030	200,000	185,898	188,357
	CAP 1 FINL CORP 7.149% DUE 10-29-2027	Corporate Bonds	7.15%	10/29/2027	175,000	181,172	181,755
	FORT IRWIN LD LLC 5.17% DUE 12-15-2035	Corporate Bonds	5.17%	12/15/2035	155,000	156,812	151,636
	TORONTO DOMINION BANK 5.264% 12-11-2026	Corporate Bonds	5.26%	12/11/2026	115,000	115,000	117,312
						87,294,192	88,146,462
Real estate							
	BUSINESS ARTS PLAZA INC	Real Estate	N/A	N/A	6,291,532	6,291,532	64,275,510
						6,291,532	64,275,510
Common/Collective Trusts							
*	MFBN COLLECTIVE S&P500 INDEX FUND-NON LENDING	CCT	N/A	N/A	39,983	398,728,890	725,007,212
	CF ARTISAN GLOBAL OPPORTUNITIES TRUST FD	CCT	N/A	N/A	6,408,940	119,951,373	234,182,685
	CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	CCT	N/A	N/A	4,856,499	127,430,438	101,274,024
	CF S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NL FND (ZVB5)	CCT	N/A	N/A	4,558,618	74,923,706	78,435,574
	CF JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	13,444,724	112,802,836	151,254,513
*	MFBN COLLECTIVE EAFE INDEX FUND-NON LENDING	CCT	N/A	N/A	378,962	159,952,381	161,107,804
*	MFBN COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	CCT	N/A	N/A	1,838,328	99,957,263	88,247,109
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	CCT	N/A	N/A	31,980	31,980	31,980
	CF PAYDEN & RYGEL EMERGING MARKETS BOND CIT - CLASS MIG	CCT	N/A	N/A	2,900,142	38,792,590	41,329,344
	CF WTC CTF BLENDED OPPORTUNISTIC EMD	CCT	N/A	N/A	4,809,557	40,654,518	38,101,702
	CF WTC CIF II CORE BOND MST	CCT	N/A	N/A	9,788,567	125,000,000	124,562,324
	CF EARNEST PARTNERS SMID CAP CORE FDR CL	CCT	N/A	N/A	7,543,103	105,000,000	119,859,914
						1,403,225,975	1,864,394,185
Pooled Separate Accounts							
	CF PRUDENTIAL PRISA SA	PSA	N/A	N/A	476	25,625,244	37,884,855
	CF PRUDENTIAL PRISA II	PSA	N/A	N/A	2,593	72,801,612	121,120,450
						98,426,856	159,005,305
103-12 Investment Entities							
	CF ACADIAN NON-US ALL CAP EQUITY FUND, USD HEDGED, LLC	103-12	N/A	N/A	110,058	148,267,833	241,653,832
	CF CF LAZARD EMERGING MARKETS EOTY GROUPTR FD	103-12	N/A	N/A	1,936,471	54,577,603	129,116,181
	CF NCS GROUP TRUST - GLOBAL FUND	103-12	N/A	N/A	2,917,988	98,155,752	185,464,422
	CF BRIDGEWATER PURE ALPHA MAJOR MKTS LTDSE	103-12	N/A	N/A	33,752	33,057,636	57,450,679
						334,058,824	613,685,114
Partnerships/ Joint Ventures							
	JPMORGAN INFRASTRUCTURE INVESTMENTS FUND	Partnerships	N/A	N/A	213,584,775	232,718,863	237,725,113
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	Partnerships	N/A	N/A	160,000,000	160,000,000	180,402,682
	KABOUTER INTERNATIONAL OPPORTUNITIES FUND II LLC	Partnerships	N/A	N/A	17,771,904	17,771,904	1,997,795
	OAKTREE REAL ESTATE DEBT FUND II, LP	Partnerships	N/A	N/A	13,864,249	13,864,249	13,976,903
	OAKTREE PRINCIPAL FUND V	Partnerships	N/A	N/A	285,185	285,185	4,254,033
	ATERIAN INVESTMENT PARTNERS IV, LP	Partnerships	N/A	N/A	2,121,616	2,121,616	2,630,791
	AURORA EQUITY PARTNERS VI, L.P.	Partnerships	N/A	N/A	4,601,523	4,601,523	5,665,389
	AVISTA CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	4,108,372	4,108,372	4,375,988
	AVISTA CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	7,444,599	7,444,599	10,095,943
	AVISTA HEALTHCARE PARTNERS VI, L.P.	Partnerships	N/A	N/A	6,734,878	6,734,878	7,747,572
	BLACKSTONE CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	7,491,237	7,491,237	9,440,095
	BOND III, LP	Partnerships	N/A	N/A	1,868,750	1,868,750	1,628,915
	CVC CAPITAL PARTNERS VIII, L.P.	Partnerships	N/A	N/A	7,140,969	7,140,969	7,913,754
	EQT X USD SCSP	Partnerships	N/A	N/A	1,704,627	1,704,627	1,620,011
	GREAT HILL EQUITY PARTNERS VIII, L.P.	Partnerships	N/A	N/A	2,159,304	2,159,304	1,605,277
	GTCR FUND XIII, L.P.	Partnerships	N/A	N/A	3,678,295	3,678,295	4,100,663
	GTCR STRATEGIC GROWTH FUND I LP	Partnerships	N/A	N/A	2,163,750	2,163,750	2,040,951
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2019)	Partnerships	N/A	N/A	6,254,552	6,254,552	9,197,149
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2020)	Partnerships	N/A	N/A	5,992,060	5,992,060	6,922,261
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2021)	Partnerships	N/A	N/A	5,945,710	5,945,710	5,609,671
	HAMILTON LANE VENTURE CAPITAL FUND, L.P. (SERIES 2022)	Partnerships	N/A	N/A	2,344,888	2,344,888	2,311,435
	INFLEXION BUYOUT FUND VI	Partnerships	N/A	N/A	2,318,823	2,318,823	2,162,322
	INSIGHT PARTNERS XII, L.P.	Partnerships	N/A	N/A	5,839,787	5,839,787	5,350,148
	K5 PRIVATE INVESTORS, L.P.	Partnerships	N/A	N/A	5,206,658	5,206,658	5,986,911
	KELSO INVESTMENT ASSOCIATES X, L.P.	Partnerships	N/A	N/A	8,019,076	8,019,076	14,226,504
	KELSO INVESTMENT ASSOCIATES XI, L.P.	Partnerships	N/A	N/A	2,692,597	2,692,597	3,383,250

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2023

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value						
(a)	(b) Identity of issue, borrower, or similar party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value	
Partnerships/ Joint Ventures (continued)								
	KPS SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	4,314,666	4,314,666	8,678,362	
	L CATTERTON GROWTH IV, L.P.	Partnerships	N/A	N/A	4,776,783	4,776,783	4,855,940	
	NEWQUEST ASIA FUND IV, L.P.	Partnerships	N/A	N/A	8,656,691	8,656,691	10,287,113	
	OAK HILL CAPITAL PARTNERS IV, L.P.	Partnerships	N/A	N/A	4,109,739	4,109,739	3,951,500	
	OAK HILL CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	11,010,742	11,010,742	14,184,562	
	OAK HILL CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	6,915,713	6,915,713	6,824,025	
	PARTNERS GROUP DIRECT EQUITY V (USD), L.P.	Partnerships	N/A	N/A	1,114,676	1,114,676	833,520	
	PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	11,231,844	11,231,844	16,772,096	
	PLATINUM EQUITY CAPITAL PARTNERS VI, L.P.	Partnerships	N/A	N/A	3,860,469	3,860,469	3,862,748	
	PLATINUM EQUITY SMALL CAP FUND, L.P.	Partnerships	N/A	N/A	6,391,662	6,391,662	10,016,432	
	PROJECT BLAZER	Partnerships	N/A	N/A	6,100,506	6,100,506	4,531,023	
	PROJECT COLUMBUS	Partnerships	N/A	N/A	8,362,914	8,362,914	11,120,001	
	PROJECT FOUNTAIN	Partnerships	N/A	N/A	-	-	17,358	
	PROJECT HELIX	Partnerships	N/A	N/A	3,559,803	3,559,803	5,231,649	
	PROJECT MARS	Partnerships	N/A	N/A	4,285,377	4,285,377	5,472,510	
	PROJECT ROSE	Partnerships	N/A	N/A	5,257,063	5,257,063	5,237,388	
	PROJECT TENEO	Partnerships	N/A	N/A	5,132,673	5,132,673	6,034,327	
	ROARK CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	10,816,056	10,816,056	16,374,118	
	STG ALLEGRO FUND, L.P.	Partnerships	N/A	N/A	1,481,395	1,481,395	1,132,710	
	STG VI, L.P.	Partnerships	N/A	N/A	4,255,004	4,255,004	4,440,852	
^	STG VII, L.P.	Partnerships	N/A	N/A	-	-	(173,923)	
	THOMAS H. LEE EQUITY FUND IX, L.P.	Partnerships	N/A	N/A	4,962,260	4,962,260	4,532,738	
	THOMAS H. LEE EQUITY FUND VIII, L.P.	Partnerships	N/A	N/A	689	689	5,145,430	
	VERDANE CAPITAL XI	Partnerships	N/A	N/A	1,138,355	1,138,355	1,038,700	
^	VERDANE EDDA III	Partnerships	N/A	N/A	-	-	63,979	
	APOLLO HYBRID VALUE FUND, L.P.	Partnerships	N/A	N/A	4,749,188	4,749,188	4,731,725	
^	ARES SENIOR DIRECT LENDING FUND III LP	Partnerships	N/A	N/A	-	-	(210)	
	ARES SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	6,598,384	6,598,384	7,250,881	
	ARES SPECIAL OPPORTUNITIES FUND, L.P.	Partnerships	N/A	N/A	4,298,997	4,298,997	9,813,845	
	AS BIRCH GROVE OPPORTUNITIES FUND, L.P. (FKA ASCRIBE IV)	Partnerships	N/A	N/A	6,963,333	6,963,333	7,054,435	
	ASI HARK CAPITAL III, LP	Partnerships	N/A	N/A	3,719,739	3,719,739	4,073,309	
	AUDAX MEZZANINE FUND V, L.P.	Partnerships	N/A	N/A	2,540,081	2,540,081	2,690,358	
	AVENUE ASIA SPECIAL SITUATIONS FUND V, L.P.	Partnerships	N/A	N/A	2,008,623	2,008,623	3,965,561	
	BALANCE POINT CAPITAL PARTNERS V, L.P.	Partnerships	N/A	N/A	7,105,037	7,105,037	8,354,767	
	BCP SPECIAL OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	8,884,695	8,884,695	9,844,463	
^	BCP SPECIAL OPPORTUNITIES FUND III, L.P.	Partnerships	N/A	N/A	-	-	(8,819)	
	BLACKSTONE CAPITAL OPPORTUNITIES FUND IV LP	Partnerships	N/A	N/A	4,483,785	4,483,785	4,960,361	
	BLACKSTONE TACTICAL OPPORTUNITIES FUND - HL L.P.	Partnerships	N/A	N/A	7,762,077	7,762,077	8,794,195	
	BSP DEBT FUND V, L.P.	Partnerships	N/A	N/A	924,444	924,444	865,949	
	CARLYLE CREDIT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	8,647,001	8,647,001	9,068,056	
^	CARLYLE CREDIT OPPORTUNITIES FUND III, L.P.	Partnerships	N/A	N/A	-	-	32,992	
	CASTLELAKE AVIATION IV STABLE YIELD, L.P.	Partnerships	N/A	N/A	5,661,992	5,661,992	6,105,736	
	CASTLELAKE INCOME OPPORTUNITIES II, L.P.	Partnerships	N/A	N/A	10,484,278	10,484,278	10,635,801	
	CASTLELAKE INCOME OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	6,021,860	6,021,860	5,403,098	
	CASTLELAKE OPPORTUNISTIC ASSET SOLUTIONS VI, L.P.	Partnerships	N/A	N/A	4,478,682	4,478,682	5,507,264	
	CASTLELAKE V DISLOCATED OPPORTUNITIES, L.P.	Partnerships	N/A	N/A	4,503,832	4,503,832	6,410,657	
	CASTLELAKE V, L.P.	Partnerships	N/A	N/A	2,220,749	2,220,749	4,198,231	
	COMVEST CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	6,635,027	6,635,027	5,408,614	
	COMVEST CREDIT PARTNERS VI, L.P.	Partnerships	N/A	N/A	4,877,704	4,877,704	4,775,396	
	CRESCENT CREDIT SOLUTIONS VIII, L.P.	Partnerships	N/A	N/A	6,314,150	6,314,150	6,340,562	
	CRESCENT DIRECT LENDING FUND III, L.P.	Partnerships	N/A	N/A	7,517,773	7,517,773	7,477,757	
	EVERBERG CAPITAL PARTNERS II, L.P.	Partnerships	N/A	N/A	6,158,451	6,158,451	6,945,089	
	FIRST EAGLE DIRECT LENDING FUND IV, LLC	Partnerships	N/A	N/A	7,307,601	7,307,601	6,932,087	
	FIRST EAGLE DIRECT LENDING FUND V, LLC	Partnerships	N/A	N/A	6,702,228	6,702,228	6,249,116	
	GSO ENERGY SELECT OPPORTUNITIES FUND II, L.P.	Partnerships	N/A	N/A	2,245,018	2,245,018	2,214,232	
	HPS MEZZANINE PARTNERS 2019, L.P.	Partnerships	N/A	N/A	7,471,216	7,471,216	9,172,566	
	HPS STRATEGIC INVESTMENT PARTNERS V, L.P.	Partnerships	N/A	N/A	4,103,282	4,103,282	4,826,259	
	ICG EUROPE FUND VII, L.P.	Partnerships	N/A	N/A	6,971,490	6,971,490	9,300,911	
	ICG EUROPE FUND VIII SCSP	Partnerships	N/A	N/A	2,797,776	2,797,776	3,676,331	
	ICG RECOVERY FUND II SCSP	Partnerships	N/A	N/A	3,734,521	3,734,521	4,623,480	
	LBC CREDIT PARTNERS V, L.P.	Partnerships	N/A	N/A	7,111,546	7,111,546	7,941,886	
	LONE STAR FUND XI, L.P.	Partnerships	N/A	N/A	4,793,809	4,793,809	7,091,924	
	OAKTREE OPPORTUNITIES FUND XI, L.P.	Partnerships	N/A	N/A	8,467,651	8,467,651	10,070,520	
	OAKTREE SPECIAL SITUATIONS FUND II, L.P.	Partnerships	N/A	N/A	3,978,597	3,978,597	8,734,951	
	OAKTREE SPECIAL SITUATIONS FUND III, L.P.	Partnerships	N/A	N/A	3,125,000	3,125,000	3,195,473	
	OHA CREDIT SOLUTIONS FUND II, L.P.	Partnerships	N/A	N/A	5,673,890	5,673,890	6,088,492	
	PLEXUS FUND VI, L.P.	Partnerships	N/A	N/A	4,187,500	4,187,500	4,193,438	
	SUMMIT PARTNERS CREDIT FUND IV, L.P.	Partnerships	N/A	N/A	5,455,589	5,455,589	5,867,982	
	VELD CREDIT OPPORTUNITIES IV	Partnerships	N/A	N/A	8,107,574	8,107,574	8,587,171	
						864,001,522	962,303,576	
Registered Investment Companies								
	MFO VANGUARD MALVERN FDS SHORT-TERM	INFLAT PROTECTED SECS INDEX FD INSTL SHS	Mutual Funds	N/A	N/A	2,137,603	54,621,452	50,924,749
	AMERICAN FUNDS EUROPACIFIC GROWTH R3 FUND		Mutual Funds	N/A	N/A	DCA	38,734	32,648
	AMERICAN FUNDS FUNDAMENTAL INVESTORS R3 FUND		Mutual Funds	N/A	N/A	DCA	175,615	217,311

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 95-2110997, Plan Number: 001
December 31, 2023

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
Registered Investment Companies (continued)							
	AMERICAN FUNDS GROWTH FUND OF AMERICA R3 FUND	Mutual Funds	N/A	N/A	DCA	118,807	135,419
	AMERICAN FUNDS NEW WORLD R4 FUND	Mutual Funds	N/A	N/A	DCA	40,229	37,428
	FIDELITY ADVISOR LEVERAGED CO STOCK M FUND	Mutual Funds	N/A	N/A	DCA	37,906	51,143
	NUVEEN REAL ESTATE SECURITIES A FUND	Mutual Funds	N/A	N/A	DCA	26,949	39,450
	PIMCO ALL ASSET INSTITUTIONAL FUND	Mutual Funds	N/A	N/A	DCA	273,791	311,773
	PIMCO HIGH YIELD INSTITUTIONAL FUND	Mutual Funds	N/A	N/A	DCA	61,730	58,338
	PIMCO TOTAL RETURN INSTL FUND	Mutual Funds	N/A	N/A	DCA	201,269	210,104
	PRINCIPAL LIFETIME 2020 R3 FUND	Mutual Funds	N/A	N/A	DCA	215,637	222,022
	PRINCIPAL LIFETIME 2030 R3 FUND	Mutual Funds	N/A	N/A	DCA	115,374	108,398
	PRINCIPAL LIFETIME 2040 R3 FUND	Mutual Funds	N/A	N/A	DCA	157,370	149,257
	PRINCIPAL LIFETIME 2050 R3 FUND	Mutual Funds	N/A	N/A	DCA	11,277	10,829
	PRINCIPAL LIFETIME 2060 R3 FUND	Mutual Funds	N/A	N/A	DCA	17,433	16,937
	PRINCIPAL LIFETIME STRATEGIC INCOMER3 FUND	Mutual Funds	N/A	N/A	DCA	316	5,661
	SMALLCAP S&P 600 INDEX R3 FUND	Mutual Funds	N/A	N/A	DCA	24,966	28,909
	T. ROWE PRICE HEALTH SCIENCES FUND	Mutual Funds	N/A	N/A	DCA	32,412	32,295
	TEMPLETON GLOBAL BOND A FUND	Mutual Funds	N/A	N/A	DCA	11,491	11,904
	VANGUARD FEDERAL MONEY MARKET INVESTOR FUND	Mutual Funds	N/A	N/A	DCA	18,253	18,209
						56,201,011	52,622,784
Other Investments							
	CF BEACH POINT DYNAMIC INCOME OFFSHORE FUND LTD CLASS B	Hedge Equity	N/A	N/A	49,056	75,852,156	89,169,580
	CF ADAPTIVE TREND FUND, LTD SUB CLASS SERIES 3	Hedge Equity	N/A	N/A	47,633	45,000,000	42,491,862
	CF ABS OPPORTUNITIES LTD- GLOBAL STRATEGIC PORTFOLIO	Hedge Equity	N/A	N/A	2,471,326	181,806,311	247,084,160
	CF BRIDGEWATER PURE ALPHA II LTD SER	Hedge Equity	N/A	N/A	134,438	149,530,763	156,247,994
	VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US \$ INSTL	Hedge Equity	N/A	N/A	315,276	52,100,076	42,795,134
	CF CRABEL FUND SPC LTD SEGREGATED PORT H CLASS ALT FEE SR 52	Hedge Equity	N/A	N/A	45,000	45,000,000	43,526,346
						549,289,306	621,315,076
TOTAL						\$ 3,682,784,944	\$ 4,711,839,911

* Denotes party-in-interest

^ Denotes funds that are active through a credit facility or not yet active. The current value is the result of expenses from operations and investment gains (losses).

See Independent Auditors Report.

Screen Actors Guild-Producers Pension Plan
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 95-2110997, Plan Number: 001
December 31, 2023

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series of Transactions</i>								
* Northern Trust	NT Collective Govt Short Term Invt FD	\$ 1,243,997,020	N/A	N/A	N/A	\$ 1,243,997,020	\$ 1,243,997,020	\$ -
* Northern Trust	NT Collective Govt Short Term Invt FD	N/A	1,335,675,857	N/A	N/A	1,335,675,857	1,335,675,857	-

* Denotes party-in-interest

See Independent Auditors Report.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2023

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2023

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	19.80%	1/1/2022	12/31/2024
1998 AFTRA LA Local TV Program Agreement	11.00%	11/16/1998	12/31/2024
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
1994 AFTRA New York Local Agreement	10.50%	11/16/1994	12/31/2024
2022 WSNS-TV Agreement	12.75%	12/1/2023	12/31/2024
2022 Cinergistik Audiobook Agreement	14.00%	1/1/2023	12/31/2023
2018 WBBM-AM Newspersons Agreement	12.00%	12/1/2018	12/31/2023
2021 WVIT-TV Agreement	12.75%	4/3/2023	4/30/2023
2019 NBC Network TV News Producers Off-Air Agreement	12.25%	10/1/2019	9/30/2023
2018 WRC-TV & WZDC-TV Staff News Personnel Agreement	12.25%	1/1/2020	1/26/2023
2021 SAG-AFTRA Basic Cable Network Code Agreement	19.80%	1/1/2022	12/31/2024
2017 KPIX-TV Staff Newspersons & Announcers Agreement	12.00%	1/1/2020	12/31/2023
2021 SAG-AFTRA Network Code Independent Agreement	19.80%	1/1/2022	12/31/2024
2015 WNBC-TV Newspersons Agreement	12.75%	11/1/2023	11/30/2024
2022 KNBC-TV Staff Newspersons	12.75%	11/1/2023	11/30/2024
2017 SAG-AFTRA Uptown Nickelodeon Television Agreement	21.00%	7/1/2022	6/30/2026

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2021 WCAU-TV Agreement	12.75%	5/1/2023	5/31/2025
2019 WBLS-FM Agreement	12.50%	2/28/2023	8/28/2023
2020 WQHT-FM Agreement	12.00%	3/1/2020	8/31/2024
2003 KIIS-FM Staff Announcers & Freelance Agreement	10.50%	9/1/2006	12/31/2024
2021 KABC-TV Newsmen's Agreement	13.00%	1/1/2023	12/31/2023
2007 KFI-AM Agreement	11.00%	8/1/2009	12/31/2024
2015 WMAQ-TV Agreement	12.50%	12/16/2018	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2019 WLII-AM Agreement	12.00%	3/1/2019	12/31/2024
2019 KGW-TV Agreement	12.00%	1/1/2021	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	21.00%	7/1/2022	11/8/2023
2018 KRTH-FM Agreement	12.50%	1/1/2019	12/31/2022
2018 WNJU-TV Agreement	12.25%	8/20/2019	12/31/2024
2023 WRC-TV & WZDC-TV Agreement	12.75%	1/30/2023	3/31/2026
2020 American Urban Radio Networks Agreement	11.50%	5/1/2022	4/30/2023
2023 NBC Network TV News Producers Agreement	12.75%	10/1/2023	9/30/2027
2023 WVIT-TV Agreement	12.75%	5/1/2023	12/31/2023
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024

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

December 31, 2023

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

Employer: Cmc/Forecast, Inc.
Fed ID: 36-4042591
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2019 SAG-AFTRA Corporate/Educational Agreement	18.75%	11/1/2022	3/31/2023
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.50%	4/1/2022	3/31/2025
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	20.50%	4/1/2022	3/31/2025
2019 SAG-AFTRA Independent Audio Commercials Agreement	19.25%	4/1/2022	3/31/2025
WPXI-TV By Ref Commercials Agreement	20.50%	4/1/2022	10/31/2024
2019 SAG-AFTRA Independent Commercials Agreement	19.25%	4/1/2022	3/31/2025
2019 SAG-AFTRA Music Video Supplement Agreement	13.00%	7/1/2019	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2021 AFTRA Non-Dramatic Full H&R Rate New Media Agreement	19.80%	1/1/2022	12/31/2024
2022 SAG-AFTRA Corporate/Educational Agreement	18.75%	1/11/2023	10/31/2025
2021 SAG-AFTRA Network Code Independent Agreement	19.80%	1/1/2022	12/31/2024

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2001 Modified Dubbing Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024
2017 SAG-AFTRA Interactive Media Agreement	16.50%	11/8/2020	3/31/2025
2018 SAG-AFTRA Public Television Agreement	17.10%	7/21/2018	7/20/2024
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2019 SAG-AFTRA Corporate/Educational Agreement	18.75%	11/1/2022	3/31/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.50%	4/1/2022	3/31/2025
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	20.50%	4/1/2022	3/31/2025
WPXI-TV By Ref Commercials Agreement	20.50%	4/1/2022	10/31/2024
2019 SAG-AFTRA Independent Commercials Agreement	19.25%	4/1/2022	3/31/2025
2019 SAG-AFTRA Music Video Supplement Agreement	13.00%	7/1/2019	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2019 SAG-AFTRA Independent Audio Commercials Agreement	19.25%	4/1/2022	3/31/2025
2022 SAG-AFTRA Corporate/Educational Agreement	18.75%	1/11/2023	10/31/2025

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2019 SAG-AFTRA Corporate/Educational Agreement	18.75%	11/1/2022	3/31/2023
2018 SAG-AFTRA Public Television Agreement	17.10%	7/21/2018	7/20/2024
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024
2017 SAG-AFTRA Interactive Media Agreement	16.50%	11/8/2020	3/31/2025
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG-AFTRA Phono Conversion Commercials Agreement	19.25%	4/1/2022	3/31/2025
2019 SAG-AFTRA Low Budget Interactive Media Agreement	16.50%	11/8/2020	6/30/2024
2001 Modified Dubbing Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Dramatic New Media Agreement	21.00%	7/1/2022	12/31/2023
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	21.00%	7/1/2022	11/8/2023
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.50%	4/1/2022	3/31/2025
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	20.50%	4/1/2022	3/31/2025
2019 SAG-AFTRA Independent Audio Commercials Agreement	19.25%	4/1/2022	3/31/2025
2019 SAG-AFTRA Independent Commercials Agreement	19.25%	4/1/2022	3/31/2025
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
WPXI-TV By Ref Commercials Agreement	20.50%	4/1/2022	10/31/2024
2022 SAG-AFTRA Corporate/Educational Agreement	18.75%	1/11/2023	10/31/2025

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2022 SAG-AFTRA Commercials Agreement	19.25%	4/1/2022	3/31/2025
2021 SAG-AFTRA Network Code Independent Agreement	19.80%	1/1/2022	12/31/2024

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	21.00%	7/1/2022	11/8/2023
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2023	6/30/2026

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

December 31, 2023

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

Employer: SAG-AFTRA
Fed ID: 45-4931719
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
SAG-AFTRA Union Staff Participation Agreement - Health & AFTRA Retirement	22.75%	7/1/2022	6/30/2026
SAG-AFTRA Union Staff Participation Agreement - Health & SAG Pension	22.75%	7/1/2022	6/30/2026
SAG-AFTRA Union Staff Participation Agreement - SAG Pension Only	13.44%	7/1/2019	6/30/2026

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

December 31, 2023

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

Employer: Warner Bros. Television
Fed ID: 13-3666692
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
1999 AFTRA Uptown Nickelodeon Promo Agreement	19.80%	1/1/2022	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2021 SAG-AFTRA Netflix Backstage Non-Dramatic Low Budget New Media Agreement	19.60%	1/1/2022	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	21.00%	7/1/2022	11/8/2023
2021 SAG-AFTRA Network Code Independent Agreement	19.80%	1/1/2022	12/31/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	19.80%	1/1/2022	12/31/2024
2020 SAG-AFTRA TV Animation Independent Agreement	20.80%	7/1/2022	12/31/2023
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026

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

December 31, 2023

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

Employer: Cbs Film, Inc.
Fed ID: 13-0590730
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
2021 New Media Netflix Animation Agreement	20.80%	7/1/2022	6/30/2026
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
2020 SAG-AFTRA Dramatic New Media Agreement	21.00%	7/1/2022	12/31/2023

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2021 SAG-AFTRA Network Television Code Agreement	19.80%	1/1/2022	12/31/2024
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	19.80%	1/1/2022	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	21.00%	7/1/2022	11/8/2023
2021 Modified Dubbing Agreement	21.00%	7/1/2022	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024

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

December 31, 2023

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2001 Modified Dubbing Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	21.00%	7/1/2022	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	7/1/2022	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	21.00%	7/1/2022	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2022	12/31/2023
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	19.80%	1/1/2022	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	13.00%	7/1/2019	12/31/2024
2017 SAG-AFTRA It's a Laugh Basic Cable Network Code Agreement	17.60%	1/1/2021	6/30/2023
2023 SAG-AFTRA Television AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.00%	11/9/2023	6/30/2026
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	20.80%	7/1/2023	6/30/2026
2023 SAG-AFTRA TV Animation AMPTP Agreement	20.80%	7/1/2023	6/30/2026

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

December 31, 2023

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

Employer: NBC Universal
Fed ID: 27-3526824

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	12/31/2024
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2024
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2024
2022 WSNS-TV Agreement	12/15/2023	12/31/2024
2022 Cinergistik Audiobook Agreement	12/31/2023	
2018 WBBM-AM Newspersons Agreement	11/30/2021	6/30/2023
2021 WVIT-TV Agreement	4/2/2023	4/30/2023
2019 NBC Network TV News Producers Off-Air Agreement	9/30/2023	
2018 WRC-TV & WZDC-TV Staff News Personnel Agreement	5/31/2021	1/26/2023
2021 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2024	12/31/2024
2017 KPIX-TV Staff Newspersons & Announcers Agreement	12/31/2020	3/31/2023
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	12/31/2024
2015 WNBC-TV Newspersons Agreement	12/17/2018	11/30/2024
2022 KNBC-TV Staff Newspersons	11/15/2023	11/30/2024
2017 SAG-AFTRA Uptown Nickelodeon Television Agreement	7/16/2021	6/30/2026
2021 WCAU-TV Agreement	5/22/2023	5/31/2025

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2019 WBLS-FM Agreement	2/28/2022	8/28/2023
2020 WQHT-FM Agreement	2/28/2022	8/31/2024
2003 KIIS-FM Staff Announcers & Freelance Agreement	8/31/2008	12/31/2024
2021 KABC-TV Newsmen's Agreement	9/14/2024	
2007 KFI-AM Agreement	1/31/2010	12/31/2024
2015 WMAQ-TV Agreement	12/15/2018	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
2019 WLIB-AM Agreement	2/28/2022	12/31/2024
2019 KGW-TV Agreement	10/16/2022	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	11/8/2023
2018 KRTH-FM Agreement	12/31/2021	12/31/2022
2018 WNJU-TV Agreement	8/19/2021	12/31/2024
2023 WRC-TV & WZDC-TV Agreement	3/31/2026	
2020 American Urban Radio Networks Agreement	4/30/2023	
2023 NBC Network TV News Producers Agreement	9/30/2027	
2023 WVIT-TV Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024

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

December 31, 2023

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

Employer: Cmc/Forecast, Inc.
Fed ID: 36-4042591

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

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

December 31, 2023

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

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

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2001 Modified Dubbing Agreement	3/31/2004	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	3/31/2025
2018 SAG-AFTRA Public Television Agreement	7/20/2022	7/20/2024
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
2019 SAG-AFTRA Corporate/Educational Agreement	10/31/2022	3/31/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	
WPXI-TV By Ref Commercials Agreement	3/31/2022	10/31/2024
2019 SAG-AFTRA Independent Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Music Video Supplement Agreement	12/31/2022	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
2019 SAG-AFTRA Independent Audio Commercials Agreement	3/31/2025	
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	

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

December 31, 2023

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

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

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2019 SAG-AFTRA Corporate/Educational Agreement	10/31/2022	3/31/2023
2018 SAG-AFTRA Public Television Agreement	7/20/2022	7/20/2024
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	3/31/2025
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
SAG-AFTRA Phono Conversion Commercials Agreement	3/31/2016	3/31/2025
2019 SAG-AFTRA Low Budget Interactive Media Agreement	11/7/2020	6/30/2024
2001 Modified Dubbing Agreement	3/31/2004	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA Dramatic New Media Agreement	6/30/2023	12/31/2023
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	11/8/2023
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Independent Audio Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Independent Commercials Agreement	3/31/2025	
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
WPXI-TV By Ref Commercials Agreement	3/31/2022	10/31/2024
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	
2022 SAG-AFTRA Commercials Agreement	3/31/2025	

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	12/31/2024

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

December 31, 2023

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

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

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	11/8/2023
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2026	

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

December 31, 2023

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

Employer: SAG-AFTRA
Fed ID: 45-4931719

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
SAG-AFTRA Union Staff Participation Agreement - Health & AFTRA Retirement	12/31/2050	
SAG-AFTRA Union Staff Participation Agreement - Health & SAG Pension	12/31/2050	
SAG-AFTRA Union Staff Participation Agreement - SAG Pension Only	12/31/2050	

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

December 31, 2023

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

Employer: Warner Bros. Television
Fed ID: 13-3666692

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
1999 AFTRA Uptown Nickelodeon Promo Agreement	1/31/2001	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
2021 SAG-AFTRA Netflix Backstage Non-Dramatic Low Budget New Media Agreement	6/30/2024	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	11/8/2023
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	12/31/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2024	12/31/2024
2020 SAG-AFTRA TV Animation Independent Agreement	6/30/2023	6/30/2024
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	

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

December 31, 2023

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

Employer: Cbs Film, Inc.
Fed ID: 13-0590730

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 New Media Netflix Animation Agreement	6/30/2022	6/30/2026
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
2020 SAG-AFTRA Dramatic New Media Agreement	6/30/2023	12/31/2023

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

December 31, 2023

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

Employer: Universal Television, LLC
Fed ID: 41-2040219

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	12/31/2024
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	12/31/2024
2020 SAG-AFTRA Dramatic HBSVOD New Media Agreement	6/30/2023	11/8/2023
2021 Modified Dubbing Agreement	6/30/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024

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

December 31, 2023

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

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

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2001 Modified Dubbing Agreement	3/31/2004	11/8/2023
2020 SAG-AFTRA Television AMPTP Agreement	6/30/2023	11/8/2023
2020 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2023	11/8/2023
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2017 SAG-AFTRA It's a Laugh Basic Cable Network Code Agreement	4/13/2022	6/30/2023
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2026	

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2023

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 3(d)
Withdrawal Liability Amounts
EIN: 95-2110997
PN: 001

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
03/30/2023	\$1,036,316	N/A	\$1,036,316
09/27/2023	N/A	\$188,659	\$188,659
Total:	\$1,036,316	\$188,659	\$1,224,975

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Plan Name Screen Actors Guild – Producers Pension Plan

Plan Sponsor Board of Trustees, Screen Actors Guild – Producers Pension Plan

EIN / PN 95-2110997 / 001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates 7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities.

This interest rate assumption, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2023 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 2.55% per annum as of January 1, 2023.

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Retirement Age Active and Inactive Vested participants:

Retirement Rules

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

*If eligible to retire; otherwise, assumed to retire upon completion of age and service requirement

Weighted average retirement age for Active Participants: 63.7

Weighted average retirement age for Inactive Vested Participants: 66.0

**Non-Disabled
Mortality**

The 2016 version of the RP-2014 mortality tables (separate for males and females, and by annuitant/non-annuitant status). No future improvement was assumed.

The non-disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

**Disabled
Mortality**

The 2016 version of the RP-2014 disabled retiree mortality tables (separate for males and females). No future improvement was assumed.

The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

**Active
Participant**

For valuation purposes, an active participant is a participant who earned one year of Pension Credit in the Plan Year ended December 31, 2022, and had not retired as of January 1, 2023.

Also included in the valuation are "Type 2" actives who are non-vested participants who did not earn a Pension Credit during 2022, but did so in either 2021 or 2020.

Withdrawal

Annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below:

Withdrawal Rates

Years of Pension Credit	Males	Females
1	50.0%	30.0%
2	35.0%	25.0%
3	25.0%	20.0%
4	17.5%	15.0%
5	10.0%	10.0%
6	8.0%	9.0%
7	7.5%	8.0%
8	7.0%	7.0%
9	6.5%	6.0%
10	6.0%	5.0%
11	5.5%	4.0%
12-15	5.0%	3.0%
16	4.5%	3.0%
17-29	4.0%	3.0%
30+	3.0%	3.0%

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates

Age	Males and Females
20	0.012%
25	0.017%
30	0.022%
35	0.030%
40	0.044%
45	0.072%
50	0.121%
55	0.202%
60	0.325%

Operating Expenses Expenses are assumed to amount to \$16.500 million per year, payable monthly (\$15.375 million per year was assumed for the January 1, 2022 valuation). Investment management and counseling fees and bad debt expenses (uncollectable contributions) are not included in assumed operating expenses. This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.

Reemployment It is assumed that participants will not be reemployed following a break in service.

Form of Payment 55% of the participants are assumed to elect to receive their accrued benefit in the partial lump sum payment form. The remaining 45% are assumed to elect to receive their accrued benefit in the five-year certain and life annuity form. The interest rate used to value the partial lump sum payment is 4.00% to reflect expected future statutory interest rates under IRC 417(e)(3).

Percent Married 75% of non-retired male participants and 52% of non-retired female participants are assumed to be married.

Spouse Age The wife is assumed to be five years younger than the husband.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

<i>Future Service Accrual Rate</i>	Based on earnings in 2022, adjusted to reflect a 4.0% annual increase. The assumed 4.0% increase in covered earnings is based on historical experience, professional judgment, and expectations for future increases due to inflation and other factors.
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<i>Pensioner Accruals</i>	Each pensioner who accrued additional benefits in 2022 is assumed to earn the same benefit in 2023. The present value of this assumed benefit accrual is added to Normal Cost.
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<i>Inactive Vested and Type 2 Participants</i>	It is assumed that inactive vested participants and Type 2 participants who have not commenced benefits by age 80 will not do so.
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<i>Contribution Income</i>	\$3,620,000,000 in total covered compensation (prior year's total covered compensation increased by 1.2%) and an average contribution rate of 10.00% of covered compensation in 2023. The assumed 1.2% increase in total covered compensation is developed by considering the 4.0% assumed annual increase in individual covered earnings (described above) in combination with the anticipated changes in the participant population and new participants. The characteristics of the anticipated new participants are based on those of recent years' new participants.
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<i>Cost Method</i>	Costs and liabilities for all Plan benefits were determined based on the Unit Credit Cost Method. The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
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**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

<i>Asset Valuation Method</i>	The actuarial value is equal to the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
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<i>Participant Data</i>	The actuarial valuation was prepared based on listings for active, retired, inactive vested and Type 2 participants furnished by the Plan Office.
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<i>Missing or Incomplete Participant Data</i>	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those characteristics exhibited by participants with similar known characteristics. Costs and liabilities for reported "male" non-retired lives were adjusted to reflect a percentage of females based upon inspection of the first names in portions of the data.
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<i>Financial Information</i>	Financial information was obtained from the audited financial statements provided by the auditor.
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<i>Nature of Actuarial Calculations</i>	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.
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The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

<i>Unfunded Vested Benefits for Employer Withdrawals</i>	Valued using an interest rate of 7.25% per annum (same as fund earnings assumption used to determine other plan costs and liabilities for the January 1, 2022 valuation), and the market value of assets, but not less than the actuarial value of assets.
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<i>Changes in Assumptions</i>	Since the prior valuation, the following assumptions have been changed: • The assumed annual operating expenses, payable monthly, changed from \$15.375 million to \$16.500 million • The interest rate used to value the partial lump sum was increased from 3.25% to 4.00%.
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<i>Justification for Changes in Assumptions</i>	The assumptions were changed based on recent and anticipated future experience, and professional judgement.
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Screen Actors Guild - Producers Pension Plan

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name	Screen Actors Guild – Producers Pension Plan																										
Plan Sponsor	Board of Trustees, Screen Actors Guild – Producers Pension Plan																										
EIN / PN	95-2110997 / 001																										
Effective Date and Most Recent Amendment	The original effective date of the Plan is February 1, 1960. The most recent amendment to the Plan reflected in the valuation is Amendment #79 which was adopted on July 20, 2018.																										
Plan Year	The twelve-month period beginning January 1 and ending December 31.																										
Participation	All Employees in Covered Employment participate in the Plan after earning one year of Pension Credit. However, the initial year of service is counted for benefit accrual and eligibility purposes. Guild Office Participants who were participants in the Screen Actors Guild Employees Retirement Plan as of December 31, 2003 became participants in the Plan on January 1, 2004.																										
Pension Credit	A participant receives Past Service Credit for covered employment before January 1, 1961 for each calendar year between 1937 and 1960 with earnings of \$2,000 or more, not to exceed 20 years. For 1961 and later, a Participant earns one year of Current Service Credit for each year in which covered earnings are at least as follows: <table><tr><th>Year</th><th>Covered Earnings at Least:</th><th>Year</th><th>Covered Earnings at Least:</th></tr><tr><td>1961-1991</td><td>\$2,000</td><td>2009</td><td>\$16,000</td></tr><tr><td>1992-1995</td><td>5,000</td><td>2010</td><td>17,000</td></tr><tr><td>1996-1998</td><td>7,500</td><td>2011</td><td>18,000</td></tr><tr><td>1999-2002</td><td>10,000</td><td>2012 and later</td><td>20,000</td></tr><tr><td>2003-2008</td><td>15,000</td><td></td><td></td></tr></table> Prior to 2003, if the participant was age 55 or older with at least 5 but less than 10 years of Pension Credit as of January 1, 1996, the \$5,000 rate applies until 10 Pension Credits are reached. If the participant has at least 3 years of			Year	Covered Earnings at Least:	Year	Covered Earnings at Least:	1961-1991	\$2,000	2009	\$16,000	1992-1995	5,000	2010	17,000	1996-1998	7,500	2011	18,000	1999-2002	10,000	2012 and later	20,000	2003-2008	15,000		
Year	Covered Earnings at Least:	Year	Covered Earnings at Least:																								
1961-1991	\$2,000	2009	\$16,000																								
1992-1995	5,000	2010	17,000																								
1996-1998	7,500	2011	18,000																								
1999-2002	10,000	2012 and later	20,000																								
2003-2008	15,000																										

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

Pension Credit as of January 1, 1999, the \$7,500 rate applies until 10 Pension Credits are reached. These "grandfather" provisions apply only to Pension Credits earned through 2002.

On and after January 1, 1999, a year of Pension Credit can also be earned if the participant has 60 days of employment in a Plan Year before 2003, or 70 days of employment in a Plan Year after 2002.

On and after January 1, 2004, a year of Pension Credit can also be earned if a Plan Office Participant or Guild Office Participant is credited with 1,000 or more Hours of Service in a Plan Year.

Normal Retirement Age

A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.

Break-In-Service

For calendar years after 1991, a Break-in-Service is incurred if earnings are less than half the minimum earnings required to earn a Service Credit.

Note: On and after January 1, 1999 (January 1, 1989 for Plan Office Participants, and January 1, 2004 for Guild Office Participants), for non-vested benefits, cancellation of Pension Credit for vesting purposes occurs after 5 consecutive Break in Service years, if the number of Break-in-Service years equals or exceeds the number of Pension Credits.

Regular Pension – Eligibility

Age 65 with at least 5 years of Pension Credit, or age 65 and the fifth anniversary of participation without a Break-in-Service.

***Regular Pension –
Amount of Benefit***

The annual amount of the Regular Pension is equal to the Prior Service Benefit plus the Current Service Benefit.

The Prior Service Benefit is equal to the average covered earnings of the five most recent years before January 1, 1961, multiplied by the sum of the appropriate percentages shown below and multiplied by total years of Past Service Credit.

The annual Current Service Benefit is equal to the greater of: (1) the sum of the annual benefits determined by applying each year's earnings since January 1, 1961 to the schedule below, and (2) the annual benefit determined by applying the average covered earnings of years since January 1, 1961 to the schedule below, multiplied by total years of Current Service before January 1, 1996, January 1, 1996 through December 31, 1998, January 1, 1999 through December 31, 2009, and on and after January 1, 2010.

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

Annual Covered Earnings	Prior Service	Current Service Prior to 1996	Current Service 1996-1998 ¹	Current Service 1999-2009	Current Service After 2009
First \$2,500	8.23%	4.57%	3.50%	3.50%	2.00%
\$2,501-\$5,000	7.60	4.21	3.50	3.50	2.00
5,001-7,500	5.08	3.21	3.50	3.50	2.00
7,501-25,000	4.66	3.21	3.50	3.50	2.00
25,001-30,000	4.10	3.21	3.50	3.50	2.00
30,001-50,000	1.42	1.82	3.50	3.50	2.00
50,001-75,000	1.30	1.54	2.50	3.50	2.00
75,001-100,000	1.30	1.36	2.50	3.50	2.00
\$100,000 and over	1.30	1.19 ²	1.50 ²	3.50 ²	2.00 ²

¹ The annual pension benefit accrual is \$272.50 plus the percentages shown for earnings above \$7,500, for each year of Pension Credit.

² For years after 1988, annual earnings received per employer for benefit determination cannot exceed the limit for the year under IRC Section 401(a)(17). For 2023, the limit is \$330,000 per employer.

Participants with at least 10 years of Pension Credit are entitled to a pension of not less than \$220 per month even if the scheduled benefit produces a lesser amount.

The maximum monthly pension effective July 1, 2007 is shown in the table below. The maximum monthly pension does not apply to Plan Office Participants or Guild Office Participants.

Pension Credits as of the Annuity Starting Date	Maximum Monthly Pension
Less than 20 Pension Credits	\$6,500
20 through 29 Pension Credits	\$7,000
30 through 34 Pension Credits	\$7,500
35 or more Pension Credits	\$8,000

For Plan Office Participants, the annual amount of Regular Pension equals 3.5% of five-year average compensation, times years of Pension Credit (not to exceed 20). The Regular Pension for a Plan Office Participant will not be less than the sum of the Prior Service Benefit and the Current Service Benefit, as described above.

For Guild Office Participants who earn at least one Pension Credit after 2003, the annual amount of Regular Pension equals (1) plus (2) to a maximum of 70% of the participant's five-year average compensation:

- (1) 3.5% of five-year average compensation, times years of Pension Credit earned after 2003

Screen Actors Guild -
Producers Pension Plan

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

- (2) 3.0% of five-year average compensation up to Social Security Covered Compensation, plus 3.65% of five-year average compensation in excess of Social Security Covered Compensation, times years of Pension Credit earned prior to 2004 to a maximum of 20 years

The Regular Pension for a Guild Office Participant will not be less than the benefit accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003.

Delayed Pension

The Regular Pension is actuarially increased for commencement after Normal Retirement Age.

Early Retirement Pension – Eligibility

Age 55 with at least 10 years of Pension Credit.

Guild Office Participants are eligible to receive an Early Retirement Pension for the benefits accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003, after attaining age 55 with at least 5 years of Pension Credit.

Early Retirement Pension – Amount of Benefit

The calculated Regular Pension reduced by $\frac{1}{4}$ of one percent for each month that retirement precedes age 65.

Guild Office Participants can receive their accrued benefit as of December 31, 2003 reduced by $\frac{1}{2}$ of one percent for each month that retirement precedes age 65. Guild Office Participants' benefits accrued after December 31, 2003 are payable in accordance with the eligibility and amount of benefit rules that apply to all other participants.

Service Pension

For Plan Office Participants and Guild Office Participants who are age 55 or older with at least 10 years of Pension Credit, an unreduced Service Pension (calculated as described above for Regular Pension) is payable if the sum of age and Pension Credit is at least 75.

Disability Pension – Eligibility

Totally and permanently disabled with at least 10 years of Pension Credit and at least one year of Pension Credit in the six calendar year period preceding the date of disability. The participant must also have been awarded a Social Security Disability benefit.

Disability Pension – Amount of Benefit

Same as the calculated Regular Pension, commencing immediately.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

Vested Benefit

Vesting is provided for participants who have accumulated at least 5 years of Pension Credit and who earn at least one hour of employment on or after January 1, 1999 (or one Pension Credit if they have a temporary Break in Service as of December 31, 1998) before incurring a permanent Break in Service (participants with 10 years of Pension Credit become vested, regardless of Breaks in Service). Employees with at least one hour of service on or after January 1, 1988, also vest upon the later of (a) age 65 or (b) the fifth anniversary of commencement of participation in the Plan without a Break-in-Service.

***Pre-Retirement Spouse's
Annuity***

If a deceased married participant had not retired but had met the service requirements for vesting, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing upon the death of the participant, and the monthly amount is the survivor's portion of the 50% Joint and Survivor annuity equivalent of the Regular Pension the participant would have received had he retired the day before he died and elected the 50% Joint and Survivor option. If the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is deferred until he would have been eligible for Early or Regular Retirement.

Effective January 1, 2004, if the participant had met the age and service requirements for an Early Retirement Pension, the spouse may instead receive a monthly amount equal to the survivor's portion of the 100% Joint and Survivor Option that the participant could have received had he retired the day before he died and elected the Joint and Survivor Option.

The surviving spouse may elect to receive this benefit or the lump sum death benefit described below.

Effective July 1, 2011 these provisions also apply to a same-sex spouse or a same-sex domestic partner. However, if the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is payable on the first day of the month following the Participant's death, rather than deferred to an eligible retirement date.

Lump Sum Death Benefit

For participants with at least 5 years of Pension Credit. The amount of benefit is equal to four times the accrued annual Current Service Benefit, but not less than \$1,500. This benefit is not payable if benefits are due under the Pre-Retirement Spouse's Annuity.

Death after Age 65

For participants who are eligible to retire with a Regular Pension. The benefit is sixty monthly payments of the benefit the participant would have received had he retired the day before he died. For married participants, this benefit is not payable if the pre-retirement spouse's annuity is of greater value.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

Forms of Payment

Normal Form

For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor annuity unless this form is rejected by a participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the 50% Joint and Survivor form. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed.

Optional Forms

The following optional forms of payment are available:

- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- 10-Year Certain and Life Annuity
- Partial Lump Sum Option (the first 12 monthly payments are made in a lump sum; the remaining payments are actuarially adjusted)
- 50% Joint and Survivor Annuity with "Pop-Up"
- 75% Joint and Survivor Annuity with "Pop-Up"
- 100% Joint and Survivor Annuity with "Pop-Up"

Other optional forms of payment are available to Guild Office Participants with respect to benefits earned through December 31, 2003.

Actuarial Equivalence

Benefits under optional forms of payment are converted from the amount payable under the 5-Year Certain and Life Annuity, based on assumptions of 6.5% and the Revenue Ruling 2001-62 mortality table.

Changes in Plan Provisions

There have been no changes in the Plan's benefit provisions since the prior valuation.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 95-2110997
PN: 001

Schedule of Projection Of Expected Benefit Payments

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 18,998,000	\$ 13,933,825	\$ 301,869,815	\$ 334,801,640
2024	32,037,144	24,887,671	294,052,880	350,977,695
2025	45,323,909	37,180,922	285,739,796	368,244,627
2026	58,795,603	48,876,773	277,204,964	384,877,340
2027	73,226,582	60,569,428	268,205,771	402,001,781
2028	85,942,242	70,839,439	258,981,987	415,763,668
2029	99,636,998	81,459,171	249,702,670	430,798,839
2030	113,107,379	91,476,708	240,130,868	444,714,955
2031	126,469,857	101,287,568	230,402,963	458,160,388
2032	140,797,141	110,866,385	220,510,405	472,173,931
2033	154,891,093	120,136,165	210,437,668	485,464,926
2034	169,103,843	129,225,950	200,344,073	498,673,866
2035	183,330,748	138,337,222	190,111,121	511,779,091
2036	197,127,340	146,544,453	179,763,897	523,435,690
2037	209,639,609	154,031,842	169,335,362	533,006,813
2038	222,063,603	160,246,706	158,862,537	541,172,846
2039	234,025,562	165,810,560	148,389,335	548,225,457
2040	244,773,784	170,690,551	137,967,522	553,431,857
2041	255,305,087	174,806,307	127,654,784	557,766,178
2042	264,133,794	177,951,035	117,512,773	559,597,602
2043	271,536,496	180,182,917	107,604,380	559,323,793
2044	277,283,476	181,343,982	97,991,712	556,619,170
2045	281,829,136	181,987,686	88,734,369	552,551,191
2046	286,645,379	181,508,617	79,887,002	548,040,998
2047	288,575,732	180,194,824	71,497,683	540,268,239

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 95-2110997
PN: 001

Schedule of Projection Of Expected Benefit Payments (Cont.)

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	\$ 289,524,631	\$ 178,252,760	\$ 63,606,481	\$ 531,383,872
2049	290,491,770	175,583,530	56,243,991	522,319,291
2050	288,982,635	172,550,135	49,430,357	510,963,127
2051	285,924,796	168,777,215	43,175,061	497,877,072
2052	281,613,903	164,209,159	37,477,933	483,300,995
2053	275,767,022	159,197,214	32,330,567	467,294,803
2054	269,079,294	153,873,811	27,717,472	450,670,577
2055	261,577,250	148,052,781	23,617,260	433,247,291
2056	253,135,841	141,937,313	20,003,457	415,076,611
2057	243,632,481	135,431,807	16,845,384	395,909,672
2058	233,931,772	128,827,263	14,109,012	376,868,047
2059	223,776,554	121,977,186	11,758,069	357,511,809
2060	212,892,548	115,158,245	9,755,073	337,805,866
2061	201,608,442	108,282,804	8,062,254	317,953,500
2062	190,166,133	101,379,976	6,642,507	298,188,616
2063	178,756,025	94,635,262	5,460,258	278,851,545
2064	167,542,701	88,192,641	4,482,223	260,217,565
2065	156,608,624	81,784,060	3,677,797	242,070,481
2066	145,751,292	75,591,100	3,019,300	224,361,692
2067	135,171,788	69,664,114	2,482,150	207,318,052
2068	125,029,726	64,021,918	2,044,859	191,096,503
2069	115,141,257	58,642,181	1,689,067	175,472,505
2070	106,953,852	53,659,215	1,399,373	162,012,440
2071	97,652,288	48,817,167	1,163,017	147,632,472
2072	88,846,890	44,296,358	969,595	134,112,843

Notes

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

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 8b(2)
Schedule of Active Participant Data
EIN: 95-2110997
PN: 001

Distribution of Active Participants

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(2)]

Years of Pension Credit											
Age	Stat	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up	Total
Under 25	Count	738	462	77	19	2	-	-	-	-	1,298
	Avg. Comp	80,308	136,755	139,447							106,880
	Avg. Ben	\$278	\$1,143	\$2,179							\$765
25 - 29	Count	980	405	90	29	10	-	-	-	-	1,514
	Avg. Comp	84,294	189,763	206,203	190,141						122,217
	Avg. Ben	\$287	\$1,514	\$2,722	\$3,732						\$865
30 - 34	Count	1,472	823	183	76	22	9	1	-	-	2,586
	Avg. Comp	70,239	140,560	176,474	205,462	312,861					106,457
	Avg. Ben	\$255	\$1,211	\$2,736	\$4,467	\$5,512					\$928
35 - 39	Count	1,284	1,111	437	153	62	23	16	2	-	3,088
	Avg. Comp	59,269	115,328	164,711	196,904	247,859	199,819				107,505
	Avg. Ben	\$230	\$1,030	\$2,461	\$4,177	\$5,517	\$6,061				\$1,217
40 - 44	Count	869	859	597	388	162	61	24	9	-	2,969
	Avg. Comp	57,824	99,772	140,842	185,569	236,738	276,192	250,474			119,738
	Avg. Ben	\$226	\$944	\$2,197	\$4,099	\$5,477	\$6,156	\$6,863			\$1,820
45 - 49	Count	543	514	426	409	324	113	42	26	7	2,404
	Avg. Comp	47,156	86,835	108,027	162,020	181,836	254,738	208,439	207,989		119,396
	Avg. Ben	\$196	\$833	\$1,837	\$3,648	\$5,089	\$6,129	\$6,907	\$7,191		\$2,363
50 - 54	Count	377	361	293	353	343	325	126	41	14	2,233
	Avg. Comp	42,373	70,107	88,657	134,425	179,004	225,576	267,027	241,220		133,007
	Avg. Ben	\$176	\$712	\$1,542	\$3,136	\$4,708	\$5,979	\$6,895	\$7,425		\$3,008
55 - 59	Count	293	228	141	189	187	203	173	95	28	1,537
	Avg. Comp	39,827	65,245	77,687	97,930	151,946	187,745	216,959	257,100	265,561	124,872
	Avg. Ben	\$173	\$617	\$1,460	\$2,628	\$4,102	\$5,472	\$6,596	\$7,583	\$7,856	\$3,158
60 - 64	Count	143	143	122	91	96	108	118	110	43	974
	Avg. Comp	40,409	54,665	64,761	89,743	101,078	136,684	160,889	243,447	288,662	115,303
	Avg. Ben	\$152	\$542	\$1,250	\$2,362	\$3,614	\$4,475	\$6,083	\$7,526	\$7,691	\$3,258
65 - 69	Count	88	56	44	30	28	29	31	41	48	395
	Avg. Comp	32,924	60,413	94,243	63,789	103,624	134,400	172,710	265,887	297,610	125,774
	Avg. Ben	\$136	\$498	\$1,551	\$1,758	\$2,704	\$4,306	\$5,553	\$7,377	\$7,503	\$3,028
70 +	Count	87	53	9	5	3	6	5	7	20	195
	Avg. Comp	42,110	77,731							308,793	95,841
	Avg. Ben	\$139	\$551							\$7,956	\$1,781
Unknown	Count	5,172	168	36	51	20	11	9	5	-	5,472
	Avg. Comp	57,517	91,710	106,135	140,549	147,356					60,271
	Avg. Ben	\$155	\$1,342	\$3,144	\$4,819	\$5,474					\$298
Total	Count	12,046	5,183	2,455	1,793	1,259	888	545	336	160	24,665
	Avg. Comp	\$60,990	\$112,887	\$129,385	\$154,783	\$180,801	\$206,994	\$214,415	\$246,263	\$293,730	\$104,317
	Avg. Ben	\$ 201	\$ 1,018	\$ 2,073	\$ 3,560	\$ 4,766	\$ 5,656	\$ 6,481	\$ 7,444	\$ 7,667	\$ 1,519

Notes

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

Screen Actors Guild -
Producers Pension Plan

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$348,596,556	\$1,224,975	\$349,821,531
2024	\$352,779,715	\$210,000	\$352,989,715
2025	\$357,013,071	0	\$357,013,071
2026	\$361,297,228	0	\$361,297,228
2027	\$365,632,795	0	\$365,632,795
2028	\$370,020,388	0	\$370,020,388
2029	\$374,460,633	0	\$374,460,633
2030	\$378,954,161	0	\$378,954,161
2031	\$383,501,611	0	\$383,501,611
2032	\$388,103,630	0	\$388,103,630

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, line 11
Justification for Change in Actuarial Assumptions
EIN: 95-2110997
PN: 001

The following changes in actuarial assumptions were made as of January 1, 2023:

- The assumed annual operating expenses, payable monthly, changed from \$15,375,000 to \$16,500,000.
- The interest rate used to value the partial lump sum was increased from 3.25% to 4.00%.

The assumptions were changed based on recent and anticipated future experience, and professional judgement.

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 95-2110997
PN: 001

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2023 Period	Balance	Annual Payment
Amend/Assump	1/1/1994	30.00	\$ 3,333,854	1.00	\$ 262,005	\$ 262,005
Amend/Assump	1/1/1995	30.00	3,370,404	2.00	511,304	264,595
Assumption	1/1/1996	30.00	10,389,800	3.00	2,282,911	814,810
Amendment	1/1/1996	30.00	140,462,971	3.00	30,863,374	11,015,661
Amendment	1/1/1998	30.00	88,025,710	5.00	30,094,751	6,889,537
Amendment	1/1/1999	30.00	116,529,069	6.00	46,222,595	9,111,676
Assumption	1/1/2000	30.00	11,542,902	7.00	5,166,854	901,724
Amendment	1/1/2002	30.00	1,023,266	9.00	551,693	79,795
Amendment	1/1/2004	30.00	26,510,053	11.00	16,392,901	2,063,784
Amendment	1/1/2007	30.00	3,836,073	14.00	2,753,105	297,939
ENIL (2008)	1/1/2009	29.00	362,807,012	15.00	273,405,881	28,432,848
Amendment	1/1/2009	15.00	265,928,960	1.00	27,962,431	27,962,431
ENIL (2008)	1/1/2010	28.00	78,104,008	15.00	59,482,457	6,185,879
ENIL (2008)	1/1/2011	27.00	72,651,894	15.00	55,968,566	5,820,452
ENIL (2008)	1/1/2012	26.00	49,342,919	15.00	38,489,467	4,002,713
Exper Loss	1/1/2012	15.00	25,853,352	4.00	9,789,568	2,710,009
ENIL (2008)	1/1/2013	25.00	113,834,100	15.00	90,010,293	9,360,622
Assumption	1/1/2013	15.00	36,121,362	5.00	16,523,059	3,782,594
ENIL (2008)	1/1/2014	24.00	167,266,235	15.00	134,234,547	13,959,723
Assumption	1/1/2014	15.00	2,023,901	6.00	1,074,124	211,738
ENIL (2008)	1/1/2015	23.00	15,713,417	15.00	12,816,034	1,332,804
Exper Loss	1/1/2015	15.00	127,628,693	7.00	76,437,278	13,339,900
Exper Loss	1/1/2016	15.00	238,078,028	8.00	157,688,411	24,861,664
Exper Loss	1/1/2017	15.00	202,516,711	9.00	146,086,948	21,129,527
Assumption	1/1/2017	15.00	192,518	9.00	138,874	20,086
Exper Loss	1/1/2018	15.00	192,320,141	10.00	149,291,640	20,048,551
Exper Loss	1/1/2019	15.00	177,450,994	11.00	146,814,418	18,483,198
Exper Loss	1/1/2020	15.00	101,635,996	12.00	88,919,378	10,577,857
Assumption	1/1/2020	15.00	195,218,574	12.00	170,792,975	20,317,548
Assumption	1/1/2021	15.00	172,148,277	13.00	158,221,599	17,902,562
Exper Loss	1/1/2023	15.00	212,219,985	15.00	212,219,985	22,069,820
Total Charges					\$2,161,469,426	\$ 304,214,052

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 95-2110997
PN: 001

Funding Standard Account Amortization Bases (Cont.)

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2023		Annual Payment
				Period	Balance	
Amendment	1/1/1997	30.00	\$ 527,356	4.00	\$ 149,248	\$ 41,316
Amendment	1/1/1999	30.00	15,438,326	6.00	6,123,796	1,207,160
Amendment	1/1/2003	30.00	34,498,438	10.00	20,015,435	2,687,896
Exper Gain	1/1/2009	15.00	22,405,408	1.00	2,355,929	2,355,929
Exper Gain	1/1/2010	15.00	320,318,106	2.00	65,016,608	33,645,506
Exper Gain	1/1/2011	15.00	26,110,353	3.00	7,676,077	2,739,722
Exper Gain	1/1/2013	15.00	53,432,280	5.00	24,441,624	5,595,377
Exper Gain	1/1/2014	15.00	92,592,899	6.00	49,140,872	9,686,945
Exper Gain	1/1/2021	15.00	30,563,101	13.00	28,090,567	3,178,410
Exper Gain	1/1/2022	15.00	46,826,845	14.00	44,998,975	4,869,758
Assumption	1/1/2023	15.00	8,174,935	15.00	8,174,935	850,152
Total Credits					\$ 256,184,066	\$ 66,858,171
Net Total					\$ 1,905,285,360	\$ 237,355,881

The tables above show the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

**Screen Actors Guild -
Producers Pension Plan**

2023 Schedule MB – Statement by Enrolled Actuary
EIN: 95-2110997
PN: 001

Statement by Enrolled Actuary

Plan Sponsor:	Board of Trustees, Screen Actors Guild – Producers Pension Plan
EIN:	95-2110997
Plan Number:	001
Plan Name:	Screen Actors Guild – Producers Pension Plan
Valuation Date:	January 1, 2023
Enrolled Actuary:	Cary Franklin
Enrollment Number:	23-04013

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the plan administrator and/or the plan's auditor.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan Screen Actors Guild - Producers Pension Plan		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Screen Actors Guild - Producers Pension Plan		D Employer Identification Number (EIN) 95-2110997	
E Type of plan: (1) ☒ 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)	4,359,780,455
(2) Actuarial value of assets for funding standard account		1b(2)	4,877,787,834
c (1) Accrued liability for plan using immediate gain methods		1c(1)	6,169,287,165
(2) Information for plans using spread gain methods:			
(a) Unfunded liability for methods with bases		1c(2)(a)	
(b) Accrued liability under entry age normal method		1c(2)(b)	
(c) Normal cost under entry age normal method		1c(2)(c)	
(3) Accrued liability under unit credit cost method		1c(3)	6,169,287,165
d Information on current liabilities of the plan:			
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)		1d(1)	
(2) "RPA '94" information:			
(a) Current liability		1d(2)(a)	12,907,327,126
(b) Expected increase in current liability due to benefits accruing during the plan year		1d(2)(b)	330,794,628
(c) Expected release from "RPA '94" current liability for the plan year		1d(2)(c)	354,717,635
(3) Expected plan disbursements for the plan year		1d(3)	351,301,640
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.			
SIGN HERE		10/3/2024	
Cary Franklin		Date	
Signature of actuary		2304013	
Type or print name of actuary		Most recent enrollment number	
Horizon Actuarial Services, LLC		818-691-2002	
Firm name		Telephone number (including area code)	
5200 Lankershim Blvd, Suite 740 North Hollywood CA 91601 Address of the firm			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐			
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2023 v. 230728			

a Current value of assets (see instructions)	2a	4,359,780,455
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	15,053	4,068,550,472
(2) For terminated vested participants	20,298	3,467,742,102
(3) For active participants:		
(a) Non-vested benefits		280,383,157
(b) Vested benefits		5,090,651,395
(c) Total active	33,798	5,371,034,552
(4) Total	69,149	12,907,327,126
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	33.77 %

3 Contributions made to the plan for the plan year by employer(s) and employee(s)					
(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	283,187,438				
			Totals ►	3(b)	283,187,438
3(c)					0
3(d)					1,224,975

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	79.0 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c	Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d	If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the plan is in critical status or critical and declining status, and is: - Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; - Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. - Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

a ☐ Attained age normal e ☐ Frozen initial liability i ☐ Other (specify):	b ☐ Entry age normal f ☐ Individual level premium	c ☒ Accrued benefit (unit credit) g ☐ Individual aggregate	d ☐ Aggregate h ☐ Shortfall
i If box h is checked, enter period of use of shortfall method			5j

Line 3(a): Contributions are made throughout the year.

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.55 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) A | A |
| (2) Females | 6c(2) A | A |
| d Valuation liability interest rate | 6d 7.25 % | 7.25 % |
| e Salary scale | 6e 4.00 % ☐ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) 7.25 % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 3.2 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h -12.0 % | |
| i Expense load included in normal cost reported in line 9b | 6i ☐ N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) 15,889,371 | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	212,219,985	22,069,820
4	-8,174,935	-850,152

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
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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	121,194,059

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	2,161,469,426	304,214,052
(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	30,842,088
e Total charges. Add lines 9a through 9d	9e	456,250,199

Credits to funding standard account:		
f Prior year credit balance, if any	9f	613,786,029
g Employer contributions. Total from column (b) of line 3	9g	283,187,438

h Amortization credits as of valuation date		Outstanding balance	
	9h	256,184,066	66,858,171

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	57,901,325
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	2,728,962,073	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	7,031,257,984	
(3) FFL credit	9j(3)		0

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	1,021,732,963
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	565,482,764
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

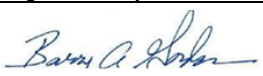
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ special extension (enter description) _____ ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Screen Actors Guild - Producers Pension Plan
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/02/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees Screen Actors Guild - Producers 3601 West Olive Avenue Suite 300 Burbank CA 91505
2b	Employer Identification Number (EIN) 95-2110997
2c	Plan Sponsor's telephone number (818) 954-9400
2d	Business code (see instructions) 512100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE		10/10/24	David Choi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/24	Barry Gordon
	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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 69,149
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 33,798 6a(2) 31,823 6b 14,268 6c 21,775 6d 67,866 6e 1,330 6f 69,196 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 9,415

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 1
- (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 _____