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**

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 MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN	**1b** Three-digit plan number (PN) ▶ 001 **1c** Effective date of plan 05/01/1981
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) MOTION PICTURE AND TELEVISION FUND 23388 MULHOLLAND DRIVE WOODLAND HILLS, CA 91364	**2b** Employer Identification Number (EIN) 95-1652916 **2c** Plan Sponsor's telephone number 818-876-1549 **2d** Business code (see instructions) 813000

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.	10/14/2025	RYAN BURKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN
a Sponsor's name **c** Plan Name	**4d** PN

5 Total number of participants at the beginning of the plan year	**5**	1040
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	171
a(2) Total number of active participants at the end of the plan year	**6a(2)**	148
b Retired or separated participants receiving benefits	**6b**	544
c Other retired or separated participants entitled to future benefits	**6c**	289
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	981
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	42
f Total. Add lines **6d** and **6e**.	**6f**	1023
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOTION PICTURE AND TELEVISION FUND	**D** Employer Identification Number (EIN) 95-1652916

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	47343994
b Actuarial value	**2b**	48897038

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	562	40631905	40631905
b For terminated vested participants	309	10485659	10485659
c For active participants	171	8398185	8398185
d Total	1042	59515749	59515749

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	937000
c Target normal cost	**6c**	937000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/02/2025

RACHEL BARNES, PHD, FSA, EA, MAAA
Type or print name of actuary

23-08043
Most recent enrollment number

NYHART
Firm name

317-845-3507
Telephone number (including area code)

530 B STREET
SUITE 900
SAN DIEGO, CA 92101
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3834847
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2255168
9 Amount remaining (line 7 minus line 8)	0	1579679
10 Interest on line 9 using prior year's actual return of 10.15 %	0	160339
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1740018

Part III Funding Percentages

14 Funding target attainment percentage	14	79.23 %
15 Adjusted funding target attainment percentage	15	79.23 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2025	336586	0			
08/26/2025	331200	0			
			Totals ► 18(b)	667786	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	625317

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	4.87 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	937000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12358729	1427435
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2364435

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1740018	1740018

36 Additional cash requirement (line 34 minus line 35)	**36**	624417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	625317

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	900
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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 MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOTION PICTURE AND TELEVISION FUND	**D** Employer Identification Number (EIN) 95-1652916

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

ASCENSUS LLC

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	88061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50	NONE	17701	Yes ☒ No ☐	Yes ☒ No ☐	10209	Yes ☐ No ☒

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

BRIDGE INVESTMENT GROUP

111 E SEGO LILY DR
STE 400
SALT LAKE CITY, UT 84070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	21000	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)

WHITEHAWK

C/O UMB FINANCIAL CORPORATION
1010 GRAND BOULEVARD
KANSAS CITY, MO 64106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	20773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANNER RIDGE

641 LEXINGTON AVENUE
27TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIALTO CAPITAL MANAGEMENT

200 SOUTH BISCAYNE BLVD
SUITE 3550
MIAMI, FL 33131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	11440	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
CHARLES SCHWAB TRUST BANK	59	4772

(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.
GQG PARTNERS	450 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	SHAREHOLDER SERVICES AND USED TO PAY TRUST AND CUSTODY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	4171

(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.
CLIFFWATER	4640 ADMIRALTY WAY MARINA DEL REY, CA 90292	SHAREHOLDER SERVICES AND USED TO PAY TRUST AND CUSTODY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	59	1266

(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.
FPA 04-3118452		SHAREHOLDER SERVICES AND USED TO PAY TRUST AND CUSTODY FEES

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: SAMANTHA OLSON	**b** EIN: 35-0966414
c Position: ENROLLED ACTUARY	
d Address: 5750 CASTLE CREEK PARKWAY SUITE 245 INDIANAPOLIS, IN 46250	**e** Telephone: 317-845-3500

Explanation: BUSINESS DECISION

a Name: MOSS ADAMS, LLP	**b** EIN: 91-0189318
c Position: AUDITOR	
d Address: 225 S. LAKE AVENUE SUITE 900 PASADENA, CA 91101	**e** Telephone: 310-477-0450

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025

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 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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTION PICTURE AND TELEVISION FUND

D Employer Identification Number (EIN)
95-1652916

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**	580001	918187
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**	0	667786
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(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)**		
(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)**		
(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)**	46763993	46115947
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47343994	47701920
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47343994	47701920

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)	667786	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		667786
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	1390544	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1390544
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		
(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)**		3413636
c Other income	**2c**		
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		5471966

Expenses

		(a) Amount	(b) Total
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	4118827	
(2) To insurance carriers for the provision of benefits	**2e(2)**		
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		4118827
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)**		
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**		
(5) Investment advisory and investment management fees	**2i(5)**	70971	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	17701	
(7) Actuarial fees	**2i(7)**	88061	
(8) Legal fees	**2i(8)**		
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	818480	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		995213
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		5114040

Net Income and Reconciliation

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		357926
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546754.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
MOTION PICTURE AND TELEVISION FUND RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOTION PICTURE AND TELEVISION FUND

D Employer Identification Number (EIN)
95-1652916

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259 ____________

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 5

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ________ Day ________ Year ________

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box........ ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? .... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 37.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 4.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 0.0 % Other: 37.0 %

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.______________________________

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

Motion Picture and Television Fund
Retirement Income Plan

December 31, 2024 and 2023

Table of Contents

Report of Independent Auditors

The Plan Administrative Committee and Participants
Motion Picture and Television Fund Retirement Income Plan

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Motion Picture and Television Fund Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements 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, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Motion Picture and Television Fund Retirement Income Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Motion Picture and Television Fund Retirement Income 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 ERISA Section 103(a)(3)(C) 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 GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Motion Picture and Television Fund Retirement Income Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Motion Picture and Television Fund Retirement Income 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 Motion Picture and Television Fund Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Los Angeles, California
October 14, 2025

Financial Statements

Motion Picture and Television Fund Retirement Income Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Cash and cash equivalents	$ 918,187	$ 580,001
Employer contributions receivable	667,786	-
Investments, at fair value		
Registered investment companies	29,819,410	28,056,671
Hedge funds	16,296,537	18,707,322
Total investments	46,115,947	46,763,993
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,701,920	$ 47,343,994

See accompanying notes.

Motion Picture and Television Fund Retirement Income Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
INVESTMENT INCOME		
Net appreciation in fair value of investments	$ 3,413,636	$ 3,490,122
Interest and dividends	1,390,544	1,149,598
Total investment income	4,804,180	4,639,720
EMPLOYER CONTRIBUTIONS	667,786	-
Total additions	5,471,966	4,639,720
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid directly to participants	(4,118,827)	(4,141,542)
Administrative expenses	(995,213)	(998,984)
Total deductions	(5,114,040)	(5,140,526)
CHANGE IN NET ASSETS	357,926	(500,806)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	47,343,994	47,844,800
End of year	$ 47,701,920	$ 47,343,994

See accompanying notes.

Motion Picture and Television Fund Retirement Income Plan
Statement of Accumulated Plan Benefits
December 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits	
Participants currently receiving benefits payments	$ 38,166,515
Other participants	17,381,575
	55,548,090
Total actuarial present value of accumulated plan benefits	$ 55,548,090

See accompanying notes.

Motion Picture and Television Fund Retirement Income Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Beginning of year	$ 56,487,578
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO	
Increase in interest due to decrease in discount period	3,266,818
Benefits paid during the year ended December 31, 2022	(4,141,542)
Assumption changes	(15,551)
Benefits accumulated and other changes	(49,213)
Net change	(939,488)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
End of year	$ 55,548,090

See accompanying notes.

Note 1 – Description of Plan

The following description of the Motion Picture and Television Fund (the Company) Retirement Income Plan (the Plan) provides only general information. Plan participants and other interested parties should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit pension plan established effective May 1, 1981, and most recently amended January 1, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 30, 2011, the Plan was amended to freeze participation and benefit accruals with respect to non-union employees. Effective February 28, 2014, the Plan was amended to freeze participation and benefit accruals with respect to union employees. Subsequent to these dates, employees may not commence participation in the Plan nor earn additional benefits accrual.

Plan administration – The assets of the Plan are held under a trust agreement with Charles Schwab Trust Bank (Schwab). The trust agreement requires that Schwab holds, administers, and distributes the funds of the Plan pursuant to the trust agreement and in accordance with the provisions of the Plan. The Plan is administered by NyHart, part of FuturePlan by Ascensus (NyHart).

Pension benefits – Employees are entitled to annual pension benefits beginning at normal retirement age (65) equal to:

a. 1% of a participant's final earnings not in excess of $4,800 plus 2% of such final earnings in excess of $4,800 but not in excess of $9,600, multiplied by a participant's non-contributory credited service measured in years and months, plus

b. 1% of a participant's final earnings not in excess of $4,800 plus 2% of such final earnings in excess of $4,800, multiplied by a participant's contributory credited service measured in years and months.

The sum of a. and b. above, however, cannot be less than $120 multiplied by a participant's credited service not in excess of 20 years or an annual benefit of $120.

A participant's final earnings means the highest average annual compensation received in any five consecutive full calendar years during the last ten full calendar years before a participant's retirement date; or if employment ceases more than five years before retirement, the average annual compensation received in the last five full calendar years before employment ceases.

Early retirement is allowed at age 55 with five years of service. Employees forfeit the right to receive the portion of their accumulated plan benefits if they terminate before rendering five years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or as a life annuity payable monthly from retirement.

Vesting – Under the terms of the Plan, participants are eligible for normal retirement benefits upon reaching age 65, as defined. As a result of plan amendments, the accrual of pension benefits and vesting schedules may vary amongst participants. Participants should refer to specific benefit formulas and vesting schedules contained in the Plan Document for more details.

Death and disability benefits – If an active employee dies, a death benefit equal to 50% of the 50% joint and survivor annuity is paid to the surviving spouse at the later of date of death or the employee's early retirement age. Upon death, employee contributions may be distributed with interest to the employee's beneficiary. An active employee who becomes disabled may be eligible to retire in accordance with the Plan Agreement.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual basis of accounting.

Use of estimates – The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment valuation and income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains on investments bought and sold as well as held during the year.

Expenses – The Plan's expenses are paid by the Plan or the Company, as specified in the Plan Document. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are deducted from investment earnings, as disclosed in the investment prospectus, and thus are not separately disclosed in the accompanying financial statements.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' final earnings, defined in the Plan Agreement as the highest average earnings received in any five consecutive years during the last ten years preceding retirement. The accumulated plan benefits for active employees are based on their highest average compensation in five consecutive years during the ten years ending on the date as of which the benefits information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023, were as follows:

Items	2023 Assumptions
Discount rate	6.00% per year
Retirement age	Rates vary by age for active employees Age 63 for vested terminated employees
Mortality rates	Pri-2012 Mortality Table, projected generationally with Scale MP-2021

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

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Reclassification – Certain amounts from the prior year statement of net assets available for benefits have been reclassified in order to conform to the current year presentation.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described below:

> **Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
>
> **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset; or inputs that are derived principally from or can be corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.
>
> **Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation techniques used for the assets measured at fair value. There were no changes in the techniques used during the years ended December 31, 2024 and 2023.

Registered investment companies – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Hedge funds – The Banner Ridge Secondary Fund V; Blackstone R.E. Income Trust; Blackstone Private Credit Fund; Bridge Multifamily Fund V; D.E. Shaw Orienteer International Fund; FPA WhiteHawk III, L.P.; FPA WhiteHawk IV Onshore L.P.; Ruffer Absolute Institutional Ltd; Hawk Ridge Partners Offshore LTD; King Street Capital Global Drawdown, L.P.; King Street Capital Class A; King Street Capital Class S; and Rialto Real Estate Fund V – Debt L.P. operate as non-publicly traded hedge funds and are valued using the NAV as a practical expedient. For the year ended December 31, 2024, the amount of unfunded commitments was $2,442,513. There are no redemption restrictions related to these funds as of year end.

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

The following table discloses the fair value hierarchy of the Plan's assets by level as of December 31, 2024 and 2023:

	Fair Value Measurements at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 29,819,410	$ -	$ -	$ 29,819,410
Total assets in the fair value hierarchy	$ 29,819,410	$ -	$ -	29,819,410
Investments measured at NAV (practical expedient)				16,296,537
Total assets, at fair value				$ 46,115,947

	Fair Value Measurements at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 28,056,671	$ -	$ -	$ 28,056,671
Total assets in the fair value hierarchy	$ 28,056,671	$ -	$ -	28,056,671
Investments measured at NAV (practical expedient)				18,707,322
Total assets, at fair value				$ 46,763,993

Note 4 – Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Schwab, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and cash reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.

- Net appreciation in fair value of investments, interest, and dividends on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2024.

- Schedule of reportable transactions for the year ended December 31, 2024.

Note 5 – Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Note 6 – Plan Termination

While it is not the Company's intent to terminate the Plan, the Plan may be amended or terminated by the Company at any time. In the event the Plan is terminated, the accrued benefits to be provided from the assets of the Plan will, to the extent funded, be distributed to the participants and their beneficiaries according to the order of priority as described in the Plan Document. Should the Plan terminate at some future time, its assets generally will be available on a pro rata basis to provide participants' benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

No assets of the Plan may revert to the Company until all benefit liabilities of the Plan have been satisfied.

Note 7 – Tax Status of the Plan

The Internal Revenue Service has determined and informed the Company by letter, dated February 1, 2018, that the Plan was designed in accordance with applicable regulations of Internal Revenue Code (the Code). Accordingly, no provision for income taxes has been included in the Plan's financial statements.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 9 – Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are issued are available to be issued.

The Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules
Required by the Department of Labor

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investments Companies			
	Dimensional	Inflation Protected Securities I	$ 4,764,371	$ 4,396,597
	Fidelity	FPA New Income	2,363,063	2,343,896
	GQG Partners	Global Quality Equity Fund	4,510,187	5,417,426
	Vanguard	Total Stock Market Index Fund Institutional Share	5,497,617	6,401,140
	Vanguard	Total World Stock IX	3,485,068	5,471,380
	World Gold Trust	SPDR Gold MiniShares Trust (GLDM)	1,124,628	1,114,978
	Schwab	Government Money Market	536,310	536,310
	Cliffwater	Corporate Lending Fd. (CCLFX)	2,070,314	2,092,044
	Cliffwater	Corporate Lending Fd. (CELFX)	2,079,380	2,045,639
	Total Registered Investment Companies		26,430,938	29,819,410
	Hedge Funds			
	Banner Ridge	Secondary Fund V	152,546	611,005
	Blackstone	R.E. Income Trust	884,388	993,952
	Blackstone	Private Credit Fund	1,995,828	1,979,433
	Bridge	Multifamily Fund V	889,999	645,521
	D.E. Shaw	D.E. Shaw Orienteer International Fund	1,895,958	2,728,618
	FPA	WhiteHawk III, L.P.	279,370	752,626
	FPA	White Hawk IV Onshore L.P.	289,708	317,839
	Ruffer	Absolute Institutional Ltd	2,184,310	2,193,337
	Hawk Ridge Partners	Offshore Ltd.	2,427,601	2,499,178
	King Street Capital	Global Drawdown, L.P.	619,081	835,801
	King Street Capital	Class A Shares	1,752,358	2,384,219
	King Street Capital	Class S Shares	142,546	122,784
	Rialto	Real Estate Fund V - Debt, L.P.	225,000	232,224
	Total Investment in Hedge Funds		13,738,693	16,296,537
			$ 40,169,631	$ 46,115,947

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions in excess of 5% of plan assets							
Schwab Government Money Fund							
48 purchases, 4,806,980 shares	Mutual fund	$ 13,185,705	$ -	$ -	$ 13,185,705	$ 13,185,705	$ -
35 sales, 4,557,445 shares	Mutual fund	-	12,831,377	-	9,517,581	-	3,313,796

Active Participant Schedule

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29										
30 to 34		2								
35 to 39		1								
40 to 44	1	2								
45 to 49	1	5	5	4						
50 to 54	1	3	12	7	6	4				
55 to 59	2	5	16	15	5	7	3			
60 to 64		3	13	8	7	9	10			
65 to 69	1	3	2	1		2	1	2		
70 & up			2							

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date — January 1, 2024

Participant and Asset Information Collected as of — January 1, 2024

Retirement Rates *(FE)*

Age	Rate
Under 55	0.0%
55	15.0%
56-59	3.0%
60-61	5.0%
62	15.0%
63-64	5.0%
65	100.0%

Current and future vested terminated participants are assumed to retire at age 63.

As the plan is not large enough to have credible experience, retirement rates are based on professional judgement and expectation for the general population adjusted as necessary for the specific provisions of the plan.

Mortality Rates *(FE)*

Healthy and Disabled - Prescribed

2024 IRS Generational Mortality - Pri-2012 base mortality with separate rates for annuitants and non-annuitants as provided in IRC 430(h)(3). Mortality projections are based on SOA Adjusted Improvement Scale MP-2021 and the projection methodology described in IRS regulation 1.430(h)(3)-(1)(c).

The mortality table is prescribed by federal regulation.

Lump Sum

IRS 2024 Applicable Mortality as prescribed by IRC 417(e), with no pre-commencement mortality assumed.

The mortality table is prescribed by federal regulation.

ASC 960

Pri-2012 Mortality Table, projected generationally with Scale MP-2021

The Society of Actuaries (SOA) has not released an updated mortality improvement scale this year as it would be based on 2020 data, which is impacted by the COVID pandemic, and it is unclear how the pandemic may impact future mortality. We considered alternative projection scales that reflected continued excess deaths from the pandemic, however implemented a conservative approach of continuing with the PRI -2012 with MP-2021 scale for the mortality assumption, given anticipated impacts would be small gains.

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

Disability Rates *(FE)*

Sample rates as follows:

Age	Males	Females
20	0.03%	0.03%
25	0.04%	0.05%
30	0.05%	0.08%
35	0.07%	0.14%
40	0.12%	0.21%
45	0.20%	0.32%
50	0.36%	0.53%
55	0.72%	0.95%
60	1.26%	1.16%

The disability rates were set by the prior actuary. We believe these assumptions to be reasonable, and in our professional opinion, additional evaluation of the assumption is not merited, given the plan is frozen and all participants are fully vested.

Withdrawal Rates *(FE)*

Sample rates as follows:

Age	Years of Service 0-2	2-4	5-9	10+
20	27.3%	20.6%	N/A	N/A
25	24.7%	18.6%	12.6%	N/A
30	22.2%	16.8%	11.4%	8.2%
35	19.9%	15.2%	10.3%	6.4%
40	17.8%	13.6%	9.3%	5.0%
45	15.9%	12.3%	8.4%	3.9%
50	14.1%	11.0%	7.5%	3.0%

The withdrawal rates were set by the prior actuary. We believe these assumptions to be reasonable, and in our professional opinion, additional evaluation of the assumption is not merited, given the plan is frozen and all participants are fully vested.

Annual Pay Increases *(CO)*

Not Applicable.

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed *(CO)*	4.75%	4.87%	5.59%
PBGC and Maximum Funding - Prescribed *(CO)*	3.62%	4.46%	4.52%
ASC 960 *(CO)*	6.00%	6.00%	6.00%
For Converting Accumulated Employee Contributions to Annuities			
-Funding (same as used for Minimum Funding)	4.75%	4.87%	5.59%
-ASC 960 (August 417(e)(3) interest rates)	5.45%	5.52%	5.43%

All segment rates are based on the sponsor's election to use a 4 month lookback. The minimum Funding and Benefit Restriction interest rates are based on rates with ARP relief. The PBGC interest rates are based on the sponsor's election to use the Alternative calculation method. The Alternative calculation method was first elected in 2008.

Interest rates used for Minimum and Maximum funding purposes are prescribed by IRS regulation. The ASC 960 interest rate is the expected long term rate of return on assets. This assumption has been set by the plan sponsor in conjunction with their asset advisors. We have reviewed the assumption and believe it to be reasonable.

Payment Form Election *(FE)*	80% of participants are assumed to elect a single life annuity and 20% are assumed to elect a refund of employee contributions with a single life annuity residual benefit. Terminated vested participants are assumed to elect a single life annuity.
Expense and/or Contingency Loading *(FE)*	The Target Normal Cost is increased by $937,000 to cover anticipated administrative expenses paid from the trust during the 2024 plan year.
Participant Contributions *(CO)*	Assumed to accumulate at 120% of the January Applicable Federal Mid-term interest rate.
Marital Status and Ages *(FE)*	80% of male Participants are assumed to be married and 50% of female Participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.
Market Value of Assets	Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements
Plan Asset Valuation Method	PPA Smoothed Value of Assets. Gains or losses on the Market Value of Assets are recognized over three years, subject to a 10% corridor around the Market Value of Assets
Expected Rate of Return on Assets (CO)	For determination of the Plan Asset value, the expected return on assets is equal to 6.00%
Cost Method	PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o). ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience
MD indicates an assumption representing observations of estimates inherent in market data
CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions in excess of 5% of plan assets							
Schwab Government Money Fund							
48 purchases, 4,806,980 shares	Mutual fund	$ 13,185,705	$ -	$ -	$ 13,185,705	$ 13,185,705	$ -
35 sales, 4,557,445 shares	Mutual fund	-	12,831,377	-	9,517,581	-	3,313,796

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Motion Picture and Television Fund Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Motion Picture and Television Fund

D Employer Identification Number (EIN)
95-1652916

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	47,343,994
b Actuarial value	**2b**	48,897,038

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	562	40,631,905	40,631,905
b For terminated vested participants	309	10,485,659	10,485,659
c For active participants	171	8,398,185	8,398,185
d Total	1,042	59,515,749	59,515,749

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	937,000
c Target normal cost	**6c**	937,000

Statement by Enrolled Actuary

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

SIGN HERE

RLB — Signature of actuary

09/02/2025 — Date

Rachel Barnes, PHD, FSA, EA, MAAA — Type or print name of actuary

2308043 — Most recent enrollment number

Nyhart — Firm name

317-845-3507 — Telephone number (including area code)

530 B Street
Suite 900
San Diego CA 92101
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,834,847
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,255,168
9	Amount remaining (line 7 minus line 8)	0	1,579,679
10	Interest on line 9 using prior year's actual return of 10.15%	0	160,339
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,740,018

Part III Funding Percentages

14	Funding target attainment percentage	14	79.23 %
15	Adjusted funding target attainment percentage	15	79.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2025	336,586	0			
08/26/2025	331,200	0			
			Totals ►	18(b) 667,786	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	625,317

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:					
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	☐ N/A, full yield curve used	
b Applicable month (enter code)				**21b**	4
22 Weighted average retirement age				**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	937,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	12,358,729	1,427,435
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,364,435

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,740,018	1,740,018

36 Additional cash requirement (line 34 minus line 35)	**36**	624,417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	625,317
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	900
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
55.00	47.7509	14.99%	7.1579	393.6852
56.00	51.5347	3.00%	1.5449	86.5161
57.00	61.9168	3.00%	1.8560	105.7931
58.00	70.9633	3.00%	2.1270	123.3663
59.00	82.7119	3.00%	2.4789	146.2561
60.00	86.0727	4.99%	4.2990	257.9381
61.00	92.5917	4.99%	4.6239	282.0601
62.00	93.7474	14.98%	14.0430	870.6670
63.00	86.4689	4.99%	4.3171	271.9785
64.00	96.9051	4.99%	4.8375	309.6012
65.00	102.7659	100.00%	102.7659	6,679.7813
66.00	2.0000	100.00%	2.0000	132.0000
67.00	2.0000	100.00%	2.0000	134.0000
68.00	2.0000	100.00%	2.0000	136.0000
69.00	1.0000	100.00%	1.0000	69.0000
70.00	1.0000	100.00%	1.0000	70.0000
71.00	0.0000	100.00%	0.0000	0.0000
72.00	1.0000	100.00%	1.0000	72.0000
73.00	1.0000	100.00%	1.0000	73.0000
Total			160.0466	10,213.6429

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 63.82

*** Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.**

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	169,331	611,011	3,824,992	4,605,334
2025	323,397	442,682	3,751,810	4,517,890
2026	377,010	515,335	3,671,027	4,563,372
2027	395,630	549,971	3,582,875	4,528,475
2028	489,688	582,449	3,488,267	4,560,404
2029	489,298	617,893	3,388,371	4,495,562
2030	533,244	653,447	3,282,057	4,468,748
2031	565,639	675,913	3,169,244	4,410,795
2032	593,107	700,934	3,050,346	4,344,387
2033	650,087	717,905	2,924,428	4,292,420
2034	657,222	721,849	2,792,728	4,171,799
2035	688,108	739,600	2,655,846	4,083,554
2036	685,642	759,345	2,513,563	3,958,550
2037	683,322	760,383	2,366,355	3,810,060
2038	686,517	762,611	2,214,838	3,663,966
2039	673,848	777,375	2,059,782	3,511,006
2040	659,146	773,968	1,902,170	3,335,284
2041	652,479	774,775	1,743,222	3,170,477
2042	632,663	755,627	1,584,414	2,972,703
2043	616,560	734,675	1,427,474	2,778,709
2044	592,642	709,500	1,274,280	2,576,422
2045	568,325	680,775	1,126,639	2,375,739
2046	542,646	651,548	986,228	2,180,423
2047	515,903	624,727	854,535	1,995,166
2048	487,118	591,190	732,729	1,811,036
2049	457,756	558,121	621,656	1,637,533
2050	426,485	522,335	521,876	1,470,697
2051	394,512	485,911	433,580	1,314,003
2052	362,408	449,253	356,615	1,168,277
2053	330,448	412,795	290,555	1,033,798
2054	298,932	376,971	234,728	910,631
2055	268,247	342,186	188,272	798,705
2056	238,739	308,787	150,206	697,732
2057	210,669	277,052	119,477	607,198
2058	184,314	247,188	95,019	526,521
2059	159,851	219,332	75,803	454,986
2060	137,406	193,554	60,879	391,839
2061	117,053	169,869	49,393	336,315
2062	98,812	148,237	40,608	287,657
2063	82,651	128,584	33,902	245,137
2064	68,491	110,819	28,767	208,077
2065	56,222	94,837	24,797	175,856
2066	45,708	80,531	21,679	147,918
2067	36,794	67,802	19,175	123,771
2068	29,325	56,555	17,113	102,992
2069	23,139	46,699	15,368	85,205
2070	18,077	38,145	13,856	70,078
2071	13,987	30,800	12,518	57,305
2072	10,722	24,568	11,313	46,603
2073	8,147	19,345	10,213	37,704

Plan Effective Date

May 1, 1981; most recently restated effective January 1, 2016 and amended effective January 1, 2020.

Plan Status

The plan is closed to new entrants and benefit accruals are frozen.

Plan Year

January 1 through December 31.

Eligibility for Participation

No new non-union employees may enter the plan after June 30, 2011. No new union employees may enter the plan after February 28, 2014.

Vesting

100% vesting after five years of service.

Benefits

Normal Retirement

Eligibility Age 65

Benefit

Basic:

(a) 1.0% of Average Monthly Compensation up to $4,800, plus 2% of Average Monthly Compensation in excess of $4,800, multiplied by years of contributory service, plus

(b) 1.0% of Average Monthly Compensation up to $4,800 plus 2% of Average Monthly Compensation in excess of $4,800 up to $9,600, multiplied by years of non-contributory service after May 1, 1981.

Basic Benefits of non-union participants are frozen at June 30, 2011. Basic Benefits for union participants are frozen at February 28, 2014.

Minimum:

$120 multiplied by years of credited service up to 20 years. Credited service is the sum of contributory service and non-contributory service.

Supplemental:

Participants listed in Table B of the plan document accrue supplemental benefits under the plan for the plan years set forth in Table B provided that the additional benefit does not result in a violation of Section 401(a)(4) of the Code. No additional supplemental benefits are permitted after June 30, 2011.

Early Retirement

Eligibility	Age 55 and 5 years of continuous service
Benefit	Benefits reduced 6.67% per year for first 5 years preceding Normal Retirement Age, 3.33% per year for next 5 years.

Late Retirement

Greater of (a) or (b):

(a) Benefit calculated with all service to retirement date.

(b) Actuarially increased Normal Retirement Date benefit.

Benefits actuarially increased using the blended RP-2000 Mortality Table and 6.5% interest. Actuarial increases ceased with the plan freeze and subsequent issuing of suspension of benefits notices.

Death before Retirement

(a) Return of Employee Contributions with interest.

(b) All vested participants are covered by death benefits. Under this death benefit, if a covered participant dies prior to actual retirement and is married on such date, the surviving spouse will receive the benefit which would have been payable as a Joint and 50% Survivor Annuity had the participant terminated on the day preceding death and commenced benefits at the earliest retirement date.

Disability

Disabled participants continue to accrue retirement benefits if:

(a) They are qualified for benefits under the Employer's Long-Term Disability Program or,

(b) They are qualified for benefits under the Federal Social Security Act.

Disability Benefits may commence on Normal Retirement Date or Early Retirement Date. Disability Benefits for non-union participants are frozen at June 30, 2011. Disability Benefits for union participants are frozen at February 28, 2014.

Compensation and Average Monthly Compensation

All taxable earnings paid to the employee by the employer. No compensation earned after June 30, 2011 for non-union employees and after February 28, 2014 for union employees is included. Average Monthly Compensation is calculated by dividing the total compensation of the highest 5 consecutive full calendar years during the last 10 years of employment prior to the Freeze Date by 60. Or if employment ceases more than 5 years before a participant's normal retirement date, the average of the last 5 full calendar years of employment.

Credited Service

Years and months of employment, excluding breaks in service. Credited service is allocated to contributory service, during the months the participant made employee contributions, and non-contributory service, otherwise. No credited service is granted to non-union participants after June 30, 2011. No credited service is granted to union participants after February 28, 2014.

Employee Contributions

For contributory participants, the after-tax employee contribution level is 4% of the participant's rate of earnings in excess of $9,600. After June 30, 2011, non-union participants are no longer permitted to make employee contributions. After February 28, 2014, union participants are no longer permitted to make employee contributions.

Payment Forms

Normal Form
- Single: Single Life Annuity
- Married: 50% Joint and Survivor Annuity

Optional Forms
- Life Annuity with 5 or 10 years certain, 50%, 66-2/3%, 75%, and 100% Joint and Survivor Annuity

Actuarial Equivalence

For non-decreasing annuities: Actuarial Equivalence will be computed using 6.50% interest and the blended RP-2000 Healthy Annuitant Mortality Table with White Collar Adjustment projected to 2020 using Scale AA.

For accelerated forms of payment: Actuarial Equivalence will be computed using the interest rate and mortality as prescribed under Code Section 417(e)(3). The interest rate will be for the month of August preceding the Plan Year that contains the annuity starting date.

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation.

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report.

Motion Picture and Television Fund Retirement Income Plan
Employer Identification Number: 95-1652916, Plan Number: 001
Schedule H, line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Registered Investments Companies			
	Dimensional	Inflation Protected Securities I	$ 4,764,371	$ 4,396,597
	Fidelity	FPA New Income	2,363,063	2,343,896
	GQG Partners	Global Quality Equity Fund	4,510,187	5,417,426
	Vanguard	Total Stock Market Index Fund Institutional Share	5,497,617	6,401,140
	Vanguard	Total World Stock IX	3,485,068	5,471,380
	World Gold Trust	SPDR Gold MiniShares Trust (GLDM)	1,124,628	1,114,978
	Schwab	Government Money Market	536,310	536,310
	Cliffwater	Corporate Lending Fd. (CCLFX)	2,070,314	2,092,044
	Cliffwater	Corporate Lending Fd. (CELFX)	2,079,380	2,045,639
	Total Registered Investment Companies		26,430,938	29,819,410
	Hedge Funds			
	Banner Ridge	Secondary Fund V	152,546	611,005
	Blackstone	R.E. Income Trust	884,388	993,952
	Blackstone	Private Credit Fund	1,995,828	1,979,433
	Bridge	Multifamily Fund V	889,999	645,521
	D.E. Shaw	D.E. Shaw Orienteer International Fund	1,895,958	2,728,618
	FPA	WhiteHawk III, L.P.	279,370	752,626
	FPA	White Hawk IV Onshore L.P.	289,708	317,839
	Ruffer	Absolute Institutional Ltd	2,184,310	2,193,337
	Hawk Ridge Partners	Offshore Ltd.	2,427,601	2,499,178
	King Street Capital	Global Drawdown, L.P.	619,081	835,801
	King Street Capital	Class A Shares	1,752,358	2,384,219
	King Street Capital	Class S Shares	142,546	122,784
	Rialto	Real Estate Fund V - Debt, L.P.	225,000	232,224
	Total Investment in Hedge Funds		13,738,693	16,296,537
			$ 40,169,631	$ 46,115,947

Development of Shortfall Amortization Charge

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
Shortfall	$ 915,216	1/1/2024	15	$ 83,267
Shortfall	$ 2,012,609	1/1/2023	14	$ 192,089
Shortfall	$(513,575)	1/1/2022	13	$(51,675)
Shortfall	$ 1,074,685	1/1/2021	12	$ 114,653
Shortfall	$(230,212)	1/1/2020	11	$(26,218)
Shortfall	$ 9,100,006	1/1/2019	10	$ 1,115,319
	$ 12,358,729			$ 1,427,435

* The shortfall amortization charge cannot be less than zero.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations. These changes resulted in a decrease in the Funding Target and no change in the Target Normal Cost.

To better reflect anticipated plan experience, the administrative expense load added to the Target Normal Cost was changed from $911,000 to $937,000.

To better reflect anticipated plan experience, the interest rates used for ASC 960 purposes in converting accumulated employee contributions to annuities were changed to the August 2023 417(e)(3) interest rates.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations. These changes resulted in a decrease in the Funding Target and no change in the Target Normal Cost.

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