

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 ENTERTAINMENT INDUSTRY FLEX PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 04/09/1985
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, ENTERTAINMENT INDUSTRY FLEX PLAN 844 SEWARD ST LOS ANGELES, CA 90038
2b	Employer Identification Number (EIN) 95-6832043
2c	Plan Sponsor's telephone number 323-993-8800
2d	Business code (see instructions) 512100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	CHARLES BRAICO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	ROBERT BRANDWENE
	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 34090
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) 34090 6a(2) 35157 6b 0 6c 0 6d 35157 6e 6f 35157 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 156

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

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

4A 4B 4D 4E 4H 4Q

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 5
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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

(a) Name of insurance carrier
ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	C22690	6219	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2720873
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	00000	70474	353	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	80150
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821	00000	00493000	3405	01/01/2024	12/31/2024

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	487750
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043

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

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	103150	1022	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5714289
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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

(a) Name of insurance carrier DEARBORN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	FCA3895	9864	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1902542
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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

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

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

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

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

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

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

BENEFIT PLANS, INC.

95-4654044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	3750119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	113055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	35550	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)

WOHLNER KAPLON CUTLER HALFORD ROSEN

83-2856417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	24500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL CONSULTING

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	101689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY GRAYSTONE

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	50000	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)

WEAVER C. BARKSDALE & ASSOC., INC.

62-1217255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	108760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS LIFE AND HEALTH

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	2329776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	10981	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SAGE ADVISORY

5900 SOUTHWEST PKWY BLDG 1
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	60821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043	

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: NTGI-QM COMMON DAILY RUSSELL 1000			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6138593-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12349722	
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COMMON EAFE INDX FD-NON LDG			
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS			
c EIN-PN 45-6626196-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5383767	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan ENTERTAINMENT INDUSTRY FLEX PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, ENTERTAINMENT INDUSTRY FLEX PLAN	D Employer Identification Number (EIN) 95-6832043

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	1276688	28791657
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3164773	3639855
(2) Participant contributions.....	1b(2)	42651	33273
(3) Other	1b(3)	2531661	2638335
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15815344	2991314
(2) U.S. Government securities	1c(2)	78827072	84349593
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	54960447	68343561
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	5880310	5395665
(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)	12854371	17733489
(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)	34823831	41603908
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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		
f Total assets (add all amounts in lines 1a through 1e)	1f	210177148	255520650
Liabilities			
g Benefit claims payable	1g	6716482	6336655
h Operating payables	1h	3927022	6125514
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10643504	12462169
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	199533644	243058481

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)	105954352	
(B) Participants	2a(1)(B)	7352845	
(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)		113307197
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	356891	
(B) U.S. Government securities	2b(1)(B)	2925014	
(C) Corporate debt instruments	2b(1)(C)	2312107	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	221805	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5815817
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1099471	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1099471
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	52390251	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	53286088	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-895837
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	285723	
(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)		2189154
(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)		3005226
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		124806751

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62851375	
(2) To insurance carriers for the provision of benefits	2e(2)	13857332	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		76708707
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3750119	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	35550	
(5) Investment advisory and investment management fees	2i(5)	230562	
(6) Bank or trust company trustee/custodial fees	2i(6)	113055	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	24500	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	419421	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4573207
j Total expenses. Add all expense amounts in column (b) and enter total	2j		81281914

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		43524837
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **MILLER KAPLAN ARASE LLP**

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
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?		☒	
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 _____.

ENTERTAINMENT INDUSTRY FLEX PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Entertainment Industry Flex Plan
P.O. Box 17928
Los Angeles, California 90017

Members of the Board:

Opinion

We have audited the accompanying financial statements of Entertainment Industry Flex Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 22, 2025

ENTERTAINMENT INDUSTRY FLEX PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money Market Fund	\$ 2,802,995	\$ 1,908,782
Mutual Fund	10,949,707	10,261,255
Exchange Traded Fund	30,654,201	24,562,576
Common Funds	17,733,489	12,854,371
Corporate Bonds	68,343,561	54,960,447
U.S. Government Securities	84,349,593	78,827,072
Limited Partnership	<u>5,395,665</u>	<u>5,880,310</u>
TOTAL INVESTMENTS	220,229,211	189,254,813
CASH		
Checking Account	28,979,976	15,183,250
RECEIVABLES		
Employer Contributions	3,639,855	3,164,773
Participant Contributions	33,273	42,651
Prescription Rebates	1,065,299	1,423,699
Administrative Fees	220,502	-
Investment Income	<u>1,352,534</u>	<u>1,107,962</u>
TOTAL RECEIVABLES	<u>6,311,463</u>	<u>5,739,085</u>
TOTAL ASSETS	<u>255,520,650</u>	<u>210,177,148</u>
LIABILITIES		
Accounts Payable	91,280	71,050
Administrative Fees Payable	-	416,487
Other Payables	351,942	484,170
Claims and Premiums Payable	1,474,955	1,577,982
Estimated Claims Incurred But Not Reported	4,861,700	5,138,500
Due to Entertainment Industry 401(k) Plan	<u>5,682,292</u>	<u>2,955,315</u>
TOTAL LIABILITIES	<u>12,462,169</u>	<u>10,643,504</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 243,058,481</u>	<u>\$ 199,533,644</u>

ENTERTAINMENT INDUSTRY FLEX PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Expense Reserve	ASO Reserve	Participant Accounts	Total
Net Assets Available for Benefits - January 1, 2023	\$ 10,600,208	\$ 9,417,428	\$ 169,447,179	\$ 189,464,815
Contributions:				
Employers	-	-	71,638,496	71,638,496
Participants	-	-	8,313,372	8,313,372
Miscellaneous Income	53,316	-	-	53,316
Investment Income	5,161,640	-	-	5,161,640
Net Appreciation of Investments	8,486,430	-	-	8,486,430
Insurance Premiums	-	-	(12,941,318)	(12,941,318)
Claims Paid	-	(53,404,995)	(15,951,388)	(69,356,383)
Premiums Collected:				
Delta Dental	-	2,755,291	(2,755,291)	-
Optum Rx Prescriptions	-	7,949,119	(7,949,119)	-
Anthem Medical	-	39,649,699	(39,649,699)	-
Optum Rx Rebates	-	3,020,931	-	3,020,931
Administrative Expenses (Note 2-H)	(4,163,314)	(64,019)	(80,322)	(4,307,655)
Administrative Charges (Note 2-H):				
Enrollment Fees	47,453	-	(47,453)	-
Quarterly Fees	1,619,927	-	(1,619,927)	-
Check Fees	787,181	-	(787,181)	-
Net Assets Available for Benefits - December 31, 2023	22,592,841	9,323,454	167,617,349	199,533,644
Contributions:				
Employers	-	-	105,954,352	105,954,352
Participants	-	-	7,352,845	7,352,845
Investment Income	6,915,288	-	-	6,915,288
Net Appreciation of Investments	4,584,266	-	-	4,584,266
Insurance Premiums	-	-	(13,857,332)	(13,857,332)
Claims Paid	-	(52,556,534)	(16,480,820)	(69,037,354)
Premiums Collected:				
Delta Dental	-	2,560,230	(2,560,230)	-
Optum Rx Prescriptions	-	7,699,265	(7,699,265)	-
Anthem Medical	-	37,591,442	(37,591,442)	-
Optum Rx Rebates	-	6,185,979	-	6,185,979
Administrative Expenses (Note 2-H)	(4,387,850)	(101,689)	(83,668)	(4,573,207)
Administrative Charges (Note 2-H):				
Enrollment Fees	74,663	-	(74,663)	-
Quarterly Fees	1,649,149	-	(1,649,149)	-
Check Fees	870,553	-	(870,553)	-
Net Assets Available for Benefits - December 31, 2024	<u>\$ 32,298,910</u>	<u>\$ 10,702,147</u>	<u>\$ 200,057,424</u>	<u>\$ 243,058,481</u>

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Entertainment Industry Flex Plan (the “Plan”) is provided for general information purposes only. SINCE THE PLAN INCLUDES DETAILED PROVISIONS FOR EACH SITUATION, PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS FOR MORE COMPLETE INFORMATION.

The Plan provides medical, dental, vision, life insurance, disability insurance and dependent care assistance benefits to participating employees under applicable collective bargaining agreements. Benefits provided to each participant are limited to the available amount in his or her account balance.

The Plan is a multi-employer defined contribution health and welfare plan in which participants choose the actual benefits from the Plan’s “menu” of benefit options to best suit their individual and family needs. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) (as amended).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

B. Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

C. Individual Participant Account Balances

Pursuant to the terms of the plan agreement, contributions to the Plan are recorded to the credit of individual plan participants. Amounts in each participant’s account are restricted to payment of benefits or administrative charges as provided by the terms of the plan agreement and the plan of benefits thereunder.

D. Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers’ records. The system of internal control provides for examination of employers’ records under a separate payroll compliance program.

E. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statements of net assets available for benefits.

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are based on quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments at December 31, 2024 and 2023, respectively, based on the inputs used to value them:

December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 2,802,995	\$ -	\$ -	\$ 2,802,995
Corporate Bonds	-	68,343,561	-	68,343,561
Mutual Fund	10,949,707	-	-	10,949,707
Exchange Traded Fund	30,654,201	-	-	30,654,201
U.S. Government Securities	-	84,349,593	-	84,349,593
Total Assets in the Fair Value Hierarchy	<u>\$ 44,406,903</u>	<u>\$ 152,693,154</u>	<u>\$ -</u>	197,100,057
Investments Measured at Net Asset Value ^A				<u>23,129,154</u>
				<u>\$ 220,229,211</u>

December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 1,908,782	\$ -	\$ -	\$ 1,908,782
Corporate Bonds	-	54,960,447	-	54,960,447
Mutual Fund	10,261,255	-	-	10,261,255
Exchange Traded Fund	24,562,576	-	-	24,562,576
U.S. Government Securities	-	78,827,072	-	78,827,072
Total Assets in the Fair Value Hierarchy	<u>\$ 36,732,613</u>	<u>\$ 133,787,519</u>	<u>\$ -</u>	170,520,132
Investments Measured at Net Asset Value ^A				<u>18,734,681</u>
				<u>\$ 189,254,813</u>

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

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

Level 1 investments consist of money market, mutual and exchange traded funds actively traded on a national exchange. Level 2 investments consist of corporate bonds and U.S. government securities valued using matrices of trades in similar securities or third party pricing vendors. The common funds and limited partnership are valued at net asset value based principally on market prices of the underlying securities. The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value are as follows:

	Fair Value at December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
NTGI Daily EAFE Index Fund				
Non Lending	\$ 5,383,767	None	Daily	1 Day
NTGI-QM Common Daily Russell 1000				
Growth Equity Index Fund	12,349,722	None	Daily	1 Day
Boyd Watterson GSA Fund, LP	5,395,665	None	Quarterly	Quarterly

The investment strategies for these investments are as follows:

NTGI-QM Common Daily Russell 1000 Growth Equity Index Fund seeks to approximate the overall performance of the common stocks including in the Russell 1000 Growth Index. The Index is commonly used to represent the large cap segment of the U.S. market.

NTGI Daily EAFE Index Fund Non Lending seeks to approximate overall performance of MSCI Europe, Australasia, and Far East (MSCI EAFE) Index.

Boyd Watterson GSA Fund, LP was formed to operate as a perpetual life investment fund to invest in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and market value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and unrealized appreciation in fair value of investments results in differences in reporting on the financial statements and Form 5500.

G. Tax-Exempt Status

No provision for federal or California income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i.

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Tax-Exempt Status (Continued)

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

H. Administrative Charges and Fees

The plan agreement provides that administrative charges may be made against participant accounts for check fees, enrollment fees and quarterly fees. Administrative charges consist of:

1. A one time charge of \$25.00 for each participant upon first entering the Plan.
2. A quarterly fee from each participant of \$14.50. The Plan credits participants \$2.00 per quarter for a participant's account statement delivered via the internet.
3. A fee of \$17.50 for any manual check for claims submitted and paid the same day.
4. Fees from the Alternate Benefit Account (AB): A check transaction fee from the account of each participant covered under the Flex Plan for each payment of premium(s) as follows:

Monthly Premium Payments

Medical Insurance	\$ 2.50
Dental Insurance	1.00
Disability Insurance (Individual)	1.00
Disability Insurance	.50
Group Term Life	.50
Vision Insurance	.50

5. Additional fees are assessed, which are subject to eligibility as follows:

Claims Processing Fees	\$ 2.50
Direct Payment to Provider	5.00
Direct Payment to Provider + Manual Check	10.00
Credit Card Convenience Fee	28.00
Insurance Reinstatement Fee	20.00
NSF/Returned Item Fee	20.00

All fees charged directly to the participants are treated as income by the Plan, offset by direct expenses charged by Benefit Plans, Inc. (BPI) for participant directed transactions.

BPI monthly administrative fees were \$8.82 per participant. Effective April 1, 2024, the fees increased to \$9.08 per participant.

In addition, other professional fees and administrative expenses are charged to the Plan. Total administrative fees of \$4,573,207 and \$4,307,655 were charged to the Plan for the years ended December 31, 2024 and 2023, respectively, and consisted of the following:

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Administrative Charges and Fees (Continued)

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
Administrative Fees	\$ 3,714,552	\$ 3,556,023
Delta Administrative Fees	35,567	37,962
Legal Fees	24,500	20,238
Audit Fees	35,550	34,600
Postage Expenses	72,220	60,782
Printing Expenses	17,161	18,038
Bank Fees	99,317	77,009
Investment Advisor Fees	230,562	210,932
Copy Expenses	34,922	42,327
Insurance	64,553	61,829
Consulting Fees	101,689	64,019
Merchant Fees	13,738	16,879
Computer Expenses	38,896	18,668
Miscellaneous Expenses	6,312	8,027
ACA Fees	83,668	80,322
Total Administrative Expenses	<u>\$ 4,573,207</u>	<u>\$ 4,307,655</u>

NOTE 3 - FUNDING POLICY

The Plan has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of their collective bargaining agreements. Contributions are based on various contribution rates, such rates being included in the computation of the employee's benefit. Contributions are made on a monthly basis throughout the year. In certain cases, participants may contribute to the Plan in order to maintain coverage.

NOTE 4 - TERMINATION

Upon the termination of the Plan, any monies remaining after payment of administrative fees and charges shall be used for the continuance of one or more benefits of the Plan for the benefit of the participants until funds are exhausted. In no event shall any funds of the Plan be used for any purpose other than as provided for in the plan agreement, nor returned to the employer nor returned to a participant except in the form of non-taxable benefits, provided, however, that if the Plan is terminated, any amounts subsequently forfeited by the participant shall revert back to the employer.

NOTE 5 - RELATED PARTY TRANSACTIONS

The Plan shares its accounting and record-keeping systems with the Entertainment Industry 401(k) Plan (401(k) Plan), a related defined contribution pension plan. The 401(k) Plan is related by common participating employers and participants. The Plan receives contributions and makes disbursements on behalf of the 401(k) Plan. The Plan collected \$76,588,591 and \$51,003,785 in contributions, paid \$24,290 and \$17,654 in fees and transferred \$73,977,683 and \$54,823,032 to Empower on behalf of the 401(k) Plan for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024, and 2023, respectively, the Plan owed \$5,682,292 and \$2,955,315 to the 401(k) Plan.

ENTERTAINMENT INDUSTRY FLEX PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - RELATED PARTY TRANSACTIONS (Continued)

The majority of Plan investments are provided by Morgan Stanley. Graystone Consulting, a separate business unit of Morgan Stanley, serves as the Plan investment advisor. Purchases and sales transactions in these accounts, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 6 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 22, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

SCHEDULE H, PART IV, LINE 4

E.I.N. 95-6832043; PLAN NO. 501

SUPPLEMENTAL SCHEDULE REQUIRED
BY THE DEPARTMENT OF LABOR



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

Board of Trustees
Entertainment Industry Flex Plan
P.O. Box 17928
Los Angeles, California 90017

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 22, 2025

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

No. of Units	<u>Money Market Fund</u>	Interest Rate (%)	Maturity Date	Fair Value	Cost
2,802,995	Morgan Stanley Money Market Fund	Var.	-	<u>\$ 2,802,995</u>	<u>\$ 2,802,995</u>
Par Value	<u>Corporate Bonds</u>				
\$ 650,000	Abbott Laboratories	3.75	11/30/26	\$ 642,398	\$ 747,114
500,000	Abbvie Inc	3.20	11/21/29	464,545	455,461
410,000	Aercap Ireland Capital Dac	3.00	10/29/28	379,783	374,467
415,000	Air Lease Corp	5.85	12/15/27	425,400	429,579
153,000	Air Lease Corp	4.63	10/01/28	150,587	157,036
500,000	Amazon.com Inc	4.65	12/01/29	503,305	508,065
970,000	American Express	4.87	05/15/28	975,114	973,004
258,000	American Honda Finance Corp	1.00	09/10/25	251,633	238,396
750,000	American Water Capital Corp	2.95	09/01/27	717,188	747,533
267,000	Amgen Inc	2.20	02/21/27	253,185	256,405
750,000	Amgen Inc	5.15	03/02/28	755,400	772,385
365,000	Aon Corp	8.21	01/01/27	383,938	491,203
356,000	Aon North America Inc	5.13	03/01/27	358,647	355,306
735,000	Autozone Inc	3.75	06/01/27	718,312	826,262
495,000	BACCT	4.93	05/15/29	499,736	496,451
744,000	Bank of America Corp	1.73	07/22/27	709,337	666,918
223,000	Bank of America Corp	3.56	04/23/27	219,441	237,848
1,100,000	Bank of America Corp	5.02	07/22/33	1,078,462	1,085,684
393,000	Bank of America Corp	3.42	12/20/28	376,651	376,577
500,000	Bank of America Corp	4.57	04/27/33	475,415	474,914
197,000	Bank of New York Mellon Corp	5.80	10/25/28	202,228	205,794
458,000	Boeing Co	2.70	02/01/27	436,552	427,733
1,425,000	BP Capital Markets America Inc	3.80	09/21/25	1,418,659	1,539,054
730,000	Broadcom Corp	3.13	01/15/25	729,555	750,690
725,000	Camden Property Trust	3.15	07/01/29	673,830	723,195
750,000	Campbell Soup Co	4.15	03/15/28	732,060	742,083
800,000	Capital One Financial Corp	3.80	01/31/28	772,272	814,408
376,000	Capital One Financial Corp	1.88	11/02/27	355,234	357,899
212,000	Capital One Financial Corp	7.15	10/29/27	219,999	222,367
300,000	Carmax	4.85	01/15/30	301,299	299,962
715,000	CD MTG TR	3.35	11/15/49	301,052	299,763
253,000	Centene Corp	4.25	02/15/27	245,461	243,940
267,000	Charles Schwab Corp	0.90	03/11/26	255,507	236,263
176,000	Cheniere Corpus Christi Holdings	5.13	05/30/27	176,957	181,251
850,000	Citigroup Inc	3.20	10/21/26	826,999	841,977
500,000	Citigroup Inc	4.91	05/24/33	483,590	489,833
235,000	Citigroup Inc	3.07	02/24/28	225,967	221,442
723,000	Citigroup Inc	1.46	06/09/27	688,376	644,219
500,000	Citigroup Inc	5.17	02/13/30	499,525	509,388
398,000	Citigroup Inc	1.12	01/28/27	382,207	355,513
500,000	CNH Industrial Capital LLC	4.55	04/10/28	493,170	494,664
770,000	Costco Wholesale Corp	1.38	06/20/27	715,854	770,729
156,000	Cubsmart LP	3.13	09/01/26	151,686	149,836
500,000	Cummins Inc	5.15	02/20/34	501,393	516,843
250,000	CSAIL COML MTG TR	3.45	08/15/48	136,413	131,379
664,000	CVS Health Corp	3.88	07/20/25	659,926	679,370
358,000	Dell International LLC	6.02	06/15/26	<u>363,246</u>	<u>365,000</u>
<u>Forward</u>				\$ 23,287,494	\$ 23,885,203

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 23,287,494	\$ 23,885,203
\$ 460,000	Dell International LLC	4.90	10/01/26	461,339	462,427
251,000	DTE Energy Co	4.95	07/01/27	251,873	257,336
425,000	Duke Energy Corp	3.15	08/15/27	408,068	423,806
613,000	Duke Energy Corp	3.15	08/15/27	588,578	594,649
216,000	Edison International	5.75	06/15/27	219,704	220,547
1,000,000	Eli Lilly & Co	3.38	03/15/29	953,000	932,533
201,000	Energy Transfer LP	4.95	06/15/28	200,765	207,602
502,000	Energy Transfer LP	4.95	05/15/28	501,797	504,951
244,000	EPR Properties	4.75	12/15/26	242,002	228,272
172,000	Equifax Inc	5.10	12/15/27	173,010	178,856
750,000	Fifth Third Bancorp	6.34	07/27/29	778,043	796,534
242,000	Fifth Third Bancorp	6.36	10/27/28	250,262	261,596
244,000	First-Citizens Bank & Trust	6.13	03/09/28	250,673	260,442
200,000	Ford Motor Credit Co LLC	6.95	03/06/26	203,592	201,000
600,000	Ford Cr Auto Owner TR	4.96	05/15/30	605,372	599,973
750,000	General Motors Financial Co Inc	4.00	10/06/26	739,455	843,433
381,000	General Motors Financial Co Inc	4.35	01/17/27	376,710	363,327
500,000	Gilead Sciences Inc	3.65	03/01/26	494,000	556,856
490,000	GM Financial Consumer	4.85	12/18/28	492,503	489,217
135,000	GMCAR	5.28	10/16/29	136,741	134,967
519,000	Goldman Sachs Group Inc	3.69	06/05/28	504,167	500,313
640,000	Goldman Sachs Group Inc	1.95	10/21/27	607,200	569,662
500,000	Goldman Sachs Group Inc	2.60	02/07/30	443,175	499,825
242,000	Goldman Sachs Group Inc	1.43	03/09/27	232,315	221,118
500,000	Goldman Sachs Group Inc	6.56	10/24/34	537,595	547,387
600,000	Goldman Sachs Group Inc	6.13	02/15/33	638,640	668,397
489,000	Hanover Insurance Group Inc	2.50	09/01/30	421,134	507,572
495,000	Hartford Financial Services Group Inc	2.80	08/19/29	451,435	549,152
360,000	HCA Inc	5.25	06/15/26	360,896	365,749
500,000	HCA Inc	2.38	07/15/31	415,170	494,951
518,000	Hewlett Packard Enterprise Co	4.40	09/25/27	512,545	518,490
175,000	Host Hotels & Resorts LP	4.00	06/15/25	174,246	188,285
1,125,000	International Business Machines Corp	3.30	05/15/26	1,105,301	1,185,369
402,000	Invitation Homes Operating	2.30	11/15/28	362,964	356,266
500,000	John Deere Capital Corp	4.75	01/20/28	502,680	516,294
500,000	John Deere Capital Corp	4.95	07/14/28	504,963	506,083
850,000	John Deere Capital Corp	1.75	03/09/27	800,964	883,874
453,000	JPMCC COML MTG SEC TR	3.73	01/15/49	87,940	113,653
290,000	JPMCC COML MTG SEC TR	3.55	03/17/50	121,992	134,546
378,000	JPMCC COML MTG SEC TR	2.56	08/15/49	226,606	217,121
1,000,000	JPMorgan Chase & Co	3.54	05/01/28	971,590	1,092,653
373,000	JPMorgan Chase & Co	4.01	04/23/29	361,706	376,507
256,000	JPMorgan Chase & Co	3.78	02/01/28	250,591	247,526
531,000	JPMorgan Chase & Co	1.58	04/22/27	509,691	483,362
475,000	Keurig Dr Pepper Inc	4.05	04/15/32	444,481	472,768
189,000	Key Corp	2.25	04/06/27	178,384	180,950
225,000	Kimco Realty Op LLC	3.80	04/01/27	220,373	219,478
400,000	Kraft Heinz Foods Co	3.88	05/15/27	391,876	386,469
187,000	Kyndryl Holdings Inc	2.05	10/15/26	177,801	172,361
	<u>Forward</u>			\$ 44,133,402	\$ 45,579,708

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 44,133,402	\$ 45,579,708
\$ 166,000	Kyndryl Holdings Inc	2.70	10/15/28	152,073	154,072
170,000	Lockheed Martin Corp	3.55	01/15/26	168,413	182,726
500,000	Lowe's Cos Inc	4.80	04/01/26	500,948	504,878
265,000	LPL Holdings Inc	5.70	05/20/27	268,244	264,899
300,000	Martin Marietta Materials Inc	3.50	12/15/27	289,667	281,453
179,300	Micron Technology Inc	4.19	02/15/27	176,464	179,249
750,000	Motorola Solutions Inc	4.60	05/23/29	737,951	759,241
179,000	MPLX LP	4.13	03/01/27	176,410	178,692
411,000	Mylan Inc	4.55	04/15/28	402,579	408,413
750,000	National Rural Utilities Cooperative	3.25	11/01/25	740,880	793,008
750,000	Netflix Inc	4.90	08/15/34	735,525	757,683
176,000	Nextera Energy Capital Holdings Inc	3.55	05/01/27	171,510	169,607
1,000,000	Northrop Grumman Corp	4.90	06/01/34	975,710	1,007,477
500,000	Nvidia Corp	3.20	09/16/26	490,355	482,419
500,000	Nvidia Corp	2.85	04/01/30	458,110	454,914
253,000	Occidental Petroleum Corp	6.38	09/01/28	261,228	265,484
755,000	Omnicom Group Inc	2.45	04/30/30	662,999	752,607
650,000	Oracle Corp	2.80	04/01/27	624,020	691,763
394,000	Oracle Corp	3.25	11/15/27	378,966	388,262
1,000,000	Pepsico Inc	4.45	02/15/33	990,900	972,793
130,000	Pioneer Natural Resources Co	5.10	03/29/26	130,888	129,936
450,000	Plains All American Pipeline LP	4.50	12/15/26	447,822	439,886
400,000	PNC Financial Services Group Inc	2.60	07/23/26	387,674	419,624
250,000	PNC Financial Services Group Inc	5.30	01/21/28	252,123	253,188
410,000	Public Storage	1.85	05/01/28	373,941	411,106
286,000	Regions Financial Corp	1.80	08/12/28	254,956	248,480
241,000	Royal Bank of Canada	6.00	11/01/27	248,907	248,692
108,000	Sabine Pass Liquefaction LLC	5.63	03/01/25	108,041	108,041
255,000	Sabine Pass Liquefaction LLC	5.88	06/30/26	257,402	259,463
263,000	Sempra	3.40	02/01/28	251,417	256,514
226,000	Southern California Edison Co	4.88	02/01/27	226,693	225,955
325,000	Southern Co	3.25	07/01/26	318,383	308,058
201,000	Southwest Airlines Co	5.13	06/15/27	202,115	207,559
81,000	Southwestern Electric Power Co	1.65	03/15/26	77,941	74,109
230,000	Sprint Capital Corp	6.88	11/15/28	244,262	250,821
255,000	T-Mobile USA Inc	3.75	04/15/27	249,099	236,139
500,000	T-Mobile USA Inc	4.75	02/01/28	496,735	501,394
83,000	T-Mobile USA Inc	4.95	03/15/28	83,032	82,827
298,000	Targa Resources Prtnrs LP	5.00	01/15/28	294,785	297,834
740,000	TJX Cos Inc	2.25	09/15/26	713,475	788,944
455,000	Toronto-Dominion Bank	0.75	01/06/26	437,696	454,331
261,000	Toronto-Dominion Bank	2.80	03/10/27	250,377	241,598
382,000	Truist Financial Corp	4.12	06/05/28	375,006	376,156
500,000	Truist Financial Corp	6.12	10/28/33	520,995	537,258
130,000	UBS COML MTG TR	3.35	11/15/50	70,937	82,864
152,000	United Continental Holdings Inc	4.88	01/15/25	151,632	158,430
355,000	US Bancorp	4.55	07/22/28	352,057	360,830
705,000	Valero Energy Corp	2.15	09/15/27	659,186	724,999
750,000	Verizon Communications Inc	4.02	12/03/29	719,580	903,084
	<u>Forward</u>			\$ 62,653,511	\$ 64,817,468

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 62,653,511	\$ 64,817,468
\$ 270,000	VERIZON MA TR	4.17	08/20/30	267,375	269,930
725,000	VZMT	5.34	04/20/27	737,143	733,233
489,000	VMware Inc	1.40	08/15/26	463,220	428,323
815,000	Wells Fargo & Co	3.58	05/22/28	789,841	769,974
1,500,000	Wells Fargo & Co	5.20	01/23/30	1,503,330	1,512,566
455,000	Wells Fargo & Co	3.53	03/24/28	441,241	414,637
125,000	WFCM	3.64	06/15/48	124,215	119,447
260,000	Well Tower OP LLC	2.70	02/15/27	249,974	247,004
181,000	Williams Cos Inc	3.75	06/15/27	176,423	180,369
362,000	Williams Cos Inc	4.00	09/15/25	360,248	355,241
180,000	Willis North America Inc	4.65	06/15/27	179,559	179,851
400,000	WRKCo Inc	4.90	03/15/29	397,481	393,521
	<u>TOTAL - CORPORATE BONDS</u>			<u>\$ 68,343,561</u>	<u>\$ 70,421,564</u>

U.S. Government Securities

\$ 500,000	Met Govt Nashville & Davidson	4.05	07/01/26	\$ 497,060	\$ 539,046
1,804,000	U.S. Treasury Notes	4.00	12/15/25	1,801,252	1,801,677
2,829,000	U.S. Treasury Notes	4.00	02/15/26	2,822,259	2,814,934
500,000	U.S. Treasury Notes	2.25	03/31/26	488,018	494,175
2,491,000	U.S. Treasury Notes	3.75	04/15/26	2,475,626	2,483,164
1,222,000	U.S. Treasury Notes	1.63	05/15/26	1,179,683	1,088,346
500,000	U.S. Treasury Notes	2.13	05/31/26	485,635	466,669
135,000	U.S. Treasury Notes	4.13	06/15/26	134,802	136,667
2,802,000	U.S. Treasury Notes	4.13	06/15/26	2,797,896	2,800,098
1,750,000	U.S. Treasury Notes	4.50	07/15/26	1,756,665	1,759,000
750,000	U.S. Treasury Notes	0.63	07/31/26	709,028	746,890
1,000,000	U.S. Treasury Notes	3.75	08/31/26	992,305	1,003,035
2,074,000	U.S. Treasury Notes	4.63	09/15/26	2,086,679	2,089,345
3,200,000	U.S. Treasury Notes	4.13	10/31/26	3,193,375	3,199,375
1,983,000	U.S. Treasury Notes	4.00	01/15/27	1,973,937	1,967,870
800,000	U.S. Treasury Notes	1.50	01/31/27	756,781	802,945
500,000	U.S. Treasury Notes	2.25	02/15/27	480,039	494,166
500,000	U.S. Treasury Notes	4.13	02/15/27	498,789	499,227
1,307,000	U.S. Treasury Notes	4.13	02/15/27	1,303,835	1,292,080
1,010,000	U.S. Treasury Notes	4.50	04/15/27	1,015,445	1,019,661
1,005,000	U.S. Treasury Notes	4.63	06/15/27	1,013,754	1,030,915
1,000,000	U.S. Treasury Notes	3.75	08/15/27	987,461	999,097
1,556,000	U.S. Treasury Notes	3.38	09/15/27	1,521,112	1,532,714
4,000,000	U.S. Treasury Notes	3.88	10/15/27	3,958,906	3,981,544
1,540,000	U.S. Treasury Notes	4.13	11/15/27	1,533,623	1,539,719
2,500,000	U.S. Treasury Notes	3.88	11/30/27	2,473,047	2,512,027
4,550,000	U.S. Treasury Notes	3.88	12/31/27	4,499,701	4,578,851
400,000	U.S. Treasury Notes	3.50	04/30/28	390,031	399,770
2,060,000	U.S. Treasury Notes	4.00	06/30/28	2,039,320	2,046,744
	<u>Forward</u>			<u>\$ 45,866,064</u>	<u>\$ 46,119,751</u>

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	U.S. Government Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 45,866,064	\$ 46,119,751
\$ 250,000	U.S. Treasury Notes	4.13	07/31/28	248,330	251,213
400,000	U.S. Treasury Notes	2.88	08/15/28	380,688	502,441
500,000	U.S. Treasury Notes	4.38	11/30/28	500,391	506,102
450,000	U.S. Treasury Notes	4.13	03/31/29	445,799	442,300
750,000	U.S. Treasury Notes	4.00	07/31/29	738,457	763,673
50,000	U.S. Treasury Notes	1.63	08/15/29	222,002	229,269
1,000,000	U.S. Treasury Notes	4.00	10/31/29	983,516	990,989
2,000,000	U.S. Treasury Notes	4.13	10/31/29	1,977,734	1,999,063
1,475,000	U.S. Treasury Notes	3.88	11/30/29	1,442,504	1,506,850
1,250,000	U.S. Treasury Notes	3.50	01/31/30	1,199,756	1,243,912
850,000	U.S. Treasury Notes	1.50	02/15/30	738,404	915,358
950,000	U.S. Treasury Notes	4.00	02/28/30	932,967	946,904
500,000	U.S. Treasury Notes	3.50	04/30/30	478,691	493,332
1,750,000	U.S. Treasury Notes	3.75	06/30/30	1,693,604	1,738,391
1,800,000	U.S. Treasury Notes	4.88	10/31/30	1,840,781	1,833,532
650,000	U.S. Treasury Notes	4.38	11/30/30	647,918	668,817
925,000	U.S. Treasury Notes	3.75	12/31/30	891,649	915,156
1,550,000	U.S. Treasury Notes	4.25	02/28/31	1,632,275	1,647,935
500,000	U.S. Treasury Notes	4.63	04/30/31	504,492	505,415
500,000	U.S. Treasury Notes	4.63	05/31/31	504,336	506,335
600,000	U.S. Treasury Notes	4.25	06/30/31	592,734	599,968
750,000	U.S. Treasury Notes	3.75	08/31/31	718,945	761,337
2,200,000	U.S. Treasury Notes	3.63	09/30/31	2,091,891	2,141,271
300,000	U.S. Treasury Notes	4.13	10/31/31	293,813	298,242
1,600,000	U.S. Treasury Notes	4.13	11/30/31	1,566,500	1,599,475
2,600,000	U.S. Treasury Notes	2.88	05/15/32	2,336,953	2,617,430
500,000	U.S. Treasury Notes	2.75	08/15/32	532,547	564,711
400,000	U.S. Treasury Notes	3.50	02/15/33	372,375	404,931
200,000	U.S. Treasury Notes	3.38	05/15/33	183,906	152,704
485,000	U.S. Treasury Notes	3.88	08/15/33	461,925	458,531
350,000	U.S. Treasury Notes	4.50	11/15/33	348,688	368,113
1,150,000	U.S. Treasury Notes	4.00	02/15/34	1,101,844	1,117,204
1,160,000	U.S. Treasury Notes	4.38	05/15/34	1,143,234	1,226,952
550,000	U.S. Treasury Notes	3.88	08/15/34	520,480	555,363
5,713	Federal National MTG ASSN Pool	3.50	09/01/25	5,678	9,378
6,289	Federal National MTG ASSN Pool	3.50	02/01/26	6,237	8,778
8,915	Federal National MTG ASSN Pool	3.50	03/01/26	8,842	11,971
402,356	Federal National MTG ASSN Pool	2.00	12/01/35	359,095	422,177
450,021	Federal National MTG ASSN Pool	2.00	01/01/36	400,540	465,930
444,562	Federal National MTG ASSN Pool	2.00	01/01/36	394,042	462,512
794,513	Federal National MTG ASSN Pool	3.00	09/01/37	739,183	730,217
52,586	Federal National MTG ASSN Pool	3.50	08/01/44	47,468	58,740
125,176	Federal National MTG ASSN Pool	4.00	09/01/45	116,197	142,896
90,748	Federal National MTG ASSN Pool	3.50	02/01/49	81,187	99,084
3,969,982	Federal National MTG ASSN Pool	5.50	08/01/53	3,919,484	3,765,627
18,494	FHLMC 15 YR GOLD	3.00	11/01/26	18,273	22,330
31,834	FHLMC 15 YR GOLD	3.00	05/01/27	31,322	37,822
431,791	FHLMC 15 YR GOLD	2.00	01/01/36	388,909	456,353
	<u>Forward</u>			\$ 82,652,650	\$ 84,286,785

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

<u>Par Value</u>	<u>U.S. Government Securities (Continued)</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 82,652,650	\$ 84,286,785
\$ 431,660	FHLMC 15 YR GOLD	4.00	08/01/38	414,377	418,253
82,196	FHLMC 30 YR GOLD	4.00	02/01/46	75,541	93,775
1,247,302	FHLMC 30 YR GOLD	5.00	02/01/53	<u>1,207,025</u>	<u>1,223,098</u>
	<u>TOTAL - U.S. GOVERNMENT SECURITIES</u>			<u>\$ 84,349,593</u>	<u>\$ 86,021,911</u>

ENTERTAINMENT INDUSTRY FLEX PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6832043; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Fund</u>	<u>Fair Value</u>	<u>Cost</u>
700,557	LAZARD GLB LSTD INFR PTF INST	<u>\$ 10,949,707</u>	<u>\$ 10,771,993</u>
	<u>Exchange Traded Fund</u>		
174,937	Invesco S&P 500 Equal Weight ETF	<u>\$ 30,654,201</u>	<u>\$ 25,546,733</u>
	<u>Limited Partnership</u>		
	BOYD WATTERSON GSA Fund, LP	<u>\$ 5,395,665</u>	<u>\$ 5,000,000</u>
	<u>Common Funds</u>		
19,914	NTGI-QM Common Daily Russell 1000 Growth Equity Index Fund	\$ 12,349,722	\$ 5,080,331
37,058	NTGI Daily EAFE Index Fund Non Lending	<u>5,383,767</u>	<u>4,578,044</u>
	<u>TOTAL - COMMON FUNDS</u>	<u>\$ 17,733,489</u>	<u>\$ 9,658,375</u>

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

No. of Units	<u>Money Market Fund</u>	Interest Rate (%)	Maturity Date	Fair Value	Cost
2,802,995	Morgan Stanley Money Market Fund	Var.	-	<u>\$ 2,802,995</u>	<u>\$ 2,802,995</u>
Par Value	<u>Corporate Bonds</u>				
\$ 650,000	Abbott Laboratories	3.75	11/30/26	\$ 642,398	\$ 747,114
500,000	Abbvie Inc	3.20	11/21/29	464,545	455,461
410,000	Aercap Ireland Capital Dac	3.00	10/29/28	379,783	374,467
415,000	Air Lease Corp	5.85	12/15/27	425,400	429,579
153,000	Air Lease Corp	4.63	10/01/28	150,587	157,036
500,000	Amazon.com Inc	4.65	12/01/29	503,305	508,065
970,000	American Express	4.87	05/15/28	975,114	973,004
258,000	American Honda Finance Corp	1.00	09/10/25	251,633	238,396
750,000	American Water Capital Corp	2.95	09/01/27	717,188	747,533
267,000	Amgen Inc	2.20	02/21/27	253,185	256,405
750,000	Amgen Inc	5.15	03/02/28	755,400	772,385
365,000	Aon Corp	8.21	01/01/27	383,938	491,203
356,000	Aon North America Inc	5.13	03/01/27	358,647	355,306
735,000	Autozone Inc	3.75	06/01/27	718,312	826,262
495,000	BACCT	4.93	05/15/29	499,736	496,451
744,000	Bank of America Corp	1.73	07/22/27	709,337	666,918
223,000	Bank of America Corp	3.56	04/23/27	219,441	237,848
1,100,000	Bank of America Corp	5.02	07/22/33	1,078,462	1,085,684
393,000	Bank of America Corp	3.42	12/20/28	376,651	376,577
500,000	Bank of America Corp	4.57	04/27/33	475,415	474,914
197,000	Bank of New York Mellon Corp	5.80	10/25/28	202,228	205,794
458,000	Boeing Co	2.70	02/01/27	436,552	427,733
1,425,000	BP Capital Markets America Inc	3.80	09/21/25	1,418,659	1,539,054
730,000	Broadcom Corp	3.13	01/15/25	729,555	750,690
725,000	Camden Property Trust	3.15	07/01/29	673,830	723,195
750,000	Campbell Soup Co	4.15	03/15/28	732,060	742,083
800,000	Capital One Financial Corp	3.80	01/31/28	772,272	814,408
376,000	Capital One Financial Corp	1.88	11/02/27	355,234	357,899
212,000	Capital One Financial Corp	7.15	10/29/27	219,999	222,367
300,000	Carmax	4.85	01/15/30	301,299	299,962
715,000	CD MTG TR	3.35	11/15/49	301,052	299,763
253,000	Centene Corp	4.25	02/15/27	245,461	243,940
267,000	Charles Schwab Corp	0.90	03/11/26	255,507	236,263
176,000	Cheniere Corpus Christi Holdings	5.13	05/30/27	176,957	181,251
850,000	Citigroup Inc	3.20	10/21/26	826,999	841,977
500,000	Citigroup Inc	4.91	05/24/33	483,590	489,833
235,000	Citigroup Inc	3.07	02/24/28	225,967	221,442
723,000	Citigroup Inc	1.46	06/09/27	688,376	644,219
500,000	Citigroup Inc	5.17	02/13/30	499,525	509,388
398,000	Citigroup Inc	1.12	01/28/27	382,207	355,513
500,000	CNH Industrial Capital LLC	4.55	04/10/28	493,170	494,664
770,000	Costco Wholesale Corp	1.38	06/20/27	715,854	770,729
156,000	Cubsmart LP	3.13	09/01/26	151,686	149,836
500,000	Cummins Inc	5.15	02/20/34	501,393	516,843
250,000	CSAIL COML MTG TR	3.45	08/15/48	136,413	131,379
664,000	CVS Health Corp	3.88	07/20/25	659,926	679,370
358,000	Dell International LLC	6.02	06/15/26	<u>363,246</u>	<u>365,000</u>
<u>Forward</u>				\$ 23,287,494	\$ 23,885,203

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 23,287,494	\$ 23,885,203
\$ 460,000	Dell International LLC	4.90	10/01/26	461,339	462,427
251,000	DTE Energy Co	4.95	07/01/27	251,873	257,336
425,000	Duke Energy Corp	3.15	08/15/27	408,068	423,806
613,000	Duke Energy Corp	3.15	08/15/27	588,578	594,649
216,000	Edison International	5.75	06/15/27	219,704	220,547
1,000,000	Eli Lilly & Co	3.38	03/15/29	953,000	932,533
201,000	Energy Transfer LP	4.95	06/15/28	200,765	207,602
502,000	Energy Transfer LP	4.95	05/15/28	501,797	504,951
244,000	EPR Properties	4.75	12/15/26	242,002	228,272
172,000	Equifax Inc	5.10	12/15/27	173,010	178,856
750,000	Fifth Third Bancorp	6.34	07/27/29	778,043	796,534
242,000	Fifth Third Bancorp	6.36	10/27/28	250,262	261,596
244,000	First-Citizens Bank & Trust	6.13	03/09/28	250,673	260,442
200,000	Ford Motor Credit Co LLC	6.95	03/06/26	203,592	201,000
600,000	Ford Cr Auto Owner TR	4.96	05/15/30	605,372	599,973
750,000	General Motors Financial Co Inc	4.00	10/06/26	739,455	843,433
381,000	General Motors Financial Co Inc	4.35	01/17/27	376,710	363,327
500,000	Gilead Sciences Inc	3.65	03/01/26	494,000	556,856
490,000	GM Financial Consumer	4.85	12/18/28	492,503	489,217
135,000	GMCAR	5.28	10/16/29	136,741	134,967
519,000	Goldman Sachs Group Inc	3.69	06/05/28	504,167	500,313
640,000	Goldman Sachs Group Inc	1.95	10/21/27	607,200	569,662
500,000	Goldman Sachs Group Inc	2.60	02/07/30	443,175	499,825
242,000	Goldman Sachs Group Inc	1.43	03/09/27	232,315	221,118
500,000	Goldman Sachs Group Inc	6.56	10/24/34	537,595	547,387
600,000	Goldman Sachs Group Inc	6.13	02/15/33	638,640	668,397
489,000	Hanover Insurance Group Inc	2.50	09/01/30	421,134	507,572
495,000	Hartford Financial Services Group Inc	2.80	08/19/29	451,435	549,152
360,000	HCA Inc	5.25	06/15/26	360,896	365,749
500,000	HCA Inc	2.38	07/15/31	415,170	494,951
518,000	Hewlett Packard Enterprise Co	4.40	09/25/27	512,545	518,490
175,000	Host Hotels & Resorts LP	4.00	06/15/25	174,246	188,285
1,125,000	International Business Machines Corp	3.30	05/15/26	1,105,301	1,185,369
402,000	Invitation Homes Operating	2.30	11/15/28	362,964	356,266
500,000	John Deere Capital Corp	4.75	01/20/28	502,680	516,294
500,000	John Deere Capital Corp	4.95	07/14/28	504,963	506,083
850,000	John Deere Capital Corp	1.75	03/09/27	800,964	883,874
453,000	JPMCC COML MTG SEC TR	3.73	01/15/49	87,940	113,653
290,000	JPMCC COML MTG SEC TR	3.55	03/17/50	121,992	134,546
378,000	JPMCC COML MTG SEC TR	2.56	08/15/49	226,606	217,121
1,000,000	JPMorgan Chase & Co	3.54	05/01/28	971,590	1,092,653
373,000	JPMorgan Chase & Co	4.01	04/23/29	361,706	376,507
256,000	JPMorgan Chase & Co	3.78	02/01/28	250,591	247,526
531,000	JPMorgan Chase & Co	1.58	04/22/27	509,691	483,362
475,000	Keurig Dr Pepper Inc	4.05	04/15/32	444,481	472,768
189,000	Key Corp	2.25	04/06/27	178,384	180,950
225,000	Kimco Realty Op LLC	3.80	04/01/27	220,373	219,478
400,000	Kraft Heinz Foods Co	3.88	05/15/27	391,876	386,469
187,000	Kyndryl Holdings Inc	2.05	10/15/26	177,801	172,361
	<u>Forward</u>			\$ 44,133,402	\$ 45,579,708

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 44,133,402	\$ 45,579,708
\$ 166,000	Kyndryl Holdings Inc	2.70	10/15/28	152,073	154,072
170,000	Lockheed Martin Corp	3.55	01/15/26	168,413	182,726
500,000	Lowe's Cos Inc	4.80	04/01/26	500,948	504,878
265,000	LPL Holdings Inc	5.70	05/20/27	268,244	264,899
300,000	Martin Marietta Materials Inc	3.50	12/15/27	289,667	281,453
179,300	Micron Technology Inc	4.19	02/15/27	176,464	179,249
750,000	Motorola Solutions Inc	4.60	05/23/29	737,951	759,241
179,000	MPLX LP	4.13	03/01/27	176,410	178,692
411,000	Mylan Inc	4.55	04/15/28	402,579	408,413
750,000	National Rural Utilities Cooperative	3.25	11/01/25	740,880	793,008
750,000	Netflix Inc	4.90	08/15/34	735,525	757,683
176,000	Nextera Energy Capital Holdings Inc	3.55	05/01/27	171,510	169,607
1,000,000	Northrop Grumman Corp	4.90	06/01/34	975,710	1,007,477
500,000	Nvidia Corp	3.20	09/16/26	490,355	482,419
500,000	Nvidia Corp	2.85	04/01/30	458,110	454,914
253,000	Occidental Petroleum Corp	6.38	09/01/28	261,228	265,484
755,000	Omnicom Group Inc	2.45	04/30/30	662,999	752,607
650,000	Oracle Corp	2.80	04/01/27	624,020	691,763
394,000	Oracle Corp	3.25	11/15/27	378,966	388,262
1,000,000	Pepsico Inc	4.45	02/15/33	990,900	972,793
130,000	Pioneer Natural Resources Co	5.10	03/29/26	130,888	129,936
450,000	Plains All American Pipeline LP	4.50	12/15/26	447,822	439,886
400,000	PNC Financial Services Group Inc	2.60	07/23/26	387,674	419,624
250,000	PNC Financial Services Group Inc	5.30	01/21/28	252,123	253,188
410,000	Public Storage	1.85	05/01/28	373,941	411,106
286,000	Regions Financial Corp	1.80	08/12/28	254,956	248,480
241,000	Royal Bank of Canada	6.00	11/01/27	248,907	248,692
108,000	Sabine Pass Liquefaction LLC	5.63	03/01/25	108,041	108,041
255,000	Sabine Pass Liquefaction LLC	5.88	06/30/26	257,402	259,463
263,000	Sempra	3.40	02/01/28	251,417	256,514
226,000	Southern California Edison Co	4.88	02/01/27	226,693	225,955
325,000	Southern Co	3.25	07/01/26	318,383	308,058
201,000	Southwest Airlines Co	5.13	06/15/27	202,115	207,559
81,000	Southwestern Electric Power Co	1.65	03/15/26	77,941	74,109
230,000	Sprint Capital Corp	6.88	11/15/28	244,262	250,821
255,000	T-Mobile USA Inc	3.75	04/15/27	249,099	236,139
500,000	T-Mobile USA Inc	4.75	02/01/28	496,735	501,394
83,000	T-Mobile USA Inc	4.95	03/15/28	83,032	82,827
298,000	Targa Resources Prtnrs LP	5.00	01/15/28	294,785	297,834
740,000	TJX Cos Inc	2.25	09/15/26	713,475	788,944
455,000	Toronto-Dominion Bank	0.75	01/06/26	437,696	454,331
261,000	Toronto-Dominion Bank	2.80	03/10/27	250,377	241,598
382,000	Truist Financial Corp	4.12	06/05/28	375,006	376,156
500,000	Truist Financial Corp	6.12	10/28/33	520,995	537,258
130,000	UBS COML MTG TR	3.35	11/15/50	70,937	82,864
152,000	United Continental Holdings Inc	4.88	01/15/25	151,632	158,430
355,000	US Bancorp	4.55	07/22/28	352,057	360,830
705,000	Valero Energy Corp	2.15	09/15/27	659,186	724,999
750,000	Verizon Communications Inc	4.02	12/03/29	719,580	903,084
	<u>Forward</u>			\$ 62,653,511	\$ 64,817,468

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Corporate Bonds (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 62,653,511	\$ 64,817,468
\$ 270,000	VERIZON MA TR	4.17	08/20/30	267,375	269,930
725,000	VZMT	5.34	04/20/27	737,143	733,233
489,000	VMware Inc	1.40	08/15/26	463,220	428,323
815,000	Wells Fargo & Co	3.58	05/22/28	789,841	769,974
1,500,000	Wells Fargo & Co	5.20	01/23/30	1,503,330	1,512,566
455,000	Wells Fargo & Co	3.53	03/24/28	441,241	414,637
125,000	WFCM	3.64	06/15/48	124,215	119,447
260,000	Well Tower OP LLC	2.70	02/15/27	249,974	247,004
181,000	Williams Cos Inc	3.75	06/15/27	176,423	180,369
362,000	Williams Cos Inc	4.00	09/15/25	360,248	355,241
180,000	Willis North America Inc	4.65	06/15/27	179,559	179,851
400,000	WRKCo Inc	4.90	03/15/29	397,481	393,521
	<u>TOTAL - CORPORATE BONDS</u>			<u>\$ 68,343,561</u>	<u>\$ 70,421,564</u>

U.S. Government Securities

\$ 500,000	Met Govt Nashville & Davidson	4.05	07/01/26	\$ 497,060	\$ 539,046
1,804,000	U.S. Treasury Notes	4.00	12/15/25	1,801,252	1,801,677
2,829,000	U.S. Treasury Notes	4.00	02/15/26	2,822,259	2,814,934
500,000	U.S. Treasury Notes	2.25	03/31/26	488,018	494,175
2,491,000	U.S. Treasury Notes	3.75	04/15/26	2,475,626	2,483,164
1,222,000	U.S. Treasury Notes	1.63	05/15/26	1,179,683	1,088,346
500,000	U.S. Treasury Notes	2.13	05/31/26	485,635	466,669
135,000	U.S. Treasury Notes	4.13	06/15/26	134,802	136,667
2,802,000	U.S. Treasury Notes	4.13	06/15/26	2,797,896	2,800,098
1,750,000	U.S. Treasury Notes	4.50	07/15/26	1,756,665	1,759,000
750,000	U.S. Treasury Notes	0.63	07/31/26	709,028	746,890
1,000,000	U.S. Treasury Notes	3.75	08/31/26	992,305	1,003,035
2,074,000	U.S. Treasury Notes	4.63	09/15/26	2,086,679	2,089,345
3,200,000	U.S. Treasury Notes	4.13	10/31/26	3,193,375	3,199,375
1,983,000	U.S. Treasury Notes	4.00	01/15/27	1,973,937	1,967,870
800,000	U.S. Treasury Notes	1.50	01/31/27	756,781	802,945
500,000	U.S. Treasury Notes	2.25	02/15/27	480,039	494,166
500,000	U.S. Treasury Notes	4.13	02/15/27	498,789	499,227
1,307,000	U.S. Treasury Notes	4.13	02/15/27	1,303,835	1,292,080
1,010,000	U.S. Treasury Notes	4.50	04/15/27	1,015,445	1,019,661
1,005,000	U.S. Treasury Notes	4.63	06/15/27	1,013,754	1,030,915
1,000,000	U.S. Treasury Notes	3.75	08/15/27	987,461	999,097
1,556,000	U.S. Treasury Notes	3.38	09/15/27	1,521,112	1,532,714
4,000,000	U.S. Treasury Notes	3.88	10/15/27	3,958,906	3,981,544
1,540,000	U.S. Treasury Notes	4.13	11/15/27	1,533,623	1,539,719
2,500,000	U.S. Treasury Notes	3.88	11/30/27	2,473,047	2,512,027
4,550,000	U.S. Treasury Notes	3.88	12/31/27	4,499,701	4,578,851
400,000	U.S. Treasury Notes	3.50	04/30/28	390,031	399,770
2,060,000	U.S. Treasury Notes	4.00	06/30/28	2,039,320	2,046,744
	<u>Forward</u>			<u>\$ 45,866,064</u>	<u>\$ 46,119,751</u>

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

Par Value	U.S. Government Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Cost
	<u>Forwarded</u>			\$ 45,866,064	\$ 46,119,751
\$ 250,000	U.S. Treasury Notes	4.13	07/31/28	248,330	251,213
400,000	U.S. Treasury Notes	2.88	08/15/28	380,688	502,441
500,000	U.S. Treasury Notes	4.38	11/30/28	500,391	506,102
450,000	U.S. Treasury Notes	4.13	03/31/29	445,799	442,300
750,000	U.S. Treasury Notes	4.00	07/31/29	738,457	763,673
50,000	U.S. Treasury Notes	1.63	08/15/29	222,002	229,269
1,000,000	U.S. Treasury Notes	4.00	10/31/29	983,516	990,989
2,000,000	U.S. Treasury Notes	4.13	10/31/29	1,977,734	1,999,063
1,475,000	U.S. Treasury Notes	3.88	11/30/29	1,442,504	1,506,850
1,250,000	U.S. Treasury Notes	3.50	01/31/30	1,199,756	1,243,912
850,000	U.S. Treasury Notes	1.50	02/15/30	738,404	915,358
950,000	U.S. Treasury Notes	4.00	02/28/30	932,967	946,904
500,000	U.S. Treasury Notes	3.50	04/30/30	478,691	493,332
1,750,000	U.S. Treasury Notes	3.75	06/30/30	1,693,604	1,738,391
1,800,000	U.S. Treasury Notes	4.88	10/31/30	1,840,781	1,833,532
650,000	U.S. Treasury Notes	4.38	11/30/30	647,918	668,817
925,000	U.S. Treasury Notes	3.75	12/31/30	891,649	915,156
1,550,000	U.S. Treasury Notes	4.25	02/28/31	1,632,275	1,647,935
500,000	U.S. Treasury Notes	4.63	04/30/31	504,492	505,415
500,000	U.S. Treasury Notes	4.63	05/31/31	504,336	506,335
600,000	U.S. Treasury Notes	4.25	06/30/31	592,734	599,968
750,000	U.S. Treasury Notes	3.75	08/31/31	718,945	761,337
2,200,000	U.S. Treasury Notes	3.63	09/30/31	2,091,891	2,141,271
300,000	U.S. Treasury Notes	4.13	10/31/31	293,813	298,242
1,600,000	U.S. Treasury Notes	4.13	11/30/31	1,566,500	1,599,475
2,600,000	U.S. Treasury Notes	2.88	05/15/32	2,336,953	2,617,430
500,000	U.S. Treasury Notes	2.75	08/15/32	532,547	564,711
400,000	U.S. Treasury Notes	3.50	02/15/33	372,375	404,931
200,000	U.S. Treasury Notes	3.38	05/15/33	183,906	152,704
485,000	U.S. Treasury Notes	3.88	08/15/33	461,925	458,531
350,000	U.S. Treasury Notes	4.50	11/15/33	348,688	368,113
1,150,000	U.S. Treasury Notes	4.00	02/15/34	1,101,844	1,117,204
1,160,000	U.S. Treasury Notes	4.38	05/15/34	1,143,234	1,226,952
550,000	U.S. Treasury Notes	3.88	08/15/34	520,480	555,363
5,713	Federal National MTG ASSN Pool	3.50	09/01/25	5,678	9,378
6,289	Federal National MTG ASSN Pool	3.50	02/01/26	6,237	8,778
8,915	Federal National MTG ASSN Pool	3.50	03/01/26	8,842	11,971
402,356	Federal National MTG ASSN Pool	2.00	12/01/35	359,095	422,177
450,021	Federal National MTG ASSN Pool	2.00	01/01/36	400,540	465,930
444,562	Federal National MTG ASSN Pool	2.00	01/01/36	394,042	462,512
794,513	Federal National MTG ASSN Pool	3.00	09/01/37	739,183	730,217
52,586	Federal National MTG ASSN Pool	3.50	08/01/44	47,468	58,740
125,176	Federal National MTG ASSN Pool	4.00	09/01/45	116,197	142,896
90,748	Federal National MTG ASSN Pool	3.50	02/01/49	81,187	99,084
3,969,982	Federal National MTG ASSN Pool	5.50	08/01/53	3,919,484	3,765,627
18,494	FHLMC 15 YR GOLD	3.00	11/01/26	18,273	22,330
31,834	FHLMC 15 YR GOLD	3.00	05/01/27	31,322	37,822
431,791	FHLMC 15 YR GOLD	2.00	01/01/36	388,909	456,353
	<u>Forward</u>			\$ 82,652,650	\$ 84,286,785

ENTERTAINMENT INDUSTRY FLEX PLAN

FORM 5500

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

E.I.N. 95-6832043; PLAN NO. 501

DECEMBER 31, 2024

<u>Par Value</u>	<u>U.S. Government Securities</u> (Continued)	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 82,652,650	\$ 84,286,785
\$ 431,660	FHLMC 15 YR GOLD	4.00	08/01/38	414,377	418,253
82,196	FHLMC 30 YR GOLD	4.00	02/01/46	75,541	93,775
1,247,302	FHLMC 30 YR GOLD	5.00	02/01/53	<u>1,207,025</u>	<u>1,223,098</u>
	<u>TOTAL - U.S. GOVERNMENT SECURITIES</u>			<u>\$ 84,349,593</u>	<u>\$ 86,021,911</u>

ENTERTAINMENT INDUSTRY FLEX PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 95-6832043; PLAN NO. 501
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Mutual Fund</u>	<u>Fair Value</u>	<u>Cost</u>
700,557	LAZARD GLB LSTD INFR PTF INST	<u>\$ 10,949,707</u>	<u>\$ 10,771,993</u>
	<u>Exchange Traded Fund</u>		
174,937	Invesco S&P 500 Equal Weight ETF	<u>\$ 30,654,201</u>	<u>\$ 25,546,733</u>
	<u>Limited Partnership</u>		
	BOYD WATTERSON GSA Fund, LP	<u>\$ 5,395,665</u>	<u>\$ 5,000,000</u>
	<u>Common Funds</u>		
19,914	NTGI-QM Common Daily Russell 1000 Growth Equity Index Fund	\$ 12,349,722	\$ 5,080,331
37,058	NTGI Daily EAFE Index Fund Non Lending	<u>5,383,767</u>	<u>4,578,044</u>
	<u>TOTAL - COMMON FUNDS</u>	<u>\$ 17,733,489</u>	<u>\$ 9,658,375</u>