

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 12/01/2023 and ending 11/30/2024	
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 AFTRA RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/16/1955
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, AFTRA RETIREMENT PLAN 1411 BROADWAY, 18TH FLOOR NEW YORK, NY 10018
2b	Employer Identification Number (EIN) 13-6414972
2c	Plan Sponsor's telephone number 212-499-4800
2d	Business code (see instructions) 515100

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.	09/11/2025	TRACEE WILKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	MARC L. SANDMAN
	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 45395
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) 17061 6a(2) 16806 6b 13008 6c 14069 6d 43883 6e 1819 6f 45702 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 1846

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 _____
- (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 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 12/01/2023 and ending 11/30/2024

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 AFTRA RETIREMENT 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, AFTRA RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6414972

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

1a Enter the valuation date: Month 12 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 2731164697
(2) Actuarial value of assets for funding standard account	1b(2) 3036724069
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3520591771
(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) 3520591771
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) 5899924191
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 70938532
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 286608479
(3) Expected plan disbursements for the plan year	1d(3) 272060662

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	08/28/2025
Signature of actuary KENNETH N. DENSMORE	Date 23-08324
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4100
Firm name 990 HAMMOND DRIVE, SUITE 220 ATLANTA, GA 30328	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	2731164697
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	14954	2583567860
(2) For terminated vested participants	14276	1175876347
(3) For active participants:		
(a) Non-vested benefits		14960119
(b) Vested benefits		2125519865
(c) Total active	22989	2140479984
(4) Total	52219	5899924191
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.29 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/31/2024	113638250	0			
Totals ►			3(b)	113638250	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	18396

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.3 %
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		3.23 %
	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)	8MP	8MP
(2) Females	6c(2)	8FP	8FP
d Valuation liability interest rate	6d	7.75 %	7.75 %
e Salary scale	6e	2.50 %	☐ 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)	7.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.0 %	
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)	18700000	
(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	107879967	11519102
4	-11442989	-1221848

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	38637286

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)	1260166799	176014027
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 16635477**e** Total charges. Add lines 9a through 9d**9e** 231286790**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 502433168**g** Employer contributions. Total from column (b) of line 3**9g** 113638250**h** Amortization credits as of valuation date

Outstanding balance

9h 273865929 53866309**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 47516692**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	1433611087
9j(2)	2310476978

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** 717454419**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 486167629**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 12/01/2023 and ending 11/30/2024		
A Name of plan AFTRA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN	D Employer Identification Number (EIN) 13-6414972	

Part I	Service Provider Information (see instructions)
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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
ALINDA
20-3103500

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CENTERBRIDGE PARTNERS REAL ESTATE
85-2615113

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL INFRASTRUCTURE PARTNERS
93-1839204

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GQG
81-2946944

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

HARBOURVEST

74-3130888

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

MESIROW

20-5889427

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

TA REALTY

01-0065490

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

UBS REALTY INVESTORS LLC

06-6033492

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

THE VANGUARD GROUP

46-0652669

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

WCM INVESTMENT MANAGER LLC

95-3046237

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

DIMENSIONAL FUND ADVISORS

30-0447847

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

BLACKROCK ALTERNATIVES MANAGEMENT

82-1529989

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)

MIS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	2282224	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTRIBUTION SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	1411079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

I SQUARED CAPITAL ADVISORS LLC

98-1043772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1400217	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)

J. P. MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 27 28 50 51	NONE	1344870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARTISAN

30-0551775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1237763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSTITUTION CAPITAL PARTNERS

74-3246212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	936161	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)

EXECUTIVE DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	847720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUMAN RESOURCES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	665007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCOUNTING DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	563636	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)

SAG-AFTRA HEALTH PLAN

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?
15 50	NONE	547928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EARNEST PARTNERS LLC

58-2386669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 68	NONE	495012	Yes ☒ No ☐	Yes ☒ No ☐	2948	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	473664	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)

ROCKPOINT REAL ESTATE

47-2190176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	465552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC INVESTORS FUND

84-3399287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52 99	NONE	432622	Yes ☒ No ☐	Yes ☒ No ☐	894280	Yes ☐ No ☐

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

RETIREMENT SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	404083	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)

WITHUM SMITH & BROWN PC

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	380771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARTICIPANT SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	376911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINANCE DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	375019	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)

PREMIER GRAPHICS INC

22-2872375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 36 49 50	NONE	363774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

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?
18 19 28 50 51 52	NONE	357691	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BENEFITS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	349577	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)

MEKETA

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	349099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERNAL AUDIT DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	305238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL SERVICES DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	229936	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)

RICE HALL JAMES

43-1992528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	223540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN WEISS & SIMON

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	219870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	211018	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)

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 16 17 50	NONE	156907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEESON TAYER & BODINE

94-3126136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	136490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TORCHLIGHT

13-3976737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	130312	Yes ☒ No ☐	Yes ☒ No ☐	375000	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)

ORACLE AMERICA

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	127974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMUNICATIONS DEPARTMENT

13-6414972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEES	121650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXTENT TELECOM SOLUTIONS INC

26-2552717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	99805	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)

E-PLUS TECHNOLOGY

54-1904151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 49 50	NONE	83796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIGRO, KARLIN, SEGAL, FELDSTEIN LLP

95-3632755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	74741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUMEN COMMUNICATION LLC

47-0735805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	68096	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)

AB DATA

39-1398000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49 50	NONE	60542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINMILL SOFTWARE

52-2247044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50 99	NONE	58321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCESS CORP

04-3408536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	51567	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)

PITNEY BOWES

84-1386389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	47825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZONTEK INC

11-3448259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	46250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPLUNK INC

86-1106510

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	42144	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)

SAPIR

13-3352907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE

03-0600956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	41671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KONICA MINOLTA

96-1686094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	35431	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)

NJEVITY INC

20-0407642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	33005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T MOBILE

84-1659970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	32183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRAYON SOFTWARE EXPERTS LLC

47-2237420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	31696	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)

PRO COVERSIONS CORP

30-0528615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	29802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENGHOUSE INTERACTIVE INC

86-0486871

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	29520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OKTA INC

26-4175727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	28703	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)

AFFIRMA CONSULTING

27-0019536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COVERAGE ONE

41-1763228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	20521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZOHO CORPORATION

80-0722734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	18789	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)

EMPIRE OFFICE INC

13-1945763

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	18028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEXIS NEXIS

65-0852445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 17 49	NONE	17925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATTHEW KIMBROUGH

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17345	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)

LIGHTPATH INC

11-3052355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINKEDIN CORPORATION

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?
50 99	NONE	14439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERIDIAN IT INC

36-3818238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14377	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)

MATHIS DUNN

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMSON REUTERS

98-0435183

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 16 50	NONE	13668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZOOM

61-1648780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	13261	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)

PAYLOCITY COPORATION

36-4227403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 99	NONE	13094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANK LACHMUND

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USPS

36-2407381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	11251	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)

KRISTEN BROWDE

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGENT COMMUNICATIONS LLC

52-2192026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	10199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOX

20-2714444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	9896	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)

ZIX CORPORATION

75-2834355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID HARTLEY-MARGOLIN

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8861	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)

MICROSOFT AZURE

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUND LABS

81-4788581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENNY DELK

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8398	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)

MARC SANDMAN

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEITH GORHAM

13-3467049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KESSLER TOPAZ

23-2977382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 29 50	NONE	6700	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)

AMAZON CAPITAL SERVICES INC

45-3328644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMBURSE INC

46-5200932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VATES SAS

61-1928128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6000	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)

PAYSCALE

91-1618647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	5882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BTS USA

06-1356708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	5838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUMMINGBIRD INTERNATIONAL LLC

27-0838488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5412	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)

DUO

77-0059951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IFM INVESTORS

98-0569684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 40 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	1295433	Yes ☐ No ☒

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	93207	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
SEGAL SELECT INSURANCE	53	30040
(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.	
AMWINS 13-4279678	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	23625
(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.	
AXIS 39-1338397	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	13128
(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.	
CHUBB 13-1963496	INSURANCE COMMISSIONS	

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
SEGAL SELECT INSURANCE	53	81
(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.	
EUCLID SPECIALTY 45-3957469	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	6327
(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.	
RLI INSURANCE 37-0915434	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	20007
(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.	
ULLICO 13-2988846	INSURANCE COMMISSIONS	

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.
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan AFTRA RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN		D Employer Identification Number (EIN) 13-6414972
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP NAT RESOURCE		
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) 74164946
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST LIQUIDITY		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-6285055-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND SPEC		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-3980309-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18985540
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND STRA		
b Name of sponsor of entity listed in (a): JPMORGAN 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) 54895659
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 R VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67043903
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 R INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38040591
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 R INDX NL FUND CMCQ		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-160	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306045053
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2023 v. 230707		

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-472	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115206856
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a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDX NL FUND (FD12)

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33787170
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. AGGREGATE BOND IN

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 527609076
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a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS CIT

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

c EIN-PN 82-6258259-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101793173
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET DAILY MSCI EMERGING MA

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

c EIN-PN 04-0025081-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24650757
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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)
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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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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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024		
A Name of plan AFTRA RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN		D Employer Identification Number (EIN) 13-6414972

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	SIGMA FINANCE INC 4261 PARK ROAD ANN ARBOR, MI 48103	SIGMA FIN INC MTN VR 04/JUN/2007 -04/JUN/2009 ISSUE 06/04/2007

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
2600321	0	0	2600321	2600321	

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 12/01/2023 and ending 11/30/2024		
A Name of plan AFTRA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN		
		D Employer Identification Number (EIN) 13-6414972

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	18525345	23885032
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6467766	17711685
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	425543	14358505
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24110182	11357116
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	41220606
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	88143478	112353181
(5) Partnership/joint venture interests	1c(5)	798350855	826372189
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1352161309	1362222727
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	445970584	474047761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	10033406

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	3055777	23516779
f Total assets (add all amounts in lines 1a through 1e)	1f	2737210839	2917078987
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4678609	4326345
i Acquisition indebtedness	1i		
j Other liabilities	1j	1367533	17065457
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6046142	21391802
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2731164697	2895687185

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)	113638250	
(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)		113638250
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8953	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1201334	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9896238	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11106525
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1142438	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9595650	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		10738088
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	146394325	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	162617700	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-16223375
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	73717486	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		415155692
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-180012416
c Other income	2c		300704
d Total income. Add all income amounts in column (b) and enter total	2d		428420954

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	229780170	
(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)		229780170
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)	7932077	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	329802	
(5) Investment advisory and investment management fees	2i(5)	16310761	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	477484	
(8) Legal fees	2i(8)	777640	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	99486	
(11) Other expenses	2i(11)	8191046	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34118296
j Total expenses. Add all expense amounts in column (b) and enter total	2j		263898466

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		164522488
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: WITHUMSMITH&BROWN

(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.)	☒		2600321
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?	☒		6000000
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?	☒		1300419939
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 547913.

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 12/01/2023 and ending 11/30/2024					
A Name of plan AFTRA RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, AFTRA RETIREMENT PLAN				D Employer Identification Number (EIN) 13-6414972	
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	19
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 CBS BROADCASTING INC

b EIN 20-3656897

c Dollar amount contributed by employer 7512957

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 MUSIC GROUP

b EIN 13-2613071

c Dollar amount contributed by employer 7119926

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 NBC (NATIONAL BROADCASTING CO)

b EIN 14-1682529

c Dollar amount contributed by employer 5536420

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 SONY MUSIC ENTERTAINMENT

b EIN 56-2472344

c Dollar amount contributed by employer 4488011

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 ABC SIGNATURE LLC

b EIN 95-4771596

c Dollar amount contributed by employer 3289617

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 IHEART MEDIA

b EIN 26-0241222

c Dollar amount contributed by employer 3265240

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 RECORDS INC**

b EIN **95-1976532**

c Dollar amount contributed by employer **2429345**

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 CITY STUDIOS LLC**

b EIN **75-3052389**

c Dollar amount contributed by employer **2329185**

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 **ABC (AMERICAN BROADCASTING COMPANIES)**

b EIN **13-3331738**

c Dollar amount contributed by employer **2329185**

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 **20TH CENTURY FOX FILM CORP**

b EIN **84-4963371**

c Dollar amount contributed by employer **1990850**

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	0
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
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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: 38.00 % Private Equity: 16.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.00 %

High-Yield Debt: 1.00 % Real Assets: 18.00 % Cash or Cash Equivalents: 1.00 % Other: 0.00 %

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
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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 _____.

AFTRA RETIREMENT FUND
Financial Statements
November 30, 2024 and 2023
With Independent Auditor's Reports

AFTRA Retirement Fund
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November 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
AFTRA Retirement Fund:

Opinion

We have audited the financial statements of AFTRA Retirement Fund, 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 of the plan as of November 30, 2024 and 2023, 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 as of November 30, 2024 and 2023, 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 AFTRA Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

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 December 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets.

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 AFTRA Retirement Fund's 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 AFTRA Retirement Fund'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 AFTRA Retirement Fund'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.

WithumSmith+Brown, PC

September 14, 2025

AFTRA Retirement Fund
Statements of Net Assets Available for Benefits
November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 2,837,606,986	\$ 2,708,736,408
Receivables		
Employers' contributions	17,711,685	6,467,766
Accrued interest and dividends	930,668	157,676
Due from brokers for securities sold	13,427,837	267,867
Total receivables	<u>32,070,190</u>	<u>6,893,309</u>
Other assets		
Cash and cash equivalents	23,885,032	18,525,345
Fixed assets - net of accumulated depreciation and amortization	1,781,044	1,492,419
Right-of-use asset, net	1,752,122	906,450
Other assets	19,983,613	656,908
Total other assets	<u>47,401,811</u>	<u>21,581,122</u>
 Total assets	 <u>2,917,078,987</u>	 <u>2,737,210,839</u>
Liabilities		
Accrued expenses and other liabilities	4,326,345	4,678,609
Due to brokers for securities purchased	15,006,837	268,121
Due to affiliated funds	129,731	82,392
Lease liability	1,928,889	1,017,020
Total liabilities	<u>21,391,802</u>	<u>6,046,142</u>
 Net assets available for benefits	 <u>\$ 2,895,687,185</u>	 <u>\$ 2,731,164,697</u>

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

AFTRA Retirement Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 283,901,006	\$ 64,736,184
Interest and dividends	30,580,994	31,738,845
Other	<u>296,713</u>	<u>94,296</u>
	314,778,713	96,569,325
Investment expenses	<u>(16,310,761)</u>	<u>(16,671,205)</u>
Net investment income	298,467,952	79,898,120
Employers' contributions, net	113,638,250	116,907,487
Other income	<u>3,991</u>	<u>19,955</u>
Total additions	<u>412,110,193</u>	<u>196,825,562</u>
Deductions		
Benefits paid	229,780,170	221,928,094
General and administrative expenses	<u>17,807,535</u>	<u>16,847,587</u>
Total deductions	<u>247,587,705</u>	<u>238,775,681</u>
Net change in assets available for benefits	164,522,488	(41,950,119)
Net assets available for benefits		
Beginning of year	<u>2,731,164,697</u>	<u>2,773,114,816</u>
End of year	<u>\$ 2,895,687,185</u>	<u>\$ 2,731,164,697</u>

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

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following brief description of the AFTRA Retirement Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a multiemployer, non-contributory defined benefit pension plan that was established as a result of collective bargaining agreements between SAG-AFTRA (the “Union”) and various employers. The Plan provides retirement benefits, including disability pensions, for eligible participants. The Plan is administered by a Board of Trustees (“Trustees”), which consists of union representatives and contributing employer representatives with equal voting power vested in the two groups. All Trustees serve without compensation from the Plan; however, the Plan reimburses Trustees for certain expenses incurred on behalf of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and has complied with the minimum funding requirements of ERISA.

AFTRA Health Fund Merger

In June 2016, the Trustees of the Screen Actors Guild-Producers Health Plan and the AFTRA Health Fund agreed to merge to form the SAG-AFTRA Health Plan (the “Merged Plan”). As such, the AFTRA Health Fund formally terminated on January 1, 2017.

Prior to the merger, the Plan and the AFTRA Health Fund jointly carried an operating lease for the rental of the office premises located in New York, New York. As of January 1, 2017, the AFTRA Health Fund's obligation for this operating lease was transferred to the Merged Plan along with the AFTRA Health Fund's other obligations. During the year ended November 30, 2024 the lease jointly carried by AFTRA Health Fund and the Merged Plan expired and was not renewed.

Participation

A performer engaged in covered employment during the contribution period shall become an active participant on the earliest of December 1 or June 1, following the completion of a period of 12 consecutive months with earnings greater than the threshold required to earn a Pension Credit for vesting and accrual purposes. The earnings threshold is \$15,000.

Plan Benefits and Vesting

The Plan, as amended, provides as a basic benefit, a regular monthly annuity for participants who have achieved certain minimum earnings levels, vesting service and minimum age, as defined. Generally, a participant vests with five or more years of vesting service if at least one of those years commenced on or after December 1, 1989 (through November 30, 1989, a participant vested with 10 or more years of vesting service). A vested participant is entitled to receive a regular monthly annuity at normal retirement age (65), as defined. For benefits earned prior to May 1, 2009, the monthly regular annuity for a vested participant who retires equals one-twelfth the sum of the applicable percentages listed below times the corresponding covered earnings for each year a pension credit is earned:

Covered Earnings	12/1/54 - 11/30/95	12/1/95 - 11/30/97	12/1/97 - 11/30/02	12/1/02 - 5/31/03	6/1/03 - 11/30/04	12/1/04 - 11/30/07	12/1/07 - 4/30/09
\$0 - \$49,999	3.10%	3.10%	3.60%	3.00%	2.00%	1.50%	1.70%
\$50,000 - \$99,999	3.10%	3.10%	3.10%	3.00%	2.00%	1.50%	1.50%
\$100,000 - IRS Maximum Compensation used for Retirement Plans	1.05%	3.10%	3.10%	3.00%	2.00%	1.50%	1.50%

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

For benefits earned after May 1, 2009, the monthly regular annuity for a vested participant who retires equals one-twelfth the sum of the applicable percentages listed below times the corresponding covered contributions for each year a pension credit is earned:

Covered Contributions	5/1/09 - 11/30/12	12/1/12 - 11/30/14	12/1/14 - 11/30/24
Health and Retirement			
\$0 - IRS Maximum Compensation used for Retirement Plans	7.00%	7.55%	4.86%
Retirement only			
\$0 - IRS Maximum Compensation used for Retirement Plans	20.00%	21.57%	10.34%

The Plan permits early retirement at ages 55 through 64 with benefits reduced by 0.5% for each month that the participant is younger than age 65. For participants who have earned a pension credit as of June 1, 2003, the total regular monthly annuity benefit at retirement will not be less than \$22.50 multiplied by the number of pension credits (up to 10 pension credits) that are earned by the participant prior to June 1, 2003, subject to adjustments applicable to regular annuity payments. Subject to certain conditions set forth in the Plan document, participants may elect the form of an annuity to be received from a choice of options. An alternative benefit, including a lump-sum option is based on retirement accounts established for certain participants who had covered earnings prior to February 1, 1972.

Disability Pensions

For disability dates occurring on or after December 1, 1995, the participant qualifies for a disability pension if he or she: (a) has 10 or more pension credits, and (b) at least two of those pension credits were earned within the period consisting of the base year which includes the disability date and the five base years immediately before that base year.

If the disability date occurs before the participant reaches age 55 and on or after December 1, 1995, the participant is entitled to a disability pension if he or she complies with certain other requirements established by the Plan.

Death Benefits

The Plan provides for the payment of certain benefits to a participant's designated beneficiary upon the death of the participant. The calculation and form of death benefits are determined by the participant's status at the time of death.

Plan Funding

The Plan and the Merged Plan are funded by employers' contributions which are based on performers' covered compensation pursuant to the terms of various collective bargaining agreements between employers at applicable rates. Unless otherwise specified in the collective bargaining agreements, the allocation of these contributions between the Plan and the Merged Plan was set at the rate of 50.5% and 49.5%, respectively, beginning with the effective date of the merger. Prior to effective date of the merger, contributions were allocated between the Plan and the AFTRA Health Fund by the Trustees, acting in their settlor capacity, which administered both plans.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Plan's accounting policies conform with accounting principles generally accepted in the United States of America. Significant accounting policies are summarized as follows:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

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 the reported changes in the actuarial present value of accumulated plan benefits during the reporting period. Actual results may differ from those estimates.

Cash Equivalents

All highly liquid investments with maturities of three months or less when acquired are considered cash equivalents.

Investment Valuation and Income Recognition

Investments are reported 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. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis, dividend income is recognized as of the ex-dividend date and other income and interest from investments are recognized as earned on the accrual basis.

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

Investment Expenses

Certain investment related expenses are included in the determination of net appreciation or depreciation in fair value of investments presented on the statements of changes in net assets available for benefits.

Benefits

Benefits are recognized when paid.

Employers' Contributions Receivable

For the years ended November 30, 2024 and 2023, the Plan reported as employers' contributions receivable any amounts received by the Plan subsequent to the fiscal year-end date which related to performances occurring on or before November 30 of the respective years, plus an estimated collectible amount from delinquent employers. No provision for uncollectible accounts has been reported.

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.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

Fixed Assets, Depreciation and Amortization

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

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

Description	Estimated Life (Years)
Computer equipment and software	3-10
Office equipment and furniture	Lesser of remaining lease term or the useful economic life
Computer licenses	Term of licenses
Leasehold improvements	Lesser of remaining lease term or the useful economic life of the improvement

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services that the participants have rendered. Accumulated plan benefits include vested benefits expected to be paid to (a) participants receiving benefits, (b) inactive participants with deferred benefits, and (c) active participants with vested benefits and (d) nonvested participants, as defined in the Plan document, with a balance greater than zero. The accumulated plan benefits also include benefits expected to be paid to Type II active participants. A Type II active participant is one that did not earn a Pension Credit in the prior plan year but did earn a Pension Credit in at least one of the prior five plan years.

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

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after November 30, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through September 14, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require disclosure.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits as of November 30, 2023:

Vested benefits	
Participants receiving benefits	\$ 1,950,577,170
Inactive participants with deferred benefits	689,463,064
Active participants	<u>1,090,382,938</u>
	3,730,423,172
Nonvested benefits	<u>15,980,612</u>
Total actuarial present value of accumulated	
plan benefits	<u>\$ 3,746,403,784</u>

Changes in accumulated plan benefits for the year ended November 30, 2023 consisted of the following:

Actuarial present value of accumulated plan	
benefits at December 1, 2022	<u>\$ 3,682,285,746</u>
Increase (decrease) during the year attributable to	
Changes to Actuarial Assumptions	(11,442,989)
Benefits accumulated and actuarial losses	36,516,336
Interest due to decrease in discount period	277,820,372
Benefits paid	<u>(221,928,094)</u>
	80,965,625
Operating expenses paid	<u>(16,847,587)</u>
	<u>64,118,038</u>
Actuarial present value of accumulated plan	
benefits at November 30, 2023	<u>\$ 3,746,403,784</u>

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. The significant actuarial assumptions used in the valuation as of November 30, 2023:

- PRI-2012 Mortality Tables for males and females with assumed future generational improvements based on 85% of Scale MP-2021; PRI-2012 Disabled Mortality Tables for disabled participants with assumed future generational improvements based on 85% scale of MP-2021.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

- Retirement rates:

<u>Age</u>	<u>Rate</u>
55-59	2%
60-61	4%
62	9%
63	6%
64	9%
65	37%
66	33%
67	19%
68	18%
69	20%
70	25%
71	42%
72 or older	100%

- Inactive participants with either a vested regular annuity or a retirement account balance are assumed to commence benefits at age 65 (or their current age, if later).
- Assumed net investment return of 7.75% per year.
- The definition of Active Participant includes those with at least \$15,000 in earnings in the prior plan year.
- In general, Covered Earnings are assumed to increase by 2.50% per year. However, Covered Earnings are assumed to increase by 40% from the first year to the second year that a performer earns (or returns to earn) a Pension Credit and 15% from the second year to the third year.
- Administrative expenses - For the plan year beginning December 1, 2023, general and administrative expenses were \$18,700,000.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

- As of November 30, 2023, termination rates are based on the Sarason T-8 Table adjusted by a factor of 2.0 for males and females younger than age 25 and a factor of 2.5 for females age 45 and older. The rates are further adjusted by a factor of 2.5 if prior year covered earnings were less than \$25,000, a factor of 0.5 if prior year covered earnings were at least \$25,000 and less than \$175,000, and a factor of 0.2 if prior year covered earnings were at least \$175,000. The total adjustment factor is limited to a maximum of 2.5.

<u>Age</u>	<u>Rate</u>
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.08%
50	4.83%
55	1.73%
60	0.16%

- Actuarial cost method - The Traditional Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability for all statutory purposes, including the funding standards account and certification status under the Pension Protection Act of 2006.

Changes in the actuarial assumptions and methods from those used in the previous valuation, are as follows:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability was updated in accordance with the changes in the assumptions prescribed by the IRS.
- The retirement rates for active participants were changed to better align with plan experience.
- The mortality assumption for non-disabled participants and beneficiaries was changed from RP-2014 Mortality Tables for males and females, projected backward to 2006 with 100% of Scale MP-2014, and then with assumed future generational improvements based on 85% of Scale MP- 2016, to PRI-2012 Mortality Tables for males and females with assumed generational improvements based on 85% of Scale MP-2021.
- The age at which inactive vested participants are excluded from the valuation changed from 72 1/12 to 74.

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 December 1, 2023. Had the valuation been performed as of November 30, 2023, there would be no material differences.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

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, and they also 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.

Following is a description of the valuation methodologies used for assets measured at fair value.

- Short-term investments and cash equivalents are recorded at cost which generally approximates fair value.
- Corporate stocks and mutual funds are valued based on quoted market prices.
- Corporate bonds are valued using quoted prices of identical or like assets, in corroborated market data, indices, and/or yield curves.
- Certain investments are stated at fair value based on the net asset value ("NAV") of units or shares held. The NAV is used as a practical expedient to estimate fair value.
 - Investments in equity commingled funds are stated at fair value based on the fair value of underlying investments held by the funds.
 - Investments in real estate commingled funds are stated at fair value based on the fair values of the underlying real estate investments of the funds, which are determined based on valuations by independent appraisers performed on an annual or more frequent basis.
 - Real estate partnerships are reported at fair value based on the value of underlying real estate investments owned by the limited partnership and whose values are based on either independent appraisals performed during the year or the estimate of value as determined in good faith by the sponsor general partner.
 - Investment partnerships are valued based on the NAV of shares in the partnership by dividing the total fair value of the partnerships' portfolio investments and other assets, less any liabilities, by the total number of shares outstanding.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

- Investments in pooled separate accounts are managed by an investment management company. The fair values of the underlying real estate investments held in the real estate pooled separate account are based on valuations performed by independent appraisers on an annual basis. Underlying mortgage investments are held in the mortgage pooled separate account which consists of mortgage loans at fixed interest rates. The fair values of the mortgages held are based on valuations by independent appraisers based upon the property's net cash flow after debt service and residual interest in the form of participation in the appreciation of the underlying property.
- Private equity funds are valued using market-based present value and other subjective valuation techniques.
- Investments in inflation protected securities funds are stated at fair value based on the fair values of the underlying investments. The underlying investments are valued at NAV.
- Investments in the aggregate bond fund are stated at fair value based on the fair values of the underlying investments. The underlying investments are also valued at NAV.
- Investments in the long-term government bond fund are stated at fair value based on the fair values of the underlying investments. The underlying investments are valued at NAV.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodology used at November 30, 2024 and 2023.

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.

Management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. During the years ended November 30, 2024 and 2023, there were no transfers between levels.

As of November 30, 2024, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Short-term investments	\$ -	\$ 11,357,116	\$ -	\$ 11,357,116
Corporate stocks	112,353,200	-	-	112,353,200
Corporate bonds	-	51,254,004	-	51,254,004
Total investments in the fair value hierarchy	112,353,200	62,611,120	-	174,964,320
Investments measured at NAV	-	-	-	2,662,642,666
Investments at fair value	112,353,200	62,611,120	-	2,837,606,986
Cash equivalents	-	21,901,665	-	21,901,665
Total recurring fair value measurements	<u>\$ 112,353,200</u>	<u>\$ 84,512,785</u>	<u>\$ -</u>	<u>\$ 2,859,508,651</u>

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

As of November 30, 2024, 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
Short-term investments	\$ -	\$ 24,110,187	\$ -	\$ 24,110,187
Corporate stocks	88,143,472	-	-	88,143,472
Total investments in the fair value hierarchy	88,143,472	24,110,187	-	112,253,659
Investments measured at NAV	-	-	-	2,596,482,749
Investments at fair value	88,143,472	24,110,187	-	2,708,736,408
Cash equivalents	-	17,432,428	-	17,432,428
Total recurring fair value measurements	\$ 88,143,472	\$ 41,542,615	\$ -	\$ 2,726,168,836

The fair values of the following investments as of November 30, 2024 and 2023 have been determined using the NAV per unit of the investment:

	2024		2023	
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments
Equity commingled funds (a)	\$ 996,826,292	\$ 1,500,000	\$ 1,013,071,620	\$ -
Real estate commingled funds (b)	73,881,202	-	91,752,519	-
Real estate partnerships (c)	198,479,628	30,126,553	213,422,519	48,591,655
Investment partnerships (d)	200,667,020	22,990,489	174,004,685	40,777,972
Pooled separate accounts (e)	33,013,204	-	38,499,490	-
Private equity funds (f)	427,225,531	152,642,595	410,923,651	170,116,959
Inflation protected securities (g)	89,733,857	-	84,656,570	-
Aggregate bond fund (h)	527,609,076	-	462,971,141	-
Long-term government bonds (i)	115,206,856	-	107,180,554	-
	<u>\$ 2,662,642,666</u>	<u>\$ 207,259,637</u>	<u>\$ 2,596,482,749</u>	<u>\$ 259,486,586</u>

	Redemption Frequency	Redemption Notice Period
Equity commingled funds (a)	No restrictions	Written notice required
Real estate commingled funds (b)	Quarterly	45 days prior to quarter end
Real estate partnerships (c)	None/Quarterly	45 days prior to quarter end
Investment partnerships (d)	None/Quarterly	Written notice required
Pooled separate accounts (e)	Quarterly	60 days notice
Private equity funds (f)	None	N/A
Inflation protected securities (g)	Business days	N/A
Aggregate bond fund (h)	Business days	N/A
Long term government bonds (i)	Business days	N/A

(a) These funds invest in strategies that utilize equities, equity-linked instruments, emerging markets, and major indices.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

- (b) These funds invest primarily in U.S. real estate as well as mortgage loans on real estate. Property types include office, industrial, residential, and retail.
- (c) These funds invest in geographically diversified portfolios of income-producing properties and real estate assets.
- (d) These funds are partnerships, which invest in various opportunities that result in capital appreciation. The strategies include investing in infrastructure assets, utilizing the U.S. high yield corporate debt market, and using foreign currency contracts.
- (e) These funds actively manage a core portfolio primarily consisting of participating mortgage loans and equity real estate investments located in the United States.
- (f) These funds are primarily partnerships, which invest in other limited partnerships. Investment strategies include utilizing certain private placements for appreciation and income and acquiring and disposing of middle-market investment portfolios in a profitable manner through the use of operational efficiencies and product expansion.
- (g) This fund invests in inflation indexed bonds of varying interest rates and maturities. The fund's strategy seeks to track the performance of a benchmark index that measures the investment return of inflation-protected public obligations.
- (h) This fund consists of a portfolio of collective investment funds that invest in U.S. government bonds or U.S. asset-backed securities. The fund's strategy is to replicate the performance of the Bloomberg U.S. Aggregate Bond index.
- (i) This fund invests in United States Treasury inflation indexed long-term bonds of varying interest rates and maturities over the long term. The fund's strategy is to replicate the performance of the Bloomberg U.S. Long Treasury Bond Index over the long term.

5. FIXED ASSETS

At November 30, 2024 and 2023, fixed assets were comprised of the following:

	<u>2024</u>	<u>2023</u>
Computer equipment, software and licenses	\$ 2,477,705	\$ 1,920,187
Office equipment and furniture	164,498	446,971
Leasehold improvements	<u>118,864</u>	<u>1,359,769</u>
	2,761,067	3,726,927
Accumulated depreciation and amortization	<u>(980,023)</u>	<u>(2,234,508)</u>
	<u>\$ 1,781,044</u>	<u>\$ 1,492,419</u>

Depreciation and amortization expense for the years ended November 30, 2024 and 2023, totaled \$527,839 and \$517,403, respectively.

6. CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentrations of credit risk include cash, investments and a short-term money management cash account. The Plan maintains accounts at a high-quality financial institution. While the Plan attempts to limit any financial exposure, its investment balances exceed federally insured limits and its cash deposit may, at times, exceed federally insured limits. Neither the short-term investment funds nor the short-term money management cash account are federally insured. The Plan has not experienced any losses on such accounts.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

7. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are 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 would be material to the financial statements.

8. 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 Internal Revenue Code (the "IRC"). The Plan obtained a favorable determination letter dated May 7, 2015, in which the Internal Revenue Service (the "IRS") stated that the Plan 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. The Trustees believe that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC. Therefore, they 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 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 or other taxing authorities. Management has evaluated the tax positions taken by the Plan and concluded that as of November 30, 2024 and 2023, 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.

9. LEASES

Operating Leases

AFTRA leases office equipment and office space under long-term operating leases. As of November 30, 2024, future minimum annual lease payments for the years ending November 30, under non-cancelable leases are as follows:

2025	\$	432,098
2026		471,380
2027		471,380
2028		471,380
2029		274,972
Total future annual payments		2,121,210
Less: Imputed interest		(192,321)
Total Lease liabilities	\$	<u>1,928,889</u>

The Plan's allocated lease expense was \$1,215,973 and \$1,297,436 for the years ended November 30, 2024 and 2023, respectively.

AFTRA Retirement Fund
Notes to Financial Statements
November 30, 2024 and 2023

10. RELATED PARTY TRANSACTIONS

At November 30, 2024 and 2023, the Plan had the following amounts due (to) affiliated funds mainly representing the Plan's share of administrative expenses paid by the Merged Plan.

	<u>2024</u>	<u>2023</u>
Due to affiliated funds		
SAG-AFTRA Health Plan	\$ (129,731)	(82,392)

Additionally, certain Plan investments are holdings related to the custodian during the years ended November 30, 2024 and 2023. These investments and transactions in these investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

11. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event of termination, the assets of the Plan will be used for the payment of benefits and administrative expenses and will not revert to any employer or to the Union under any condition. 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 Summary Plan Description, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

**REPORT OF INDEPENDENT AUDITOR'S ON SUPPLEMENTARY INFORMATION REQUIRED
BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND
DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
AFTRA Retirement Fund:

We have audited the financial statements of the AFTRA Retirement Fund as of and for the years ended November 30, 2024 and 2023, and have issued our report thereon dated September 14, 2025, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole.

The supplementary Schedule H, Line 4b - Explanation of Fixed Income Obligations in Default for year ended November 30, 2024, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of November 30, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America ("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.

WithumSmith+Brown, PC

September 14, 2025

AFTRA Retirement Fund

Schedule H, Line 4b - Explanation of Fixed Income Obligations in Default

EIN: 13-6414972, Plan Number: 001

Year Ended November 30, 2024

Sigma Financial

Corporate Bond - \$2,600,321 face value at variable rate, due 6/4/2009

This bond is in default as the bond issuer has filed for reorganization relief under chapter 11. Full repayment of the bonds is deemed to be unlikely. The investment manager is attempting to maximize any value that the bond still holds and will continue to pursue repayment. Fair value for this security is estimated to be \$0.

See Independent Auditor's Report on Supplementary Information.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	<u>Interest Bearing Cash</u>	STIF	N/A	N/A		\$ 11,357,116	\$ 11,357,116
	<u>Corporate Debt Instruments - Other</u>						
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE BOND	Bonds	7.500%	11/06/2030	244,000	246,069	248,613
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	4.250%	02/15/2029	130,000	118,010	123,127
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	6.000%	08/01/2029	617,000	569,680	591,107
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	8.250%	02/01/2029	325,000	326,073	333,909
	ACRISURE LLC / ACRISURE FINANCE INC CALLABLE NOTES	Bonds	8.500%	06/15/2029	234,000	238,633	243,533
	AHLSTROM HOLDING 3 OY CALLABLE BOND FIXED 4.875%	Bonds	4.880%	02/04/2028	217,000	203,631	206,150
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	6.750%	10/15/2027	208,000	204,564	207,218
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	4.250%	10/15/2027	76,000	71,333	72,417
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	5.880%	11/01/2029	189,000	176,063	181,734
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	7.000%	01/15/2031	107,000	107,480	108,657
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	6.500%	10/01/2031	351,000	350,842	351,010
	ALLIANT HOLDINGS INTERMEDIATE LLC / ALLIANT	Bonds	7.380%	10/01/2032	81,000	81,000	81,488
	ALLWYN ENTERTAINMENT FINANCING UK PLC CALLABLE	Bonds	7.880%	04/30/2029	30,000	30,975	30,995
	ALTICE FRANCE SA CALLABLE NOTES FIXED 5.125%	Bonds	5.130%	07/15/2029	743,000	500,471	566,223
	ALTICE FRANCE SA CALLABLE NOTES FIXED 5.5%	Bonds	5.500%	01/15/2028	62,000	44,330	48,086
	ALTICE FRANCE SA CALLABLE NOTES FIXED 5.5%	Bonds	5.500%	10/15/2029	792,000	540,540	609,003
	AMERICAN BUILDERS & CONTRACTORS SUPPLY CO INC	Bonds	3.880%	11/15/2029	27,000	23,992	24,979
	AMWINS GROUP INC CALLABLE NOTES FIXED 4.875%	Bonds	4.880%	06/30/2029	47,000	43,697	44,512

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	AMWINS GROUP INC CALLABLE NOTES FIXED 6.375%	Bonds	6.380%	02/15/2029	73,000	72,963	73,703
	ANYWHERE REAL ESTATE GROUP LLC / REALOGY CO-ISSUER	Bonds	5.750%	01/15/2029	234,000	149,524	203,288
	ARCHES BUYER INC CALLABLE NOTES FIXED 4.25%	Bonds	4.250%	06/01/2028	1,123,000	1,009,243	1,048,368
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	3.250%	09/01/2028	311,000	274,935	280,025
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	4.000%	09/01/2029	293,000	245,865	254,517
	ARDAGH METAL PACKAGING FINANCE USA LLC / ARDAGH	Bonds	6.000%	06/15/2027	39,000	38,185	38,686
	ARDONAGH FINCO LTD CALLABLE NOTES FIXED 7.75%	Bonds	7.750%	02/15/2031	560,000	557,200	571,741
	ARDONAGH GROUP FINANCE LTD CALLABLE NOTES FIXED	Bonds	8.880%	02/15/2032	1,596,000	1,576,705	1,643,439
	ASBURY AUTOMOTIVE GROUP INC CALLABLE NOTES FIXED	Bonds	4.630%	11/15/2029	178,000	164,846	168,998
	ASSUREDPARTNERS INC CALLABLE NOTES FIXED 5.625%	Bonds	5.630%	01/15/2029	9,000	8,460	8,548
	BALDWIN INSURANCE GROUP HOLDINGS LLC / BALDWIN	Bonds	7.130%	05/15/2031	370,000	373,779	380,766
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.625%	Bonds	6.630%	10/01/2030	61,000	61,287	62,460
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	07/01/2036	70,000	69,999	72,606
	BATH & BODY WORKS INC CALLABLE NOTES FIXED 6.875%	Bonds	6.880%	11/01/2035	174,000	175,966	181,921
	BELLRING BRANDS INC CALLABLE NOTES FIXED 7%	Bonds	7.000%	03/15/2030	506,000	518,033	525,541
	BLOCK INC CALLABLE NOTES FIXED 3.5% 01/JUN/2031	Bonds	3.500%	06/01/2031	45,000	38,918	40,427
	BLOCK INC CALLABLE NOTES FIXED 6.5% 15/MAY/2032	Bonds	6.500%	05/15/2032	130,000	131,788	133,377
	BRINKER INTERNATIONAL INC CALLABLE NOTES FIXED	Bonds	8.250%	07/15/2030	22,000	23,104	23,392
	BROADSTREET PARTNERS INC CALLABLE NOTES FIXED	Bonds	5.880%	04/15/2029	424,000	391,225	408,650
	CALDERYS FINANCING II LLC CALLABLE NOTES FIXED	Bonds	VAR	6/1/2028	193,000	189,140	197,466
	CALDERYS FINANCING LLC CALLABLE NOTES FIXED 11.25%	Bonds	11.250%	06/01/2028	228,000	245,670	244,941
	CANPACK SA / CANPACK US LLC CALLABLE NOTES FIXED	Bonds	3.880%	11/15/2029	22,000	19,707	19,938

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	CARNIVAL CORP CALLABLE NOTES FIXED 10.5%	Bonds	10.500%	06/01/2030	123,000	133,651	131,930
	CARNIVAL CORP CALLABLE NOTES FIXED 4% 01/AUG/2028	Bonds	4.000%	08/01/2028	87,000	81,085	82,822
	CARNIVAL CORP CALLABLE NOTES FIXED 5.75%	Bonds	5.750%	03/01/2027	785,000	770,101	788,306
	CARNIVAL CORP CALLABLE NOTES FIXED 6% 01/MAY/2029	Bonds	6.000%	05/01/2029	960,000	940,800	963,358
	CARNIVAL CORP CALLABLE NOTES FIXED 7.625%	Bonds	7.630%	03/01/2026	51,000	51,439	51,331
	CARNIVAL HOLDINGS BERMUDA LTD CALLABLE NOTES FIXED	Bonds	10.380%	05/01/2028	27,000	29,295	28,980
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	5.000%	05/01/2027	169,000	162,032	166,717
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	5.000%	02/01/2028	118,000	110,283	115,308
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.750%	03/01/2030	258,000	221,929	239,735
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.500%	08/15/2030	704,000	591,360	640,657
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.250%	02/01/2031	622,000	505,375	556,983
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.500%	05/01/2032	612,000	490,365	540,729
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	4.250%	01/15/2034	157,000	118,190	130,906
	CCO HOLDINGS LLC / CCO HOLDINGS CAPITAL CORP	Bonds	6.380%	09/01/2029	128,000	120,998	128,616
	CHART INDUSTRIES INC CALLABLE NOTES FIXED 7.5%	Bonds	7.500%	01/01/2030	120,000	123,636	125,359
	CHART INDUSTRIES INC CALLABLE NOTES FIXED 9.5%	Bonds	9.500%	01/01/2031	78,000	84,426	84,256
	CHOBANI HOLDCO II LLC CALLABLE NOTES FIXED 8.75%	Bonds	VAR	10/1/2029	93,000	92,070	98,234
	CHURCHILL DOWNS INC CALLABLE NOTES FIXED 4.75%	Bonds	4.750%	01/15/2028	117,000	111,770	114,220
	CHURCHILL DOWNS INC CALLABLE NOTES FIXED 5.75%	Bonds	5.750%	04/01/2030	54,000	52,395	53,608
	COMMERCIAL METALS CO CALLABLE NOTES FIXED 3.875%	Bonds	3.880%	02/15/2031	24,000	21,427	21,649
	COMMERCIAL METALS CO CALLABLE NOTES FIXED 4.125%	Bonds	4.130%	01/15/2030	78,000	71,693	72,674
	COMPASS MINERALS INTERNATIONAL INC CALLABLE NOTES	Bonds	6.750%	12/01/2027	580,000	562,699	583,944
	COMSTOCK RESOURCES INC CALLABLE NOTES FIXED 6.75%	Bonds	6.750%	03/01/2029	238,000	228,033	233,405
	COUGAR JV SUBSIDIARY LLC CALLABLE NOTES FIXED 8%	Bonds	8.000%	05/15/2032	136,000	141,259	142,681
	CROWNROCK LP / CROWNROCK FINANCE INC CALLABLE	Bonds	5.000%	05/01/2029	189,000	187,356	191,684
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 11.25%	Bonds	11.250%	05/15/2028	157,000	138,984	155,357
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 11.75%	Bonds	11.750%	01/31/2029	114,000	107,980	113,073
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 3.375%	Bonds	3.380%	02/15/2031	9,000	5,828	6,527
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 4.125%	Bonds	4.130%	12/01/2030	15,000	10,144	11,268
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 4.5%	Bonds	4.500%	11/15/2031	239,000	153,866	179,380
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 5.375%	Bonds	5.380%	02/01/2028	183,000	138,679	159,418
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 5.5%	Bonds	5.500%	04/15/2027	125,000	109,300	113,013
	CSC HOLDINGS LLC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	02/01/2029	445,000	322,471	381,598

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	DELTA AIR LINES INC CALLABLE NOTES FIXED 3.75%	Bonds	3.750%	10/28/2029	353,000	326,084	329,139
	DELTA AIR LINES INC CALLABLE NOTES FIXED 4.375%	Bonds	4.380%	04/19/2028	64,000	61,931	62,479
	DELTA AIR LINES INC CALLABLE NOTES FIXED 7.375%	Bonds	7.380%	01/15/2026	243,000	248,220	248,116
	DISH NETWORK CORP CALLABLE NOTES FIXED 11.75%	Bonds	11.750%	11/15/2027	218,000	214,573	231,608
	ECO MATERIAL TECHNOLOGIES INC CALLABLE NOTES FIXED	Bonds	7.880%	01/31/2027	231,000	231,531	233,724
	EVERGREEN ACQCO 1 LP / TVI INC CALLABLE NOTES	Bonds	9.750%	04/26/2028	98,000	104,860	103,174
	FIESTA PURCHASER INC CALLABLE NOTES FIXED 9.625%	Bonds	9.630%	09/15/2032	29,000	29,000	30,590
	FLUTTER TREASURY DAC CALLABLE NOTES FIXED 6.375%	Bonds	6.380%	04/29/2029	106,000	106,928	108,453
	GAP INC/THE CALLABLE NOTES FIXED 3.625%	Bonds	3.630%	10/01/2029	253,000	221,097	229,892
	GAP INC/THE CALLABLE NOTES FIXED 3.875%	Bonds	3.880%	10/01/2031	175,000	146,342	153,889
	GATES CORP/DE CALLABLE NOTES FIXED 6.875%	Bonds	6.880%	07/01/2029	182,000	185,345	186,795
	GLOBAL NET LEASE INC / GLOBAL NET LEASE OPERATING	Bonds	3.750%	12/15/2027	346,000	305,345	320,199
	HCA INC CALLABLE NOTES FIXED 3.5% 01/SEP/2030 USD	Bonds	3.500%	09/01/2030	93,000	84,096	85,785
	HUB INTERNATIONAL LTD CALLABLE NOTES FIXED 7.25%	Bonds	7.250%	06/15/2030	353,000	359,880	366,172
	INSIGHT ENTERPRISES INC CALLABLE NOTES FIXED	Bonds	6.630%	05/15/2032	47,000	47,742	48,078
	IRIS HOLDING INC CALLABLE NOTES FIXED 10%	Bonds	10.000%	12/15/2028	260,000	226,798	237,255
	IRON MOUNTAIN INC CALLABLE NOTES FIXED 5%	Bonds	5.000%	07/15/2028	13,000	12,465	12,681
	IRON MOUNTAIN INC CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	07/15/2030	109,000	103,767	105,755
	JONES DESLAURIERS INSURANCE MANAGEMENT INC	Bonds	10.500%	12/15/2030	393,000	422,306	425,449
	JONES DESLAURIERS INSURANCE MANAGEMENT INC	Bonds	8.500%	03/15/2030	535,000	561,750	567,822
	LINDBLAD EXPEDITIONS HOLDINGS INC CALLABLE NOTES	Bonds	9.000%	05/15/2028	127,000	130,920	133,748
	LINDBLAD EXPEDITIONS LLC CALLABLE NOTES FIXED	Bonds	6.750%	02/15/2027	260,000	258,094	260,814
	MAGNOLIA OIL & GAS OPERATING LLC / MAGNOLIA OIL &	Bonds	6.880%	12/01/2032	47,000	47,000	47,160
	MEDLINE BORROWER LP CALLABLE NOTES FIXED 3.875%	Bonds	3.880%	04/01/2029	1,146,000	1,054,320	1,074,406
	MEDLINE BORROWER LP CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	10/01/2029	390,000	370,945	380,757
	MEDLINE BORROWER LP/MEDLINE CO-ISSUER INC CALLABLE	Bonds	6.250%	04/01/2029	195,000	197,837	198,621
	MEG ENERGY CORP CALLABLE NOTES FIXED 5.875%	Bonds	5.880%	02/01/2029	427,000	417,513	422,757
	MERLIN ENTERTAINMENTS GROUP US HOLDINGS INC	Bonds	7.380%	02/15/2031	256,000	260,933	250,508
	METHANEX CORP CALLABLE NOTES FIXED 5.125%	Bonds	5.130%	10/15/2027	183,000	176,901	179,749
	METHANEX CORP CALLABLE NOTES FIXED 5.25%	Bonds	5.250%	12/15/2029	595,000	573,889	581,531
	METHANEX CORP CALLABLE NOTES FIXED 5.65%	Bonds	5.650%	12/01/2044	31,000	27,164	27,669
	MGM RESORTS INTERNATIONAL CALLABLE NOTES FIXED	Bonds	4.630%	09/01/2026	30,000	29,226	29,846
	MGM RESORTS INTERNATIONAL CALLABLE NOTES FIXED	Bonds	5.500%	04/15/2027	16,000	15,833	15,981

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AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	MGM RESORTS INTERNATIONAL CALLABLE NOTES FIXED	Bonds	4.750%	10/15/2028	261,000	247,760	253,242
	MOTION BONDCO DAC CALLABLE NOTES FIXED 6.625%	Bonds	6.630%	11/15/2027	278,000	270,911	260,357
	NCL CORP LTD CALLABLE NOTES FIXED 3.625%	Bonds	3.630%	12/15/2024	49,000	48,414	48,896
	NCL CORP LTD CALLABLE NOTES FIXED 5.875%	Bonds	5.880%	03/15/2026	357,000	352,073	356,980
	NCL CORP LTD CALLABLE NOTES FIXED 5.875%	Bonds	5.880%	02/15/2027	44,000	43,428	44,046
	NCL CORP LTD CALLABLE NOTES FIXED 7.75%	Bonds	7.750%	02/15/2029	472,000	488,416	503,556
	NCL CORP LTD CALLABLE NOTES FIXED 8.125%	Bonds	8.130%	01/15/2029	110,000	115,500	116,738
	NCL FINANCE LTD CALLABLE NOTES FIXED 6.125%	Bonds	6.130%	03/15/2028	882,000	869,873	892,741
	NECESSITY RETAIL REIT INC/THE / AMERICAN FINANCE	Bonds	4.500%	09/30/2028	204,000	178,569	189,426
	NORDSTROM INC CALLABLE NOTES FIXED 4% 15/MAR/2027	Bonds	4.000%	03/15/2027	95,000	91,491	91,522
	NORDSTROM INC CALLABLE NOTES FIXED 4.25%	Bonds	4.250%	08/01/2031	138,000	123,091	121,462
	NORDSTROM INC CALLABLE NOTES FIXED 4.375%	Bonds	4.380%	04/01/2030	367,000	334,348	335,326
	NORDSTROM INC CALLABLE NOTES FIXED 5% 15/JAN/2044	Bonds	5.000%	01/15/2044	639,000	520,402	490,427
	ONEMAIN FINANCE CORP CALLABLE NOTES FIXED 6.625%	Bonds	6.630%	05/15/2029	47,000	47,000	47,954
	ONEMAIN FINANCE CORP CALLABLE NOTES FIXED 7.875%	Bonds	7.880%	03/15/2030	54,000	55,820	57,034
	PACTIV EVERGREEN GROUP ISSUER INC/PACTIV EVERGREEN	Bonds	4.000%	10/15/2027	156,000	145,842	149,279
	PRESTIGE BRANDS INC CALLABLE NOTES FIXED 3.75%	Bonds	3.750%	04/01/2031	149,000	129,800	133,623
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.05%	Bonds	6.050%	02/15/2026	11,000	11,029	11,108
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.05%	Bonds	6.050%	04/15/2028	26,000	26,378	26,740
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.3%	Bonds	6.300%	02/15/2030	344,000	353,935	358,795
	REGAL REXNORD CORP CALLABLE NOTES FIXED 6.4%	Bonds	6.400%	04/15/2033	301,000	309,172	317,197
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	5.500%	04/01/2028	322,000	317,119	322,067
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	4.250%	07/01/2026	126,000	121,860	124,424
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	5.500%	08/31/2026	171,000	169,097	171,463
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	5.380%	07/15/2027	55,000	54,164	54,917
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	6.250%	03/15/2032	86,000	86,429	87,862
	ROYAL CARIBBEAN CRUISES LTD CALLABLE NOTES FIXED	Bonds	6.000%	02/01/2033	80,000	80,183	81,005
	RYAN SPECIALTY LLC CALLABLE BOND FIXED 5.875%	Bonds	5.880%	08/01/2032	71,000	71,000	70,958
	RYAN SPECIALTY LLC CALLABLE NOTES FIXED 4.375%	Bonds	4.380%	02/01/2030	49,000	45,616	46,512
	S&S HOLDINGS LLC CALLABLE BOND FIXED 8.375%	Bonds	8.380%	10/01/2031	142,000	142,000	143,757
	SEAWORLD PARKS & ENTERTAINMENT INC CALLABLE NOTES	Bonds	5.250%	08/15/2029	174,000	164,212	167,939
	SHIFT4 PAYMENTS LLC / SHIFT4 PAYMENTS FINANCE SUB	Bonds	6.750%	08/15/2032	71,000	71,330	73,427
	SIGMA FIN INC MTN VR 04/JUN/2007-04/JUN/2009	Bonds	0.000%	06/04/2009	2,600,321	-	-
	SIGNATURE AVIATION US HOLDINGS INC CALLABLE NOTES	Bonds	4.000%	03/01/2028	26,000	23,400	23,303
	SK INVICTUS INTERMEDIATE II SARL CALLABLE NOTES	Bonds	5.000%	10/30/2029	231,000	211,434	218,405
	SPECIALTY BUILDING PRODUCTS HOLDINGS LLC / SBP	Bonds	7.750%	10/15/2029	95,000	95,000	97,593
	SS&C TECHNOLOGIES INC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	06/01/2032	130,000	130,689	133,015

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AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	STATION CASINOS LLC CALLABLE NOTES FIXED 4.625%	Bonds	4.630%	12/01/2031	192,000	171,838	173,508
	STRATHCONA RESOURCES LTD/ALBERTA CALLABLE NOTES	Bonds	6.880%	08/01/2026	185,000	183,548	185,073
	SURGERY CENTER HOLDINGS INC CALLABLE NOTES FIXED	Bonds	7.250%	04/15/2032	42,000	42,636	43,173
	TEMPUR SEALY INTERNATIONAL INC CALLABLE NOTES	Bonds	3.880%	10/15/2031	128,000	108,134	113,434
	TKC HOLDINGS INC CALLABLE NOTES FIXED 10.5%	Bonds	10.500%	05/15/2029	667,000	657,913	681,977
	TKC HOLDINGS INC CALLABLE NOTES FIXED 6.875%	Bonds	6.880%	05/15/2028	392,000	381,220	391,805
	TRANSDIGM INC CALLABLE NOTES FIXED 6.625%	Bonds	6.630%	03/01/2032	105,000	106,550	107,550
	UKG INC CALLABLE NOTES FIXED 6.875% 01/FEB/2031	Bonds	6.880%	02/01/2031	368,000	372,644	378,196
	UNITED RENTALS NORTH AMERICA INC CALLABLE NOTES	Bonds	6.000%	12/15/2029	150,000	150,188	152,684
	VAIL RESORTS INC CALLABLE NOTES FIXED 6.5%	Bonds	6.500%	05/15/2032	205,000	207,322	210,532
	VERITIV OPERATING CO CALLABLE NOTES FIXED 10.5%	Bonds	10.500%	11/30/2030	193,000	204,059	206,909
	VIRGIN MEDIA FINANCE PLC CALLABLE NOTES FIXED 5%	Bonds	5.000%	07/15/2030	961,000	786,819	819,652
	VIRGIN MEDIA SECURED FINANCE PLC CALLABLE NOTES	Bonds	5.500%	05/15/2029	178,000	162,530	168,964
	VIRGIN MEDIA SECURED FINANCE PLC CALLABLE NOTES	Bonds	4.500%	08/15/2030	168,000	142,294	148,369
	VIRGIN MEDIA VENDOR FINANCING NOTES IV DAC	Bonds	5.000%	07/15/2028	148,000	132,575	141,622
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	6.380%	02/01/2030	1,538,000	1,208,079	1,354,501
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	7.880%	05/01/2027	374,000	330,990	367,455
	VISTAJET MALTA FINANCE PLC / VISTA MANAGEMENT	Bonds	9.500%	06/01/2028	127,000	112,452	126,403
	VMED O2 UK FINANCING I PLC CALLABLE BOND FIXED	Bonds	7.750%	04/15/2032	211,000	206,632	214,128
	VMED O2 UK FINANCING I PLC CALLABLE NOTES FIXED	Bonds	4.250%	01/31/2031	278,000	230,740	240,997
	WAND NEWCO 3 INC CALLABLE NOTES FIXED 7.625%	Bonds	7.630%	01/30/2032	195,000	200,251	201,825
	WERNER FINCO LP / WERNER FINCO INC CALLABLE NOTES	Bonds	11.500%	06/15/2028	623,000	679,849	688,500
	WINDSOR HOLDINGS III LLC CALLABLE NOTES FIXED 8.5%	Bonds	8.500%	06/15/2030	281,000	297,073	298,531
	XHR LP CALLABLE NOTES FIXED 4.875% 01/JUN/2029 USD	Bonds	4.880%	06/01/2029	330,000	308,406	313,920
	XHR LP CALLABLE NOTES FIXED 6.625% 15/MAY/2030 USD	Bonds	6.630%	05/15/2030	33,000	33,000	33,496
	ZAYO GROUP HOLDINGS INC CALLABLE NOTES FIXED	Bonds	6.130%	03/01/2028	348,000	248,776	321,030
	ZAYO GROUP HOLDINGS INC CALLABLE NOTES FIXED 4%	Bonds	4.000%	03/01/2027	347,000	286,929	327,206
	ZIGGO BOND CO BV CALLABLE NOTES FIXED 5.125%	Bonds	5.130%	02/28/2030	123,000	104,915	111,148
	ZIGGO BOND CO BV CALLABLE NOTES FIXED 6%	Bonds	6.000%	01/15/2027	176,000	172,380	176,024
	ZIGGO BV CALLABLE NOTES FIXED 4.875% 15/JAN/2030	Bonds	4.880%	01/15/2030	157,000	139,730	145,011
						<u>39,682,736</u>	<u>41,220,606</u>

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AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	Common Stock						
	ACADIA PHARMACEUTICALS INC COMMON STOCK USD 0.0001	Common	N/A	N/A	21,706	399,636	354,242
	ACI WORLDWIDE INC COMMON STOCK USD 0.005	Common	N/A	N/A	30,253	862,861	1,718,976
	AEHR TEST SYSTEMS COMMON STOCK USD 0.01	Common	N/A	N/A	3,644	52,413	43,327
	AGILENT TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,579	1,159,131	1,321,615
	AIR LEASE CORP COMMON STOCK USD 0.01	Common	N/A	N/A	32,634	1,344,891	1,661,071
	AKAMAI TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	13,943	1,407,358	1,310,921
	ALBEMARLE CORP COMMON STOCK USD 0.01	Common	N/A	N/A	9,158	1,353,550	986,317
	ALKERMES PLC COMMON STOCK USD 0.01	Common	N/A	N/A	13,670	371,979	396,703
	AMDOCS LTD	Common	N/A	N/A	4,622	393,611	400,820
	AMERICOLD REALTY TRUST INC COMMON STOCK	Common	N/A	N/A	36,458	1,165,967	869,888
	AMICUS THERAPEUTICS INC COMMON STOCK USD 0.01	Common	N/A	N/A	25,853	349,889	258,013
	ANSYS INC COMMON STOCK USD 0.01	Common	N/A	N/A	5,000	1,483,712	1,755,500
	APPLIED MATERIALS INC COMMON STOCK USD 0.01	Common	N/A	N/A	5,581	798,083	975,057
	ARLO TECHNOLOGIES INC COMMON STOCK USD 0.001	Common	N/A	N/A	91,621	622,267	1,027,988
	ARMSTRONG WORLD INDUSTRIES INC COMMON STOCK USD	Common	N/A	N/A	6,064	548,317	969,209
	ARROW ELECTRONICS INC COMMON STOCK USD 1	Common	N/A	N/A	8,523	1,097,124	1,024,124
	ASCENDIS PHARMA A/S	Common	N/A	N/A	5,212	582,049	709,249
	BANK OZK COMMON STOCK USD	Common	N/A	N/A	8,450	307,260	422,247
	BIOCRYST PHARMACEUTICALS INC COMMON STOCK USD 0.01	Common	N/A	N/A	43,242	339,174	324,315
	BIO-RAD LABORATORIES INC COMMON STOCK USD 0.0001	Common	N/A	N/A	3,475	1,286,964	1,183,342
	BROADRIDGE FINANCIAL SOLUTIONS INC COMMON STOCK	Common	N/A	N/A	5,766	1,031,614	1,360,891
	BXP INC REIT USD 0.01	Common	N/A	N/A	16,478	1,044,049	1,351,031
	CBRE GROUP INC COMMON STOCK USD 0.01	Common	N/A	N/A	18,765	1,551,567	2,626,912
	CENCORA INC COMMON STOCK USD 0.01	Common	N/A	N/A	5,750	1,037,741	1,446,413
	CENTENE CORP COMMON STOCK USD 0.001	Common	N/A	N/A	20,506	1,343,507	1,230,360
	CENTURY CASINOS INC COMMON STOCK USD 0.01	Common	N/A	N/A	23,279	180,965	102,428
	CEVA INC COMMON STOCK USD 0.001	Common	N/A	N/A	10,116	288,749	300,850
	CHAMPIONX CORP	Common	N/A	N/A	23,822	843,463	737,291
	CLEAR SECURE INC COMMON STOCK USD 0.00001	Common	N/A	N/A	30,592	574,952	791,721
	CONSENSUS CLOUD SOLUTIONS INC COMMON STOCK USD	Common	N/A	N/A	4,024	104,412	100,399
	COTERRA ENERGY INC	Common	N/A	N/A	43,454	1,206,846	1,161,091
	CSX CORP COMMON STOCK USD 1	Common	N/A	N/A	36,190	1,119,943	1,322,745
	CUMMINS INC COMMON STOCK USD 2.5	Common	N/A	N/A	3,986	932,099	1,494,909

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Year Ended November 30, 2024

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		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	DARDEN RESTAURANTS INC COMMON STOCK USD 0	Common	N/A	N/A	9,642	1,527,616	1,699,595
	DENTSPLY SIRONA INC COMMON STOCK USD 0.01	Common	N/A	N/A	24,925	928,332	489,776
	DIGITAL TURBINE INC COMMON STOCK USD 0.0001	Common	N/A	N/A	2,398	49,825	3,453
	DONNELLEY FINANCIAL SOLUTIONS INC COMMON STOCK USD	Common	N/A	N/A	20,327	580,523	1,224,702
	DOVER CORP COMMON STOCK USD 1	Common	N/A	N/A	8,003	1,124,373	1,647,818
	DOXIMITY INC COMMON STOCK USD 0.001	Common	N/A	N/A	14,855	460,436	787,315
	DR HORTON INC COMMON STOCK USD 0.01	Common	N/A	N/A	11,233	1,312,150	1,895,906
	EASTMAN CHEMICAL CO COMMON STOCK USD 0.01	Common	N/A	N/A	11,375	951,815	1,191,190
	ENTEGRIS INC	Common	N/A	N/A	14,999	1,422,303	1,584,344
	ESTABLISHMENT LABS HOLDINGS INC COMMON STOCK USD 1	Common	N/A	N/A	16,169	757,102	741,995
	ETSY INC COMMON STOCK USD 0.001	Common	N/A	N/A	5,790	333,954	317,639
	EURONET WORLDWIDE INC COMMON STOCK USD 0.02	Common	N/A	N/A	10,258	1,069,014	1,078,424
	EVENTBRITE INC COMMON STOCK USD 0.00001	Common	N/A	N/A	47,689	394,361	167,865
	EVOLUS INC COMMON STOCK USD 0.00001	Common	N/A	N/A	17,595	148,293	240,876
	FABRINET COMMON STOCK USD 0.01	Common	N/A	N/A	3,260	597,063	764,731
	FEDERAL AGRICULTURAL MORTGAGE CORP COMMON STOCK	Common	N/A	N/A	2,139	174,849	456,612
	FRANKLIN COVEY CO COMMON STOCK USD 0.05	Common	N/A	N/A	9,068	303,865	329,894
	GATX CORP COMMON STOCK USD 0.625	Common	N/A	N/A	7,657	918,771	1,256,973
	GENERAL DYNAMICS CORP COMMON STOCK USD 1	Common	N/A	N/A	3,733	835,653	1,060,209
	GENTEX CORP COMMON STOCK USD 0.06	Common	N/A	N/A	14,557	434,781	444,862
	GLOBAL PAYMENTS INC COMMON STOCK USD 0	Common	N/A	N/A	10,986	1,302,967	1,306,895
	GXO LOGISTICS INC USD	Common	N/A	N/A	2,799	61,755	170,263
	HELMERICH & PAYNE INC COMMON STOCK USD 0.1	Common	N/A	N/A	18,733	776,326	648,724
	HEXCEL CORP COMMON STOCK USD 0.01	Common	N/A	N/A	15,136	1,071,395	959,471
	HOULIHAN LOKEY INC COMMON STOCK USD 0.001	Common	N/A	N/A	11,407	1,145,739	2,156,950
	INGEVITY CORP COMMON STOCK USD 0.01	Common	N/A	N/A	8,562	663,575	415,856
	INSMED INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,816	69,261	211,651
	INTERCONTINENTAL EXCHANGE INC COMMON STOCK USD	Common	N/A	N/A	11,422	1,297,916	1,838,485
	IOVANCE BIOTHERAPEUTICS INC	Common	N/A	N/A	36,579	511,145	340,916
	IQVIA HOLDINGS INC COMMON STOCK USD 0.01	Common	N/A	N/A	5,386	1,300,999	1,081,724
	ITURAN LOCATION AND CONTROL LTD COMMON STOCK USD	Common	N/A	N/A	4,528	118,057	136,565
	KEYCORP COMMON STOCK USD 1	Common	N/A	N/A	57,879	628,491	1,127,483
	KEYSIGHT TECHNOLOGIES INC COMMON STOCK USD 0.01	Common	N/A	N/A	9,406	1,215,935	1,606,921

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	KINIKSA PHARMACEUTICALS INTERNATIONAL PLC COMMON	Common	N/A	N/A	12,239	210,783	270,237
	LABCORP HOLDINGS INC COMMON STOCK USD 0.1	Common	N/A	N/A	5,199	1,114,117	1,253,791
	LCI INDUSTRIES COMMON STOCK USD 0.01	Common	N/A	N/A	3,442	333,993	415,828
	LIGAND PHARMACEUTICALS INC COMMON STOCK USD 0.001	Common	N/A	N/A	5,462	356,032	663,469
	LKQ CORP COMMON STOCK USD 0.01	Common	N/A	N/A	7,330	275,473	287,996
	MASCO CORP COMMON STOCK USD 1	Common	N/A	N/A	25,681	1,461,277	2,068,861
	MAXIMUS INC COMMON STOCK USD 0	Common	N/A	N/A	5,793	341,435	431,579
	MEDPACE HOLDINGS INC COMMON STOCK USD 0.01	Common	N/A	N/A	3,304	456,825	1,125,442
	MOONLAKE IMMUNOTHERAPEUTICS	Common	N/A	N/A	3,537	175,351	192,519
	MURPHY OIL CORP COMMON STOCK USD 1	Common	N/A	N/A	15,582	704,592	505,948
	NEUROCRINE BIOSCIENCES INC COMMON STOCK USD 0.001	Common	N/A	N/A	3,384	258,219	428,922
	OMNIAB INC	Common	N/A	N/A	2,071	-	2
	OMNIAB INC	Common	N/A	N/A	2,071	-	-
	OMNIAB INC COMMON STOCK USD 0.0001	Common	N/A	N/A	51,154	239,834	200,013
	OPTINOSE INC COMMON STOCK USD 0.001	Common	N/A	N/A	12,198	186,203	6,100
	PACIRA BIOSCIENCES INC COMMON STOCK USD 0.001	Common	N/A	N/A	5,797	233,484	98,027
	PACKAGING CORP OF AMERICA COMMON STOCK USD 0.01	Common	N/A	N/A	5,388	792,026	1,340,804
	POOL CORP COMMON STOCK USD 0.001	Common	N/A	N/A	991	108,104	373,696
	PRESTIGE CONSUMER HEALTHCARE INC COMMON STOCK USD	Common	N/A	N/A	15,663	580,715	1,327,753
	PROGRESSIVE CORP/THE COMMON STOCK USD 1	Common	N/A	N/A	8,533	1,147,991	2,294,353
	QIAGEN NV COMMON STOCK EUR 0.01	Common	N/A	N/A	26,208	1,136,868	1,138,213
	RADWARE LTD COMMON STOCK USD 0.05	Common	N/A	N/A	17,199	418,250	408,648
	RAYMOND JAMES FINANCIAL INC COMMON STOCK USD 0.01	Common	N/A	N/A	12,651	1,330,322	2,141,561
	RB GLOBAL INC	Common	N/A	N/A	5,226	290,649	510,894
	REINSURANCE GROUP OF AMERICA INC COMMON STOCK USD	Common	N/A	N/A	8,744	1,205,743	1,997,130
	RENAISSANCERE HOLDINGS LTD COMMON STOCK USD 1	Common	N/A	N/A	5,703	1,015,009	1,631,914
	REPOSITRAK INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,783	44,001	63,953
	REPUBLIC SERVICES INC COMMON STOCK USD 0.01	Common	N/A	N/A	11,045	1,616,092	2,411,124
	REVANCE THERAPEUTICS INC COMMON STOCK USD 0.001	Common	N/A	N/A	16,479	206,970	59,489
	ROSS STORES INC COMMON STOCK USD 0.01	Common	N/A	N/A	6,247	943,347	967,473
	SBA COMMUNICATIONS CORP REIT USD 0.01	Common	N/A	N/A	4,506	999,052	1,019,483
	SCOTTS MIRACLE-GRO CO/THE COMMON STOCK USD 0.01	Common	N/A	N/A	15,487	774,110	1,193,893
	SEALED AIR CORP COMMON STOCK USD 0.1	Common	N/A	N/A	22,215	768,046	813,069

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	SENSATA TECHNOLOGIES HOLDING PLC COMMON STOCK USD	Common	N/A	N/A	30,565	1,156,926	982,359
	SHIFT4 PAYMENTS INC COMMON STOCK USD	Common	N/A	N/A	6,542	610,105	746,311
	SHUTTERSTOCK INC COMMON STOCK USD 0.01	Common	N/A	N/A	7,576	401,096	240,008
	SKYWORKS SOLUTIONS INC COMMON STOCK USD 0.25	Common	N/A	N/A	11,961	1,252,183	1,047,664
	SLEEP NUMBER CORP	Common	N/A	N/A	3,853	359,550	57,795
	SNAP-ON INC COMMON STOCK USD 1	Common	N/A	N/A	4,537	1,216,882	1,677,284
	SOLARWINDS CORP COMMON STOCK USD 0.001	Common	N/A	N/A	3,250	60,764	43,388
	STIFEL FINANCIAL CORP COMMON STOCK USD 0.15	Common	N/A	N/A	17,110	1,070,840	1,981,338
	STRIDE INC COMMON STOCK USD 0.0001	Common	N/A	N/A	16,450	404,400	1,758,012
	SUPERNUS PHARMACEUTICALS INC COMMON STOCK USD	Common	N/A	N/A	9,384	237,746	343,173
	SYNOPSIS INC COMMON STOCK USD 0.01	Common	N/A	N/A	1,750	746,908	979,873
	SYSCO CORP COMMON STOCK USD 1	Common	N/A	N/A	13,203	945,171	1,018,083
	TECHTARGET INC/OLD COMMON STOCK EUR 0.001	Common	N/A	N/A	3,377	217,845	108,436
	TJX COS INC/THE COMMON STOCK USD 1	Common	N/A	N/A	8,036	718,024	1,010,045
	TKO GROUP HOLDINGS INC COMMON STOCK USD 0.00001	Common	N/A	N/A	11,530	670,294	1,590,679
	ULTA BEAUTY INC COMMON STOCK USD 0.01	Common	N/A	N/A	2,804	1,148,131	1,084,139
	VAIL RESORTS INC COMMON STOCK USD 0.01	Common	N/A	N/A	1,893	314,491	339,301
	VERONA PHARMA PLC ADR	Common	N/A	N/A	18,293	277,102	724,952
	WEC ENERGY GROUP INC COMMON STOCK USD 0.01	Common	N/A	N/A	13,371	1,133,060	1,351,140
	WEX INC COMMON STOCK USD 0.01	Common	N/A	N/A	4,666	840,073	880,288
	WINTRUST FINANCIAL CORP COMMON STOCK USD 0	Common	N/A	N/A	651	90,262	89,845
	WIX.COM LTD COMMON STOCK USD 0.01	Common	N/A	N/A	2,817	226,104	630,276
	WNS HOLDINGS LTD COMMON STOCK USD 0.16	Common	N/A	N/A	26,380	1,236,068	1,430,587
	WOODWARD INC COMMON STOCK USD 0.001455	Common	N/A	N/A	8,240	1,034,078	1,485,837
	XPO INC COMMON STOCK USD 0.001	Common	N/A	N/A	7,774	207,082	1,184,835
	ZIFF DAVIS INC COMMON STOCK USD 0.01	Common	N/A	N/A	13,582	786,399	799,301
						88,761,280	112,353,181

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	<u>Partnership / Joint Venture Interest</u>						
	ALINDA INFRASTRUCTURE FD II LP - AFTRA	P/JVI	N/A	N/A	1	8,674,895	200,500
	BLACKROCK GLOBAL INFRASTRUCTURE FUND IV B SCSP	P/JVI	N/A	N/A	1	11,541,006	14,735,344
	CENTERBRIDGE PARTNERS REAL ESTATE FUND II L.P	P/JVI	N/A	N/A	1	13,946,266	17,655,365
	CONSTITUTION CAPITAL LTD PART USD	P/JVI	N/A	N/A	96,402,732	96,402,732	314,402,401
	GLOBAL INFRASTRUCTURE PARTNERS (GIP)	P/JVI	N/A	N/A	469,512.48	20,570,915	25,334,579
	HAMILTON LANE LIMITED PARTNETSHIP	P/JVI	N/A	N/A	1	-	105,659
	HARBOURVEST PARTNERS LLC	P/JVI	N/A	N/A	1	52,242,019	69,861,160
	IMF GLOBAL INFRASTRUCTURE LP	P/JVI	N/A	N/A	1	51,112,943	115,217,331
	ISQ GLOBAL INFRASTRUCTURE FUND III, L.P.	P/JVI	N/A	N/A	1	16,730,443	23,182,474
	MESIROW FINANCIAL PRIVATE EQUITY PRTNRS IV, LP	P/JVI	N/A	N/A	1	291,462	2,786,388
	ROCKPOINT REAL ESTATE FUND V, LP	P/JVI	N/A	N/A	1	16,189,067	8,367,257
	ROCKPOINT REAL ESTATE FUND VI LP LTD PART USD	P/JVI	N/A	N/A	1	21,275,214	22,992,402
	STRATEGIC INVESTORS FUND X LP OPEN-END FUND USD	P/JVI	N/A	N/A	1	53,631,259	62,066,725
	TA REALTY CORE PROPERTY FUND LP PREFERENCE USD	P/JVI	N/A	N/A	118,818	147,853,631	149,464,604
						510,461,852	826,372,189
	<u>Common / Collective Trusts</u>						
	SSGA MSCI EMERGING MARKETS EX-CHINA NL - AFTRA	CCT	N/A	N/A	2,268,613.74	24,234,549	24,650,757
*	GQG PARTNERS EMERGING MARKETS EQUITY FUND USD	CCT	N/A	N/A	27,385,360	63,623,938	101,793,173
*	JPMCB LIQUIDITY	CCT	N/A	N/A	3	3	3
*	JPMCB SPECIAL SITUATION PROPERTY FUND	CCT	N/A	N/A	2,061,360.22	9,091,486	18,985,540
	JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	5,005,941.86	27,571,583	54,895,659
	STATE STREET NATURAL RESOURCE INDEX	CCT	N/A	N/A	4,250,871	47,781,886	74,164,946
	SSGA RUSELL 1000 INDEX	CCT	N/A	N/A	3,252,269.38	78,482,385	306,045,053
	STATE STREET RUSSELL 2000 INDEX NON-LENDING FUND	CCT	N/A	N/A	204,242.59	19,517,771	38,040,591
	SSGA RUSSELL 1000 VALUE INDEX CIT OPEN-END FUND	CCT	N/A	N/A	372,478.54	41,907,864	67,043,903
	MSCI EAFE INDX NL FD (FD12)	CCT	N/A	N/A	242,933.35	26,391,371	33,787,170
	SSGA U.S. AGGREGATE BOND INDEX NL FUND	CCT	N/A	N/A	16,059,692	492,716,441	527,609,076
	SSGA LONG TERM GOVERNMENT BONDS	CCT	N/A	N/A	5,208,502	158,000,000	115,206,856
						989,319,277	1,362,222,727

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	<u>Registered Investment Companies</u>						
	ARTISAN INTERNATIONAL VALUE FUND	RIC	N/A	N/A	2,172,328.84	92,673,897	106,596,176
	DFA EMERGING MARKETS VALUE PORTFOLIO OPEN-END FUND	RIC	N/A	N/A	3,121,085.16	91,626,676	96,909,694
	TORCHLIGHT DEBT OPPORTUNITY FUND LLC OPEN-END FUND	RIC	N/A	N/A	1	29,474,555	30,123,784
	UBS TRUMBALL PROPERTY FUND (TPF)	RIC	N/A	N/A	796.77	5,713,147	6,912,176
	UBS TRUMBALL PROPERTY FUND (TPI)	RIC	N/A	N/A	2,196.73	18,319,155	26,101,028
	VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES	RIC	N/A	N/A	3,649,201.16	95,582,904	89,733,857
	WCM FOCUSED GROWTH INTERNATIONAL EQUITY	RIC	N/A	N/A	1	74,432,250	117,671,046
						<u>407,822,584</u>	<u>474,047,761</u>
	<u>Other Investments</u>						
	1440 FOODS TOPCO LLC	Bonds	VAR	11/5/2031	817,000	772,065	778,193
	AMYNTA AGENCY BORROWER INC	Bonds	VAR	2/28/2028	766,080	769,910	772,251
	APPLIED SYSTEMS, INC.	Bonds	VAR	2/24/2031	289,275	292,168	292,093
	APPLIED SYSTEMS, INC.	Bonds	VAR	2/23/2032	123,000	127,766	126,822
	ARCHES BUYER INC	Bonds	VAR	12/6/2027	282,543	271,651	277,951
	ARDONAGH GROUP FINCO PTY LTD	Bonds	VAR	2/18/2031	231,000	229,845	233,599
	ASSUREDPARTNERS INC	Bonds	VAR	2/14/2031	19,900	20,000	20,057
	BCPE GRILL PARENT INC	Bonds	VAR	9/30/2030	258,744	258,286	254,325
	BULLDOG PURCHASER INC	Bonds	VAR	6/28/2032	62,000	62,310	62,155
	CPI HOLDCO B LLC	Bonds	VAR	5/19/2031	141,000	140,295	141,652
	DELTA TOPCO, INC	Bonds	VAR	12/24/2030	312,000	316,875	317,850
	DELTA TOPCO, INC	Bonds	VAR	11/30/2029	166,165	166,373	167,464
	ELLUCIAN HOLDINGS INC	Bonds	VAR	11/15/2032	46,000	46,130	46,460
	GSM HOLDINGS INC	Bonds	VAR	9/29/2031	926,000	862,770	886,261
	H-FOOD HOLDINGS, LLC	Bonds	VAR	5/23/2025	166,119	122,928	87,711
	HUB INTERNATIONAL LIMITED	Bonds	VAR	6/20/2030	36,815	36,953	37,123
	HYPERION REFINANCE S.A.R.L.	Bonds	VAR	2/14/2031	68,630	68,887	69,040
	IRIS HOLDINGS INC	Bonds	VAR	6/28/2028	419,415	396,636	403,115
	J&J VENTURES GAMING, LLC	Bonds	VAR	4/26/2028	86,554	86,554	87,258
	J&J VENTURES GAMING, LLC	Bonds	VAR	4/26/2028	267,655	267,655	269,161
	KESTRA ADVISOR SERVICES HOLDINGS A INC	Bonds	VAR	3/19/2031	157,605	158,590	159,161

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-6414972 Plan Number: 001
Year Ended November 30, 2024

(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		
	NEXUS BUYER LLC	Bonds	VAR	11/1/2029	408,000	408,000	408,620
	NEXUS BUYER LLC	Bonds	VAR	7/31/2031	322,000	320,475	323,275
	NEXUS BUYER LLC	Bonds	VAR	7/31/2031	55,000	54,725	54,725
	OMNIA PARTNERS, LLC	Bonds	VAR	7/25/2030	103,000	103,258	103,794
	ONEDIGITAL BORROWER LLC	Bonds	VAR	7/2/2032	92,000	92,000	91,569
	RENAISSANCE HOLDING CORP	Bonds	VAR	4/8/2030	398,990	399,489	400,319
	ROPER INDUSTRIAL PRODUCTS INVESTMENT COMPANY LLC	Bonds	VAR	11/22/2029	113,430	114,139	114,084
	SLH OPEN POSITION NET ASSET	Bonds	N/A	N/A	21,016	21,016	-
	SUMMIT ACQUISITION INC	Bonds	VAR	10/16/2031	94,000	93,530	94,470
	SURGERY CENTER HOLDINGS, INC.	Bonds	VAR	12/19/2030	153,230	153,996	154,562
	TKC HOLDINGS, INC.	Bonds	VAR	5/15/2028	462,677	463,833	464,990
	TKC MIDCO 1 LLC	Bonds	VAR	2/16/2027	148,383	124,753	135,028
	TRUIST INSURANCE HOLDINGS INC	Bonds	VAR	5/6/2032	165,263	169,395	169,395
	UKG INC.	Bonds	VAR	2/10/2031	687,278	689,855	692,662
	VERDE PURCHASER LLC	Bonds	VAR	11/30/2030	217,455	217,999	217,074
	VORTEX OPCO LLC	Bonds	VAR	4/30/2030	95,000	98,563	98,384
	WAND NEWCO 3, INC.	Bonds	VAR	1/30/2031	336,158	337,838	338,932
	WHEEL PROS INC	Bonds	VAR	5/11/2028	99,000	107,983	115,521
	BULLDOG PURCHASER INC	Bonds	VAR	6/27/2031	72,818	73,364	73,382
	ZAYO GROUP HOLDINGS INC	Bonds	VAR	3/9/2027	514,000	466,075	492,918
						<u>9,984,933</u>	<u>10,033,406</u>
						<u>\$ 2,057,389,778</u>	<u>\$ 2,837,606,986</u>

* - Indicates a party-in-interest

See Independent Auditor's Report.

AFTRA Retirement Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 13-6414972, Plan Number: 001
Year Ended November 30, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expense Incurred with Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
	<u>Series of transactions:</u>							
JPMORGAN	US GOVT MMKT FUND	\$ 371,466,710	N/A	N/A	\$ -	\$ 371,466,710	\$ 371,466,710	\$ -
JPMORGAN	US GOVT MMKT FUND	N/A	384,219,778	N/A	-	384,219,778	384,219,778	-
STATE STREET GLOBAL ADVISORS TRUST	RUSSELL 1000 INDEX FUND	N/A	137,000,000	N/A	-	55,788,627	137,000,000	81,211,373

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2024

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

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2024

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

AFTRA RETIREMENT PLAN

EIN 13-6414972

Plan No. 001

Plan Year Ended November 30, 2024

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

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

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 12/01/2023 and ending 11/30/2024

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 AFTRA Retirement 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 of the AFTRA Retirement Plan	D Employer Identification Number (EIN) 13-6414972

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

1a Enter the valuation date: Month 12 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 2,731,164,697
(2) Actuarial value of assets for funding standard account	1b(2) 3,036,724,069
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3,520,591,771
(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) 3,520,591,771
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) 5,899,924,191
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 70,938,532
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 286,608,479
(3) Expected plan disbursements for the plan year	1d(3) 272,060,662

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	Kenneth N. Densmore Signature of actuary	8/28/2025 Date
	Kenneth N. Densmore Type or print name of actuary	2308324 Most recent enrollment number
	Horizon Actuarial Services, LLC Firm name	678-317-4100 Telephone number (including area code)
990 Hammond Drive, Suite 220 Atlanta GA 30328 Address of the firm		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	2,731,164,697
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	14,954	2,583,567,860
(2) For terminated vested participants	14,276	1,175,876,347
(3) For active participants:		
(a) Non-vested benefits		14,960,119
(b) Vested benefits		2,125,519,865
(c) Total active	22,989	2,140,479,984
(4) Total	52,219	5,899,924,191
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.29 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/31/2024	113,638,250	0			
Totals ▶			3(b)	113,638,250	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 18,396

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.2 %
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	
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Line 3(a): Contributions are made continuously. Date represents midpoint.

- 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	3.23 %
	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)	8MP
(2) Females	6c(2)	8FP
d Valuation liability interest rate	6d	7.75 %
e Salary scale	6e	2.50 % ☐ 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)	7.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.0 %
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)	18,700,000
(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	107,879,967	11,519,102
4	-11,442,989	-1,221,848

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

38,637,286

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)

1,260,166,799

176,014,027

(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

16,635,477

e Total charges. Add lines 9a through 9d

9e

231,286,790

Credits to funding standard account:

f Prior year credit balance, if any

9f

502,433,168

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

9g

113,638,250

Outstanding balance

h Amortization credits as of valuation date

9h

273,865,929

53,866,309

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

9i

47,516,692

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

1,433,611,087

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

9j(2)

2,310,476,978

(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

717,454,419

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

9m

486,167,629

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 MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees of the AFTRA Retirement Fund
EIN / PN:	13-6414972 / 001
Plan Year:	Beginning December 1, 2023 and ending November 30, 2024
Plan Name:	AFTRA Retirement Plan (the "Plan")
Enrolled Actuary:	Kenneth N. Densmore
Enrollment Number:	23-08324

As requested by the Board of Trustees of the AFTRA Retirement Fund, Horizon Actuarial Services, LLC has prepared the Schedule MB to the 2023 Form 5500 for the AFTRA Retirement Plan (the "Plan").

The actuarial assumptions and methods, both individually and in the aggregate, represent the enrolled actuary's best estimate of anticipated experience under the Plan. The actuarial valuation on which the information in this Schedule MB is based was prepared in reliance on the employee and financial data furnished by the Plan's administrator. 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 for the purposes for which it was used.

Contributions

The amounts of contributions shown in Line 3 of Schedule MB were obtained from financial statements reported to Horizon Actuarial Services, LLC by the Plan's auditor for the period beginning December 1, 2023 and ending November 30, 2024.

Pension Relief Act of 2010

This 2023 Schedule MB reflects the special rules under the Pension Relief Act of 2010, as elected by the Board of Trustees. Specifically, the Board of Trustees elected to utilize:

- Special amortization rule: As permitted under Section 431(b)(8)(A) of the Internal Revenue Code (the "Code"), net investment losses incurred in the plan year beginning December 1, 2007 and ending November 30, 2008 will be amortized in the funding standard account over a period ending on November 30, 2037. If not for the special rule, the losses would have been amortized over a period of 15 years.
- Special asset valuation rule: As permitted under Section 431(b)(8)(B) of the Code, the asset valuation method will be changed so that the difference between expected and actual returns for the plan year beginning December 1, 2007 and ending November 30, 2008 will be spread over a period of 10 years. If not for the special rule, the losses would have been spread over a period of 5 years.



Purpose and Actuarial Statement

Attachments

Attachments to this Schedule MB include:

- **LINE 3(d): Withdrawal Liability Amounts** – A schedule of withdrawal liability amounts, as required under Line 3.
- **LINE 6: Statement of Assumptions and Methods** – A statement of actuarial assumptions and actuarial methods used to calculate the figures shown in lines 1 and 9.
- **LINE 6: Summary of Plan Provisions** – A summary of the principal eligibility and benefit provisions on which the valuation was based, including a summary of any changes in principal eligibility or benefit provisions since the last valuation.
- **LINE 8b(1): Schedule of Projection of Expected Benefit Payments**
- **LINE 8b(2): Schedule of Active Participant Data**
- **LINE 8b(3): Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**
- **LINES 9c and 9h: Schedule of Funding Standard Account Bases** – A schedule of funding standard account amortization bases, as required under Lines 9c and 9h as of the valuation date.
- **LINE 11: Justification for Change in Actuarial Assumptions**

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

Withdrawal liability payments represented \$18,396 of the \$113,638,250 in contributions shown on Line 3 for the plan year. The dates and amounts of withdrawal liability payments are shown in the table below.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
December 2023	\$1,533.00	\$0.00	\$1,533.00
January 2024	\$1,533.00	\$0.00	\$1,533.00
February 2024	\$1,533.00	\$0.00	\$1,533.00
March 2024	\$1,533.00	\$0.00	\$1,533.00
April 2024	\$1,533.00	\$0.00	\$1,533.00
May 2024	\$1,533.00	\$0.00	\$1,533.00
June 2024	\$1,533.00	\$0.00	\$1,533.00
July 2024	\$1,533.00	\$0.00	\$1,533.00
August 2024	\$1,533.00	\$0.00	\$1,533.00
September 2024	\$1,533.00	\$0.00	\$1,533.00
October 2024	\$1,533.00	\$0.00	\$1,533.00
November 2024	\$1,533.00	\$0.00	\$1,533.00



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name	AFTRA Retirement Plan
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Plan Sponsor	Board of Trustees of the AFTRA Retirement Fund
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EIN / PN	13-6414972/001
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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	ERISA Valuation Interest Rate	7.75%
	ASC 960 Interest Rate	7.75%
	RPA '94 Current Liability Interest Rate	3.23%

The interest rate assumption used for purposes of the ERISA valuation and ASC 960 accounting represents the best estimate of the net investment return on Retirement Fund assets over the long term. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

Increases in Covered Earnings	In general, Covered Earnings are assumed to increase by 2.5% per year. However, Covered Earnings are assumed to increase by 40% from the first year to the second year that a performer earns (or returns to earn) a Pension Credit and 15% from the second year to the third year. This assumption is reviewed annually with respect to actual experience and input provided by the Board of Trustees.
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Increases in the Rate of Covered Contributions	The rate of Covered Contributions is assumed to be a percentage of Covered Earnings based on the data for individual participants provided by the Fund Office.
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Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Future Increases in Maximum Benefits and Plan Compensation Limitations

Projected benefits are limited to \$140,000, the maximum amount under IRC Section 415(b) for 2001, which was frozen by the Fund Trustees effective December 1, 2001. Plan compensation was limited to \$170,000, the maximum amount under IRC Section 401(a)(17) for 2001, which was frozen by the Board of Trustees effective December 1, 2002. Effective December 1, 2007, the Trustees amended the plan to recognize up to \$200,000 in compensation annually, which is lower than the current limit under IRC Section 401(a)(17).

No provision is made for future increases in the maximum annual benefit or compensation limit.

Cost of Living Adjustments

Not applicable.

Active Participants

For purposes of the valuation, a performer is considered to be a "Type I" active participant if he or she earned a Pension Credit (i.e., at least \$15,000) in the prior plan year.

A performer is considered to be a "Type II" active participant if he or she did not earn a Pension Credit in the prior plan year, but he or she did earn a Pension Credit in at least one of the prior five plan years.

As shown in the table below, a factor is applied to the future benefit accruals for active participants, based on the number of years since he or she last earned a Pension Credit. This factor represents the probability that the participant will return to "Type I" status.

Years Since Last Pension Credit	Probability of Return to Type I Status
0	100%
1	40%
2	30%
3	20%
4	10%
5 or more	0%

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Operating Expenses The normal cost includes a load for assumed operating (i.e., administrative) expenses expected to be paid during the coming plan year.

For the plan year beginning December 1, 2023, the load to the normal cost for assumed operating expenses is \$18,700,000 based on discussions with the Fund Office and their budget estimates after the merger of the Health Fund into the SAG-AFTRA Health Plan effective January 1, 2017. For the prior plan year beginning December 1, 2022, the load was \$17,900,000.

Weighted Average Retirement Age The weighted average retirement age for active participants is age 65.94. This average is based on the active population in the December 1, 2023 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Non-Disabled Mortality The PRI-2012 Mortality Tables for males and females, with assumed future generational improvements based on 85% of Scale MP-2021. The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment.

For purposes of determining RPA '94 current liability, the statutory mortality tables for non-disabled annuitants and non-annuitants as prescribed by the Internal Revenue Service for the current plan year (with static mortality improvements) were used.

Disabled Mortality The PRI-2012 Disabled Mortality Tables, with assumed future generational improvements based on 85% of Scale MP-2021. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Rates

Assumed retirement rates for active participants eligible for a Regular Annuity are summarized below.

Age	Rate
55-59	2% per year
60-61	4% per year
62	9% per year
63	6% per year
64	9% per year
65	37% per year
66	33% per year
67	19% per year
68	18% per year
69	20% per year
70	25% per year
71	42% per year
72 or older	100% per year

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgement.

Representative Disability Rates

The Railroad Retirement Board (RRB) disability table, rates multiplied by 5%, with a maximum rate of 0.05%. Sample rates from the RRB table are shown below, without adjustment.

Age	Rate
20	0.06%
25	0.06%
30	0.06%
35	0.06%
40	0.10%
45	0.18%
50	0.40%
55	0.86%
60	1.74%

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data and reflects anticipated future experience and professional judgement.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Termination Rates
not due to
Disability,
Retirement or
Mortality***

Termination rates are based on the Sarason T-8 Table. Representative rates from the T-8 table are shown below, without adjustment.

Age	Rate
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.08%
50	4.83%
55	1.73%
60	0.16%

The above rates are adjusted by a factor of 2.0 for males and females younger than age 25 and a factor of 2.5 for females age 45 and older. The rates are further adjusted by a factor of 2.5 if prior year Covered Earnings were less than \$25,000, a factor of 0.5 if prior year Covered Earnings were at least \$25,000 and less than \$175,000, and a factor of 0.2 if prior year Covered Earnings were at least \$175,000. The total adjustment factor is limited to a maximum of 2.5.

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgement.

Form of Payment

Single participants are assumed to elect a Regular Annuity.
Married participants are assumed to elect a 50% Joint and Survivor Annuity.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Marriage

The percentages of married participants are based on the Social Security Awards during 1972. Representative rates are shown below. Males are assumed to be three years older than their spouses.

Age	Percent Married	
	Males	Females
20	33.0%	37.1%
25	58.9%	65.2%
30	65.3%	61.8%
35	71.3%	63.6%
40	71.4%	63.1%
45	73.3%	61.0%
50	75.7%	64.0%
55	77.0%	57.6%
60	74.0%	49.5%
65	69.9%	22.7%
70	63.3%	15.3%

Future Benefit Accruals

A factor is applied to future benefit accruals to represent the fact that an active participant may not earn a Pension Credit in all future years.

The factor varies based on Covered Earnings in the prior plan year. The factor is 0.70 if prior year Covered Earnings were less than \$50,000, 0.80 if prior year Covered Earnings were at least \$50,000 and less than \$200,000 and 0.90 if prior year Covered Earnings were at least \$200,000.

Covered Earnings

Covered Earnings are actual earnings during each of the prior plan years beginning December 1, 1954, as provided by the Fund Office.

Working Pensioners

Redeterminations: For a pensioner who earned a Pension Credit in the prior plan year, the benefit in payment status as of the valuation date is assumed to increase by the amount of the benefit accrual earned in the prior plan year. This is known as the "redetermination" for continued Pension Credits.

Cost of benefit accruals: In addition to the redetermination, a pensioner who earned a benefit accrual in the prior plan year is assumed to earn a benefit accrual in the current plan year in the same amount. A term cost for the total of these assumed benefit accruals is added to the normal cost for the plan year.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Inactive Participants with Deferred Benefits Inactive participants with either a vested Regular Annuity benefit or a Retirement Account balance are assumed to commence benefits at age 65 (or their current age, if later).

Inactive participants who are past age 74 are excluded from the valuation.

Participant Data Data on active participants, inactive participants, and persons receiving benefits was supplied by the Fund Office as of the valuation date.

Participants with unknown dates of birth are assumed to be the same age as participants with similar known characteristics. As of December 1, 2023, there were 383 active participants and 133 inactive participants with deferred benefits with unknown dates of birth.

Participants with unknown sex are assumed to be male. As of December 1, 2023, there were 2,786 active participants and 330 inactive participants with deferred benefits with unknown sex.

Financial Information Financial information was obtained from audited financial statements prepared by the Retirement Fund's auditor, WithumSmith+Brown, PC.

ASC 960 Operating Expenses The present value of the annual operating expenses is equal to the present value of the preceding year's actual operating expenses, assumed to be payable mid-year in perpetuity, and discounted at the Plan's interest rate assumption. No assumption has been made for future increases in these expenses due to inflation, and no assumption has been made for future reductions in expenses due to increased efficiencies or any decline in the population after the measurement date.

The present value of the annual operating expenses has been added to the present value of vested and non-vested benefits in Section B of Exhibit 5.1 on a pro rata basis, based on the present values prior to the expense assumption.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Cost Method

Traditional Unit Credit

The Traditional Unit Credit cost method is used to determine the normal cost and the actuarial accrued liability for all statutory purposes, including the funding standard account (minimum required contribution) and certification status under the Pension Protection Act of 2006 (PPA).

Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The accrued benefit is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for employed 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.

Entry Age Normal

The Entry Age Normal Actuarial cost method is used to determine the normal cost and the actuarial accrued liability for purposes of the contribution margin calculation. It is also used for certain calculations prescribed under the Trust Agreement to the Retirement Fund.

Under this method, normal costs for the current and future plan years are determined on a hypothetical basis, assuming the current benefit accrual rate has always been in effect for all past and future service. The actuarial accrued liability is the excess of the present value of future benefits (determined based on the actual accrual rates in effect for past and future service) over the present value of the future normal costs (determined assuming the current benefit accrual rate had always been in effect).



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Asset Method

The actuarial value of assets is determined by adjusting the market value of assets to smooth investment gains and losses (i.e., the difference between the actual investment return and the expected investment return) during each of the last five years, at the rate of 20% per year. The investment loss for the year ending November 30, 2008 is recognized at a rate of 10% per year (instead of 20%) in accordance with the provisions of the Pension Relief Act of 2010. Expected investment return is calculated from the prior market value of assets, including receivable contributions, and weighted expected transactions. The actuarial value is subject to a restriction that it be neither less than 80% nor more than 120% of market value.

Note: The actuarial value of assets was reset to the market value of assets effective December 1, 2021. Beginning December 1, 2021, the difference between the actual and expected returns on the market value of assets will again be phased in at a rate of 20% per year.

Tax Policy

The actuarial valuation performed for the plan year ending November 30, 2024 is used to determine the maximum deductible contribution for the tax year ending November 30, 2024.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed immaterial and therefore are not valued.

Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation, including in particular the expected investment return assumption, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Based on historical experience and financial theory, assets invested in instruments subject to risk are expected to achieve higher returns in the long-run than assets invested in risk-free investments (such as government bonds), but these returns may and do fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the higher volatility that is expected from investments in such assets.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Changes in Assumptions and Methods

The following change was made to the actuarial assumptions and methods from those that were used in the previous actuarial valuation:

Funding:

- The retirement rates for active participants were updated to reflect experience through 2022 and future expectations, effective December 1, 2023.
- The mortality assumption for non-disabled participants and beneficiaries was changed from RP-2014 Mortality Tables for males and females, projected backward to 2006 with 100% of Scale MP-2014, and then with assumed future generational improvements based on 85% of Scale MP-2016, to PRI-2012 Mortality Tables for males and females with assumed generational improvements based on 85% of Scale MP-2021.
- The mortality assumption for disabled participants was changed from the RP-2014 Disabled Mortality Tables for males and females, projected backward to 2006 with 100% of Scale MP-2014, and then with assumed future generational improvements based on 85% of Scale MP-2016, to PRI-2012 Mortality Tables for Disabled Participants for males and females with assumed generational improvements based on 85% of Scale MP-2021.
- The age at which inactive vested participants are excluded from the valuation changed from 72 1/12 to 74.

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the assumptions prescribed by the IRS.



Schedule MB, Line 6 - Summary of Plan Provisions

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	AFTRA Retirement Plan
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Plan Sponsor	Board of Trustees of the AFTRA Retirement Fund
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EIN / PN	13-6414972 / 001
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Effective Date and Most Recent Amendment	The Plan was originally effective November 16, 1955. The Plan was last amended and restated effective December 1, 2013. The most recent amendment to the Plan was effective December 1, 2021.
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Plan Year	The twelve-month period beginning December 1 and ending November 30.
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Participation	Participation is granted on the earliest of December 1 or June 1, following the completion of a period of 12 consecutive months with Covered Earnings of at least \$15,000 for years on or after December 1, 2009, \$7,500 for years on or after December 1, 2002 and prior to December 1, 2009, \$5,000 for years on or after December 1, 1989 and prior to December 1, 2002, and \$2,000 for years prior to December 1, 1989.
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Covered Contributions	Covered Contributions are Producer contributions related to Covered Earnings and due to the AFTRA Health Fund and the Retirement Fund, pursuant to a collective bargaining agreement, on behalf of a Performer with respect to Covered Employment.
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Schedule MB, Line 6 - Summary of Plan Provisions

Pension Credit

One year of Pension Credit is earned for each plan year in which a Participant has at least a minimum amount of Covered Earnings. Different minimum Covered Earnings amounts apply to different plan years, as shown in the table below.

Plan Year	Minimum Covered Earnings
From 12/1/1954 through 11/30/1989	\$2,000
From 12/1/1989 through 11/30/2002	\$5,000
From 12/1/2002 through 11/30/2009	\$7,500
Beginning 12/1/2009	\$15,000

Vesting Service

One year of Vesting Service is earned for every year of Pension Credit earned.

In addition, a year of Vesting Service is earned based on a lower minimum Covered Earnings threshold if the participant has not yet attained vested status. Specifically:

- If the participant has at least one year of Pension Credit as of November 30, 1989 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$2,000. Otherwise, Covered Earnings must be \$5,000.
- If the participant has at least one year of Pension Credit as of November 30, 2002 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$5,000. Otherwise, Covered Earnings must be \$7,500.

If the participant has at least one year of Pension Credit as of November 30, 2009 and has not yet attained vested status, a year of Vesting Service is earned in a plan year in which Covered Earnings are at least \$7,500. Otherwise, Covered Earnings must be \$15,000.

Normal Retirement

Normal Retirement Age is the later of attainment of age 65 or the fifth anniversary of participation in the Plan.

Participants who have attained Normal Retirement Age and who have Covered Earnings (attributable to a new performance) after Normal Retirement Age are eligible to receive a Regular Annuity.



Schedule MB, Line 6 - Summary of Plan Provisions

***Late
Retirement***

For each twelve-month period beginning on the participant's Normal Retirement Age and before the benefit effective date, the amount of the Regular Annuity is increased by the greater of (a) the actuarial increase in the amount as of the beginning of the period and (b) the amount of any additional benefits accrued during the period.

***Early
Retirement***

Eligibility: Age 55 and attainment of five years of Pension Credit, including at least one Pension Credit earned subsequent to November 30, 1989.

Monthly Benefit: The amount of the Regular Annuity is reduced by 1/2 of one percent for each month that the effective date precedes the performer's 65th birthday.



Schedule MB, Line 6 - Summary of Plan Provisions

Accrued Benefit

Regular Annuity: The amount of the Regular Annuity is based on a percentage of Covered Earnings prior to May 1, 2009 and a percentage of Covered Contributions on and after May 1, 2009.

The following tables shows the percentages used to determine the amount of the Regular Annuity, with respect to Covered Earnings prior to May 1, 2009.

<i>Amount of Regular Annuity Prior to May 1, 2009 (Percentage of Covered Earnings)</i>			
<i>For Covered Earnings</i>	Up to \$50,000	Over \$50,000 and up to \$100,000	Over \$100,000 up to Maximum
From 12/1/1954 to 11/30/1995	3.10%	3.10%	1.05%
From 12/1/1995 to 11/30/1997	3.10%	3.10%	3.10%
From 12/1/1997to 11/30/2002	3.60%	3.10%	3.10%
From 12/1/2002 to 5/31/2003	3.00%	3.00%	3.00%
From 6/1/2003 to 11/30/2004	2.00%	2.00%	2.00%
From 12/1/2004 to 11/30/2007	1.50%	1.50%	1.50%
From 12/1/2007 to 4/30/2009	1.70%	1.50%	1.50%

Effective May 1, 2009, the amount of the Regular Annuity is 4.86% of Covered Contributions in each year in which a Pension Credit is earned. However, for participants for whom contributions are made to the Retirement Fund only (and not the Health Fund), the amount of the Regular Annuity is Covered Contributions times a fraction, the numerator of which is 48.6 and the denominator of which is 350.

Effective December 1, 2013, the amount of the Regular Annuity is 7.00% with respect to Covered Contributions from May 1, 2009 through November 30, 2012.

Effective December 1, 2014, the benefit accrual rate was increased to 7.55% with respect to Covered Contributions from December 1, 2012 through November 30, 2014. (The Regular Annuity for these periods for participants with contributions to the Retirement Fund only are determined on a pro-rata basis.)



Schedule MB, Line 6 - Summary of Plan Provisions

Accrued Benefit (cont.)

Minimum Benefit: The minimum monthly amount of the Regular Annuity is \$22.50 times the Pension Credit earned prior to June 1, 2003, up to a maximum of 10 years of Pension Credit.

Maximum Benefit: Effective December 1, 2002, the maximum annual amount of the Regular Annuity, payable at Normal Retirement Age, is \$96,000 for participants who had not yet accrued a benefit of at least that amount as of that date. For participants whose accrued benefit at November 30, 2002 was in excess of \$96,000, the maximum benefit is their accrued benefit as of November 30, 2002. Effective December 1, 2007, the maximum annual amount of the Regular Annuity was increased to \$108,000 for participants who earn at least one Pension Credit after December 1, 2007.

Supplemental Annuity: If a Retirement Account benefit is payable, the amount by which the actuarial equivalent value of the Regular Annuity exceeds the adjusted Retirement Account balance will be paid as a Supplemental Annuity.

Maximum Earnings

Covered Earnings in each Plan Year are limited to a maximum amount, as shown in the table below.

Plan Year	Maximum Covered Earnings
Prior to 12/01/1992	\$200,000
From 12/1/1992 to 11/30/1993	\$228,860
From 12/1/1993 to 11/30/1994	\$235,840
From 12/1/1994 to 11/30/1995	\$242,280
From 12/1/1995 to 11/30/1996	\$245,000
From 12/1/1996 to 11/30/1997	\$250,000
From 12/1/1997 to 11/30/2000	\$160,000
From 12/1/2000 to 11/30/2007	\$170,000
Beginning 12/1/2007	\$200,000

Retirement Account

A Retirement Account is provided to all performers with Covered Earnings prior to February 1, 1972, as well as to all dancers. The Retirement Account balance was frozen for all performers effective November 30, 1989. A performer is eligible to receive his Retirement Account upon attainment of age 55, after the account balance is either increased or decreased depending on the amount of service and Covered Earnings the performer had attained as of November 30, 1989. The Retirement Account is payable as either a lump sum or an actuarial equivalent annuity.



Schedule MB, Line 6 - Summary of Plan Provisions

Actuarial Equivalence In general, interest rate of 7.00% per annum and the RP-2000 Mortality Tables, weighted 80% male and 20% female. Different assumptions may apply to benefits accrued prior to February 1, 2006, or to forms of payment to which Section 417(e)(3) of the Internal Revenue Code applies.

Disability Benefit Eligibility: Totally disabled, as evidenced by the receipt of a Social Security Disability Award, with 10 Pension Credits.

Monthly Benefit: The accrued benefit, unreduced for early commencement.

Vested Status A participant becomes 100% vested in a Regular Annuity following the attainment of 10 years of Vesting Service, or 5 years of Vesting Service if at least one year of Pension Credit is earned after December 1, 1989.

Pre-Retirement Death Benefits Eligibility: Attainment of vested status or a Retirement Account balance greater than zero.

Benefit to Surviving Spouse: The surviving spouse of the performer shall receive fifty percent of the benefit that would have been payable to the performer had he or she retired immediately prior to his or her date of death and elected a 50% Joint and Survivor Annuity. If the performer had not attained age 55 at the date of death, commencement of the benefit is deferred to the date at which the performer would have attained age 55.

Benefit if there is no Surviving Spouse: If there is no surviving spouse, a designated beneficiary shall receive the greater of the performer's adjusted Retirement Account balance or 60 monthly Regular Annuity payments to which the performer would have been entitled had he or she retired immediately prior to death.

Lump-sum Death Benefit: If the performer has not attained vested status, the designated beneficiary shall receive a lump sum in the amount of the performer's adjusted Retirement Account balance, if any, or \$100 if greater.



Schedule MB, Line 6 - Summary of Plan Provisions

***Normal
Forms of
Payment***

Regular Annuity: The Regular Annuity is payable for the life of the participant, with a 60-month guarantee. This is the normal form of payment for participants who are not married.

Qualified 50% Joint and Survivor Annuity: The Qualified 50% Joint and Survivor annuity is a 50% joint and survivor annuity, with the participant's spouse as the designated beneficiary. The amount of the Qualified 50% Joint and Survivor Annuity is determined to be actuarially-equivalent to the Regular Annuity. This is the normal form of payment for participants who are married, unless waived by the participant and spouse.

***Optional
Forms of
Payment***

Other optional forms of benefit include the Life-Only Annuity, 100% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, 50% Joint and Survivor Annuity, 50% Pop-Up Annuity, and Level Income Annuity.

***Changes in
Plan
Provisions
Since Last
Actuarial
Valuation***

There were no changes to the Plan provisions from those reflected in the prior actuarial valuation.



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: December 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning December 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2023	13,639,693	27,606,376	221,566,074	262,812,143
2024	26,230,028	32,255,623	215,555,039	274,040,690
2025	38,367,148	37,072,988	208,814,860	284,254,996
2026	49,510,016	42,024,822	201,853,731	293,388,569
2027	59,298,586	46,629,936	194,647,998	300,576,521
2028	67,771,504	49,119,722	187,327,827	304,219,053
2029	75,226,655	52,373,803	179,827,858	307,428,316
2030	81,886,937	55,129,645	172,094,839	309,111,422
2031	87,999,497	57,697,675	164,143,371	309,840,542
2032	93,996,190	60,459,241	155,993,748	310,449,179
2033	99,376,423	62,628,297	147,672,352	309,677,072
2034	104,519,829	64,889,337	139,211,483	308,620,649
2035	109,375,517	66,730,938	130,649,439	306,755,894
2036	113,643,497	67,728,109	122,030,291	303,401,897
2037	117,081,587	67,898,057	113,403,679	298,383,323
2038	120,090,499	67,925,576	104,823,968	292,840,043
2039	122,627,341	67,744,137	96,348,752	286,720,230
2040	124,798,877	66,983,041	88,038,352	279,820,270
2041	126,298,932	66,001,915	79,954,160	272,255,007
2042	126,958,112	64,959,170	72,155,853	264,073,136
2043	127,047,199	63,678,856	64,698,969	255,425,024
2044	126,550,502	62,177,842	57,633,288	246,361,631
2045	125,652,680	60,322,179	51,000,988	236,975,848
2046	124,210,120	58,284,829	44,835,147	227,330,096
2047	122,240,383	55,961,763	39,159,081	217,361,227

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: December 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning December 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2048	119,683,663	53,500,860	33,985,843	207,170,367
2049	116,772,167	50,998,027	29,317,880	197,088,074
2050	113,597,063	48,426,858	25,147,543	187,171,464
2051	110,268,472	45,738,584	21,457,919	177,464,976
2052	106,518,586	42,956,303	18,224,129	167,699,018
2053	102,560,633	40,247,076	15,415,333	158,223,043
2054	98,258,610	37,532,040	12,996,373	148,787,023
2055	93,790,507	34,930,816	10,929,460	139,650,783
2056	89,221,512	32,365,202	9,175,950	130,762,664
2057	84,639,467	29,891,546	7,697,694	122,228,707
2058	80,203,047	27,403,969	6,458,262	114,065,278
2059	75,522,380	25,038,842	5,423,745	105,984,966
2060	71,019,699	22,885,478	4,563,308	98,468,484
2061	66,588,253	20,802,849	3,849,463	91,240,566
2062	62,162,242	18,830,401	3,258,206	84,250,850
2063	57,922,663	17,022,054	2,768,865	77,713,583
2064	53,774,684	15,333,685	2,363,829	71,472,199
2065	49,836,570	13,756,989	2,028,285	65,621,845
2066	46,077,086	12,313,209	1,749,819	60,140,114
2067	42,459,017	10,990,702	1,518,119	54,967,837
2068	39,081,311	9,777,167	1,324,638	50,183,117
2069	35,837,598	8,688,456	1,162,324	45,688,378
2070	32,808,440	7,684,057	1,025,376	41,517,872
2071	29,930,007	6,780,039	909,031	37,619,078
2072	27,253,062	6,002,195	809,430	34,064,686

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

Exhibit A - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: December 1, 2023 [Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning December 1	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$122,210,000	\$ 0	\$122,210,000
2024	124,654,200	0	124,654,200
2025	127,147,284	0	127,147,284
2026	129,690,230	0	129,690,230
2027	132,284,034	0	132,284,034
2028	134,929,715	0	134,929,715
2029	137,628,309	0	137,628,309
2030	140,380,875	0	140,380,875
2031	143,188,493	0	143,188,493
2032	146,052,263	0	146,052,263



Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 12/1/2023 Period	Balance	Annual Payment
Amendment	12/1/2006	30.00	\$ 8,017,226	13.00	\$ 5,597,759	\$ 648,289
Amendment	12/1/2007	30.00	19,250,401	14.00	14,022,694	1,555,722
ENIL (2008)	12/1/2008	29.00	363,376,378	14.00	267,053,998	29,627,824
ENIL (2008)	12/1/2009	28.00	39,978,907	14.00	29,666,807	3,291,330
ENIL (2008)	12/1/2010	27.00	41,935,083	14.00	31,448,270	3,488,971
Assumption	12/1/2010	15.00	20,987,186	2.00	4,338,113	2,249,974
Exper Loss	12/1/2011	15.00	44,872,201	3.00	13,407,210	4,806,490
ENIL (2008)	12/1/2011	26.00	45,459,521	14.00	34,486,136	3,826,003
ENIL (2008)	12/1/2012	25.00	81,339,377	14.00	62,486,564	6,932,458
Amendment	12/1/2013	15.00	26,721,473	5.00	12,375,244	2,857,601
Assumption	12/1/2013	15.00	33,994,396	5.00	15,743,482	3,635,369
ENIL (2008)	12/1/2013	24.00	92,752,810	14.00	72,242,787	8,014,845
Exper Loss	12/1/2014	15.00	81,670,937	6.00	43,802,830	8,727,128
Amendment	12/1/2014	15.00	22,580,616	6.00	12,110,726	2,412,902
Assumption	12/1/2014	15.00	133,500,559	6.00	71,600,766	14,265,497
Assumption	12/1/2015	15.00	73,340,249	7.00	44,309,281	7,831,054
Exper Loss	12/1/2015	15.00	116,432,611	7.00	70,343,983	12,432,328
Exper Loss	12/1/2016	15.00	121,271,227	8.00	80,946,460	12,948,981
Exper Loss	12/1/2017	15.00	103,643,898	9.00	75,271,448	11,066,787
Exper Loss	12/1/2018	15.00	79,738,033	10.00	62,258,782	8,514,190
Exper Loss	12/1/2019	15.00	73,920,416	11.00	61,458,140	7,893,002
Exper Loss	12/1/2022	15.00	69,941,825	14.00	67,315,352	7,468,180
Exper Loss	12/1/2023	15.00	107,879,967	15.00	107,879,967	11,519,102
Total Charges					\$ 1,260,166,799	\$ 176,014,027

Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 12/1/2023		Annual Payment
				Period	Balance	
Exper Gain	12/1/2009	15.00	\$ 62,272,367	1.00	\$ 6,681,942	\$ 6,681,942
Exper Gain	12/1/2010	15.00	53,649,768	2.00	11,089,572	5,751,631
Exper Gain	12/1/2012	15.00	56,692,117	4.00	21,774,994	6,067,541
Exper Gain	12/1/2013	15.00	19,086,771	5.00	8,839,463	2,041,144
Assumption	12/1/2017	15.00	4,594,454	9.00	3,336,725	490,582
Exper Gain	12/1/2020	15.00	5,421,615	12.00	4,762,275	578,904
Exper Gain	12/1/2021	15.00	46,941,597	13.00	43,279,458	5,012,284
Method	12/1/2021	10.00	190,270,650	8.00	162,658,511	26,020,433
Assumption	12/1/2023	15.00	11,442,989	15.00	11,442,989	1,221,848
Total Credits					\$ 273,865,929	\$ 53,866,309
Net Total					\$ 986,300,870	\$ 122,147,718

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

The table above shows 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 actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases



Schedule MB, Line 11 -

Justification for Change in Actuarial Assumptions

Changes in Assumptions and Methods Since Last Actuarial Valuation

The The following change was made to the actuarial assumptions and methods from those that were used in the previous actuarial valuation:

Funding:

- The retirement rates for active participants were updated to reflect experience through 2022 and future expectations, effective December 1, 2023.
- The mortality assumption for non-disabled participants and beneficiaries was changed from RP-2014 Mortality Tables for males and females, projected backward to 2006 with 100% of Scale MP-2014, and then with assumed future generational improvements based on 85% of Scale MP-2016, to PRI-2012 Mortality Tables for males and females with assumed generational improvements based on 85% of Scale MP-2021.
- The mortality assumption for disabled participants was changed from the RP-2014 Disabled Mortality Tables for males and females, projected backward to 2006 with 100% of Scale MP-2014, and then with assumed future generational improvements based on 85% of Scale MP-2016, to PRI-2012 Mortality Tables for Disabled Participants for males and females with assumed generational improvements based on 85% of Scale MP-2021.
- The age at which inactive vested participants are excluded from the valuation changed from 72 1/12 to 74.

Current Liability

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the assumptions prescribed by the IRS.

Justification for Changes in Assumptions and Methods

Changes in the assumptions for retirement rates, mortality and the exclusion of inactive vested participants were made in connection with an experience study performed by Horizon Actuarial in February 2024, and were made to better reflect anticipated Plan experience.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Distribution of Active Participants

The exhibit below shows the distribution of active participants by age and service, as of the valuation date. Note that only Type I active participants (those who earned a Pension Credit in the preceding plan year) are included in the distribution below. Average prior year earnings are shown for groups of active participants with at least 20 individuals.

Measurement Date: December 1, 2023

[Form 5500 Sch. MB, Line 8b]

Attained Years of Pension Credit

Age	Stat	Under 1	1-4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	368	114	31	-	-	-	-	-	-	513
	Avg Ben	-	\$81	\$315	\$667	-	-	-	-	-	-	\$168
	Avg Comp	-	\$55,053	\$63,159	\$77,640	-	-	-	-	-	-	\$58,219
25 - 29	Count	-	618	196	46	16	-	-	-	-	-	876
	Avg Ben	-	\$73	\$326	\$788	-	-	-	-	-	-	\$183
	Avg Comp	-	\$58,036	\$92,094	\$66,911	-	-	-	-	-	-	\$66,452
30 - 34	Count	-	873	463	92	38	3	-	-	-	-	1,469
	Avg Ben	-	\$75	\$320	\$698	\$1,501	-	-	-	-	-	\$232
	Avg Comp	-	\$59,764	\$95,824	\$89,697	\$154,210	-	-	-	-	-	\$75,517
35 - 39	Count	-	648	584	291	84	25	1	-	-	-	1,633
	Avg Ben	-	\$89	\$323	\$693	\$1,093	\$2,399	-	-	-	-	\$368
	Avg Comp	-	\$62,603	\$89,375	\$99,239	\$99,933	\$108,749	-	-	-	-	\$81,374
40 - 44	Count	-	457	520	424	212	66	19	2	-	-	1,700
	Avg Ben	-	\$84	\$329	\$676	\$1,077	\$1,770	-	-	-	-	\$533
	Avg Comp	-	\$59,283	\$82,593	\$95,816	\$105,358	\$141,503	-	-	-	-	\$85,436
45 - 49	Count	-	304	342	345	271	187	58	12	7	-	1,526
	Avg Ben	-	\$71	\$299	\$646	\$1,174	\$1,746	\$2,489	-	-	-	\$798
	Avg Comp	-	\$43,894	\$71,455	\$87,519	\$108,819	\$126,879	\$133,596	-	-	-	\$86,168
50 - 54	Count	-	235	289	298	286	231	177	71	15	1	1,603
	Avg Ben	-	\$79	\$301	\$676	\$1,172	\$1,811	\$2,677	\$3,446	-	-	\$1,163
	Avg Comp	-	\$54,391	\$67,115	\$83,545	\$94,237	\$102,374	\$136,838	\$142,317	-	-	\$90,470
55 - 59	Count	-	136	174	212	176	173	244	134	38	8	1,295
	Avg Ben	-	\$81	\$296	\$667	\$1,141	\$1,739	\$2,774	\$3,426	\$4,461	-	\$1,575
	Avg Comp	-	\$59,635	\$70,686	\$71,010	\$80,680	\$98,723	\$125,548	\$116,976	\$131,574	-	\$91,684
60 - 64	Count	-	77	139	144	134	140	132	159	100	30	1,055
	Avg Ben	-	\$67	\$313	\$638	\$1,167	\$1,786	\$2,916	\$3,749	\$4,392	\$5,641	\$2,025
	Avg Comp	-	\$51,895	\$68,354	\$67,822	\$92,297	\$86,728	\$120,416	\$119,225	\$161,545	\$114,923	\$96,898
65 - 69	Count	-	28	50	74	63	62	59	57	89	60	542
	Avg Ben	-	\$59	\$176	\$508	\$898	\$1,559	\$2,406	\$3,399	\$4,251	\$5,453	\$2,293
	Avg Comp	-	\$53,982	\$56,753	\$68,054	\$78,678	\$79,858	\$113,192	\$144,587	\$156,497	\$144,755	\$104,846
70 +	Count	-	36	24	19	16	11	10	19	32	53	220
	Avg Ben	-	\$67	\$172	-	-	-	-	-	\$3,001	\$4,339	\$1,984
	Avg Comp	-	\$49,750	\$60,270	-	-	-	-	-	\$230,141	\$149,758	\$109,987
Total	Count	-	3,780	2,895	1,976	1,296	898	700	454	281	152	12,432
	Avg Ben	-	\$79	\$313	\$663	\$1,132	\$1,768	\$2,709	\$3,549	\$4,255	\$5,009	\$887
	Avg Comp	-	\$57,538	\$81,064	\$85,708	\$98,036	\$105,429	\$126,412	\$125,515	\$163,709	\$137,501	\$84,913

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date
- Avg Comp: The average prior year compensation for active participants as of the valuation date



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 12/01/2023 and ending 11/30/2024	
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 AFTRA Retirement Plan
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/16/1955
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, AFTRA Retirement Plan 1411 Broadway, 18th Floor New York NY 10018
2b	Employer Identification Number (EIN) 13-6414972
2c	Plan Sponsor's telephone number (212) 499-4800
2d	Business code (see instructions) 515100

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	DocuSigned by: <i>Tracee Wilkins</i> 57430A7FC0A04A6...nistrator	9/11/2025	Tracee Wilkins
		Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: <i>Marc L Sandman</i> 67930AA757EF4CE...n sponsor	9/11/2025	Marc L. Sandman
		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 45,395
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) 17,061 6a(2) 16,806 6b 13,008 6c 14,069 6d 43,883 6e 1,819 6f 45,702 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 1,846

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 _____
- (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_____

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

20th Century Studios
EIN: 84-4963371

Company	CBA NO	CBA EXPIRATION DATE	CBA RATE
20th Century	9950	6/2/2025	18.8
20th Century	9950	6/2/2025	19.8
20th Century	9950	6/2/2025	20.3
20th Century	9952	6/2/2025	18.5
20th Century	9952	6/2/2025	19.6
20th Century	9952	6/2/2025	20.1
20th Century	8890	6/30/2025	12
20th Century	8890	6/30/2025	12.1
20th Century	8890	6/30/2025	13.1
20th Century	8890	6/30/2025	14.8
20th Century	8890	6/30/2025	15.3
20th Century	8890	6/30/2025	16.8
20th Century	8890	6/30/2025	17.3
20th Century	8890	6/30/2025	18
20th Century	8890	6/30/2025	18.5
20th Century	8890	6/30/2025	19
20th Century	8890	6/30/2025	20
20th Century	8890	6/30/2025	20.5
20th Century	8890	6/30/2025	21
20th Century	11824	6/30/2026	21
20th Century	13325	6/30/2026	21

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

ABC
EIN: 13-3331738

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC	10279	12/24/2024	12.5
ABC	10279	12/24/2024	13
ABC	4195	12/31/2024	11
ABC	4245	12/31/2024	10.5
ABC	10626	1/30/2025	13.5
ABC	10626	1/30/2025	14
ABC	9950	6/2/2025	18.8
ABC	9950	6/2/2025	19.8
ABC	9950	6/2/2025	20.3
ABC	9952	6/2/2025	18.5
ABC	9952	6/2/2025	19.6
ABC	9952	6/2/2025	20.1
ABC	9960	6/2/2025	18.8
ABC	9960	6/2/2025	19.8
ABC	9960	6/2/2025	20.3
ABC	9898	6/30/2025	18.8
ABC	5062	10/31/2025	11.5
ABC	8653	10/31/2025	12.5
ABC	8653	10/31/2025	13
ABC	10465	11/18/2025	13
ABC	4863	12/31/2025	13
ABC	11284	5/14/2026	13
ABC	11284	5/14/2026	13.5
ABC	11284	5/14/2026	14

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC	11124	6/21/2026	12.5
ABC	11124	6/21/2026	13
ABC	12044	9/4/2026	13
ABC	13284	11/1/2027	13
ABC	13284	11/1/2027	13.5
ABC	13284	11/1/2027	13.75
ABC	13364	1/1/2028	14
ABC	13364	1/1/2028	14.5

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Warner Bros Records
EIN: 95-1976532

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Warner Bros	7974	6/30/2025	12.5
Warner Bros	7974	6/30/2025	12.75
Warner Bros	7974	6/30/2025	13
Warner Bros	8671	6/30/2025	12.75
Warner Bros	8671	6/30/2025	13
Warner Bros	8890	6/30/2025	12
Warner Bros	8890	6/30/2025	12.1
Warner Bros	8890	6/30/2025	13.1
Warner Bros	8890	6/30/2025	14.8
Warner Bros	8890	6/30/2025	15.3
Warner Bros	8890	6/30/2025	16.8
Warner Bros	8890	6/30/2025	17.3
Warner Bros	8890	6/30/2025	18
Warner Bros	8890	6/30/2025	18.5
Warner Bros	8890	6/30/2025	19
Warner Bros	8890	6/30/2025	20
Warner Bros	8890	6/30/2025	20.5
Warner Bros	8890	6/30/2025	21
Warner Bros	8667	12/31/2025	12.75
Warner Bros	8667	12/31/2025	13
Warner Bros	8669	12/31/2025	12.75
Warner Bros	8669	12/31/2025	13
Warner Bros	12783	12/31/2026	13
Warner Bros	12783	12/31/2026	13.5

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Warner Bros	12784	12/31/2026	13
Warner Bros	12784	12/31/2026	13.5

AFTRA Retirement Plan
Board Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PIN: 001

Employers contributing more than 5% of plan's total contributions

Universal City Studios, LLC
EIN: 75-3052389

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
UCS	11983	6/30/2026	13.5
UCS	11984	6/30/2026	16.5
UCS	11985	6/30/2026	20.5

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

iHeart Media
EIN: 74-2722883

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
iHeart	6006	12/31/2024	10.5
iHeart	6015	12/31/2024	11
iHeart	6176	12/31/2024	11
iHeart	7156	12/31/2024	10.5
iHeart	7156	12/31/2024	10.75
iHeart	7156	12/31/2024	11
iHeart	9739	1/31/2025	12.75
iHeart	9739	1/31/2025	13
iHeart	9795	3/31/2025	11.75
iHeart	9795	3/31/2025	12
iHeart	9797	3/31/2025	11.75
iHeart	9797	3/31/2025	12
iHeart	10108	3/31/2025	11.75
iHeart	10108	3/31/2025	12
iHeart	9896	4/30/2025	11.75
iHeart	9896	4/30/2025	12
iHeart	10025	4/30/2025	12.5
iHeart	10025	4/30/2025	12.75
iHeart	9968	6/30/2025	11.75
iHeart	9968	6/30/2025	12
iHeart	10110	6/30/2025	11.75
iHeart	10966	12/31/2025	12
iHeart	11184	3/31/2026	12
iHeart	11184	3/31/2026	12.25

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
iHeart	10069	8/31/2025	12
iHeart	10069	8/31/2025	12.25
iHeart	10071	8/31/2025	12
iHeart	10071	8/31/2025	12.25
iHeart	10073	8/31/2025	12
iHeart	10073	8/31/2025	12.25
iHeart	10075	8/31/2025	12
iHeart	10075	8/31/2025	12.25
iHeart	10077	8/31/2025	12
iHeart	10077	8/31/2025	12.25
iHeart	10112	8/31/2025	12
iHeart	10112	8/31/2025	12.25
iHeart	9750	12/31/2025	11.75
iHeart	9750	12/31/2025	12
iHeart	9754	12/31/2025	12.25
iHeart	9754	12/31/2025	12.5
iHeart	9758	12/31/2025	11.75
iHeart	9758	12/31/2025	12
iHeart	10748	12/31/2025	11.25
iHeart	10748	12/31/2025	11.75
iHeart	10964	12/31/2025	12
iHeart	13294	11/30/2027	12.5
iHeart	13296	11/30/2027	11.5
iHeart	13296	11/30/2027	12

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
iHeart	11108	6/1/2026	12
iHeart	10972	6/30/2026	12
iHeart	10044	8/31/2026	10.75
iHeart	10044	8/31/2026	11.5
iHeart	10046	8/31/2026	10.75
iHeart	10046	8/31/2026	11.5
iHeart	10968	12/31/2026	12
iHeart	10970	12/31/2026	11.5
iHeart	13286	5/31/2027	11.5
iHeart	13286	5/31/2027	12
iHeart	13286	5/31/2027	12.5
iHeart	12764	9/30/2027	12.25
iHeart	12764	9/30/2027	12.5
iHeart	13244	11/30/2027	11.5
iHeart	13244	11/30/2027	12
iHeart	13244	11/30/2027	12.5
iHeart	13292	11/30/2027	11.5
iHeart	13292	11/30/2027	12
iHeart	13292	11/30/2027	12.5
iHeart	13294	11/30/2027	11.5
iHeart	13294	11/30/2027	12
iHeart	10110	6/30/2025	12
iHeart	9707	7/31/2025	12.25
iHeart	9707	7/31/2025	12.75

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
iHeart	13296	11/30/2027	12.5
iHeart	13424	1/31/2028	13
iHeart	13424	1/31/2028	13.25

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

ABC SIGNATURE, LLC
EIN: 95-4771596

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
ABC Signature	9950	6/2/2025	18.8
ABC Signature	9950	6/2/2025	19.8
ABC Signature	9950	6/2/2025	20.3
ABC Signature	9952	6/2/2025	18.5
ABC Signature	9952	6/2/2025	19.6
ABC Signature	9952	6/2/2025	20.1
ABC Signature	8890	6/30/2025	12
ABC Signature	8890	6/30/2025	12.1
ABC Signature	8890	6/30/2025	13.1
ABC Signature	8890	6/30/2025	14.8
ABC Signature	8890	6/30/2025	15.3
ABC Signature	8890	6/30/2025	16.8
ABC Signature	8890	6/30/2025	17.3
ABC Signature	8890	6/30/2025	18
ABC Signature	8890	6/30/2025	18.5
ABC Signature	8890	6/30/2025	19
ABC Signature	8890	6/30/2025	20
ABC Signature	8890	6/30/2025	20.5
ABC Signature	8890	6/30/2025	21
ABC Signature	11824	6/30/2026	21

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

SONY MUSIC ENTERTAINMENT
EIN: 13-3431958

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Sony	7974	6/30/2025	12.5
Sony	7974	6/30/2025	12.75
Sony	7974	6/30/2025	13
Sony	8671	6/30/2025	12.75
Sony	8671	6/30/2025	13
Sony	8890	6/30/2025	12
Sony	8890	6/30/2025	12.1
Sony	8890	6/30/2025	13.1
Sony	8890	6/30/2025	14.8
Sony	8890	6/30/2025	15.3
Sony	8890	6/30/2025	16.8
Sony	8890	6/30/2025	17.3
Sony	8890	6/30/2025	18
Sony	8890	6/30/2025	18.5
Sony	8890	6/30/2025	19
Sony	8890	6/30/2025	20
Sony	8890	6/30/2025	20.5
Sony	8890	6/30/2025	21
Sony	8667	12/31/2025	12.75
Sony	8667	12/31/2025	13
Sony	8669	12/31/2025	12.75
Sony	8669	12/31/2025	13
Sony	12783	12/31/2026	13
Sony	12783	12/31/2026	13.5

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
Sony	12784	12/31/2026	13
Sony	12784	12/31/2026	13.5

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

National Broadcasting Company
EIN: 14-1682529

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
NBC	7529	12/17/2024	11.75
NBC	7529	12/17/2024	12
NBC	7529	12/17/2024	12.5
NBC	7529	12/17/2024	12.75
NBC	4195	12/31/2024	11
NBC	9683	5/22/2025	12.25
NBC	9683	5/22/2025	12.5
NBC	9683	5/22/2025	12.75
NBC	9950	6/2/2025	18.8
NBC	9950	6/2/2025	19.8
NBC	9950	6/2/2025	20.3
NBC	9952	6/2/2025	18.5
NBC	9952	6/2/2025	19.6
NBC	9952	6/2/2025	20.1
NBC	7527	6/30/2025	11.75
NBC	7527	6/30/2025	12
NBC	7527	6/30/2025	12.5
NBC	8589	6/30/2025	12
NBC	8589	6/30/2025	12.25
NBC	8890	6/30/2025	12
NBC	8890	6/30/2025	12.1
NBC	8890	6/30/2025	13.1
NBC	8890	6/30/2025	14.8
NBC	8890	6/30/2025	15.3

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
NBC	8890	6/30/2025	16.8
NBC	8890	6/30/2025	17.3
NBC	8890	6/30/2025	18
NBC	8890	6/30/2025	18.5
NBC	8890	6/30/2025	19
NBC	8890	6/30/2025	20
NBC	8890	6/30/2025	20.5
NBC	8890	6/30/2025	21
NBC	10263	6/30/2025	12.5
NBC	10263	6/30/2025	12.75
NBC	9842	12/31/2025	12.5
NBC	9842	12/31/2025	12.75
NBC	10690	3/31/2026	12.25
NBC	10690	3/31/2026	12.75
NBC	11760	6/30/2026	12.75
NBC	11760	6/30/2026	13
NBC	11753	9/30/2027	12.75

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

Universal Music Group
EIN: 13-2613071

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
UMG	8362	3/31/2025	16
UMG	8362	3/31/2025	16.5
UMG	8362	3/31/2025	17.25
UMG	8362	3/31/2025	18.75
UMG	7974	6/30/2025	12.5
UMG	7974	6/30/2025	12.75
UMG	7974	6/30/2025	13
UMG	8671	6/30/2025	12.75
UMG	8671	6/30/2025	13
UMG	8890	6/30/2025	12
UMG	8890	6/30/2025	12.1
UMG	8890	6/30/2025	13.1
UMG	8890	6/30/2025	14.8
UMG	8890	6/30/2025	15.3
UMG	8890	6/30/2025	16.8
UMG	8890	6/30/2025	17.3
UMG	8890	6/30/2025	18
UMG	8890	6/30/2025	18.5
UMG	8890	6/30/2025	19
UMG	8890	6/30/2025	20
UMG	8890	6/30/2025	20.5
UMG	8890	6/30/2025	21
UMG	4864	12/31/2025	13
UMG	8667	12/31/2025	12.75

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
UMG	8667	12/31/2025	13
UMG	8669	12/31/2025	12.75
UMG	8669	12/31/2025	13
UMG	12783	12/31/2026	13
UMG	12783	12/31/2026	13.5
UMG	12784	12/31/2026	13
UMG	12784	12/31/2026	13.5
UMG	8361	6/30/2027	15.5
UMG	8361	6/30/2027	16
UMG	8361	6/30/2027	16.5

AFTRA Retirement Plan
Board of Trustees, AFTRA Retirement Plan

EIN: 13-6414972
PN: 001

Employers contributing more than 5% of plan's total contributions

CBS Broadcasting Inc
EIN: 20-3656897

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS	4195	12/31/2024	11
CBS	4245	12/31/2024	10.5
CBS	9799	3/31/2025	11.5
CBS	9799	3/31/2025	12
CBS	6180	4/27/2025	10.5
CBS	10025	4/30/2025	12.5
CBS	10025	4/30/2025	12.75
CBS	10265	5/31/2025	11.5
CBS	10265	5/31/2025	12
CBS	9950	6/2/2025	18.8
CBS	9950	6/2/2025	19.8
CBS	9950	6/2/2025	20.3
CBS	9952	6/2/2025	18.5
CBS	9952	6/2/2025	19.6
CBS	9952	6/2/2025	20.1
CBS	11826	6/5/2025	11
CBS	11826	6/5/2025	11.25
CBS	11826	6/5/2025	11.5
CBS	8071	6/30/2025	12.5
CBS	8228	6/30/2025	11.5
CBS	8228	6/30/2025	12
CBS	8228	6/30/2025	12.5
CBS	10277	8/31/2025	12.5
CBS	10277	8/31/2025	13

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS	8890	6/30/2025	13.1
CBS	8890	6/30/2025	14.8
CBS	8890	6/30/2025	15.3
CBS	8890	6/30/2025	16.8
CBS	8890	6/30/2025	17.3
CBS	8890	6/30/2025	18
CBS	8890	6/30/2025	18.5
CBS	8890	6/30/2025	19
CBS	8890	6/30/2025	20
CBS	8890	6/30/2025	20.5
CBS	8890	6/30/2025	21
CBS	10054	6/30/2025	11.75
CBS	10054	6/30/2025	12
CBS	10114	6/30/2025	13
CBS	10114	6/30/2025	13.25
CBS	6764	8/31/2025	10
CBS	6764	8/31/2025	10.5
CBS	6764	8/31/2025	11
CBS	7512	8/31/2025	10
CBS	7512	8/31/2025	10.5
CBS	7512	8/31/2025	11
CBS	10686	12/31/2025	11.75
CBS	10844	12/31/2025	12
CBS	10844	12/31/2025	12.25

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS	7845	9/18/2025	11
CBS	9984	9/30/2025	12.75
CBS	9984	9/30/2025	13
CBS	10688	9/30/2025	13
CBS	10271	10/21/2025	11.5
CBS	10271	10/21/2025	12
CBS	10273	10/21/2025	11.5
CBS	10273	10/21/2025	12
CBS	4887	10/31/2025	4
CBS	5062	10/31/2025	11.5
CBS	11424	11/30/2025	12
CBS	11424	11/30/2025	12.5
CBS	4069	12/30/2025	10
CBS	7451	12/30/2025	10
CBS	7451	12/30/2025	10.5
CBS	4825	12/31/2025	10
CBS	8662	12/31/2025	11
CBS	8662	12/31/2025	11.25
CBS	8662	12/31/2025	11.5
CBS	8662	12/31/2025	11.75
CBS	10686	12/31/2025	11.25
CBS	10686	12/31/2025	11.5
CBS	8890	6/30/2025	12
CBS	8890	6/30/2025	12.1

Company	CBA ID	CBA EXPIRATION DATE	CBA RATE
CBS	10844	12/31/2025	12.5
CBS	11387	12/31/2025	11.75
CBS	11387	12/31/2025	12
CBS	11387	12/31/2025	12.25
CBS	11746	12/31/2025	13
CBS	11525	4/30/2026	12.25
CBS	11525	4/30/2026	12.5
CBS	11527	4/30/2026	12.25
CBS	11527	4/30/2026	12.5
CBS	11755	10/31/2026	12
CBS	11755	10/31/2026	12.5
CBS	13324	7/1/2027	12
CBS	13324	7/1/2027	12.5
CBS	13131	6/30/2028	13.25
CBS	13131	6/30/2028	13.5
CBS	13131	6/30/2028	13.75