

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DAVID CHOI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DAVID WEISSMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 69196
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 31823 6a(2) 31218 6b 14729 6c 20711 6d 66658 6e 1330 6f 67988 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 9999

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS	D Employer Identification Number (EIN) 95-2110997	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	796011		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	154993470

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

Specify nature of costs ▶

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

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

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

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

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 4742724338
(2) Actuarial value of assets for funding standard account	1b(2) 5093518088
c (1) Accrued liability for plan using immediate gain methods	1c(1) 6361128389
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 6361128389
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 11558835808
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 303183367
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 375647750
(3) Expected plan disbursements for the plan year.....	1d(3) 370754170

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

SIGN HERE	10/01/2025
Signature of actuary CARY FRANKLIN	Date 20-04013
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 818-691-2002
Firm name 5200 LANKERSHIM BLVD SUITE 740 NORTH HOLLYWOOD, CA 91601	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	4742724338
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		15598	3948406356
(2) For terminated vested participants		21775	3315906862
(3) For active participants:			
(a) Non-vested benefits.....			266615569
(b) Vested benefits.....			4027907021
(c) Total active.....		31823	4294522590
(4) Total		69196	11558835808
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	41.03 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2024	354754649				
			Totals ►	3(b)	3(c)
				354754649	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					210000

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	80.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	4.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.4 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	17333860
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	44238699	4600604

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	136358332

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	2036145088	280590220
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 30228770**e** Total charges. Add lines 9a through 9d.....**9e** 447177322**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 565482764**g** Employer contributions. Total from column (b) of line 3.....**9g** 354754649**h** Amortization credits as of valuation date.....

Outstanding balance

9h	203052023	64502242
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 56390460**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	2488462900	
9j(2)	5610059664	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 1041130115**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 593952793**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes

☐ No
- b

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ABS INVESTMENT MANAGMENT LLC	
13-4205457	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ALPHASIMPLEX GROUP, LLC	
04-3488687	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VELD CREDIT OPPORTUNITIES IV	43-45 ALLEE SCHEFFER L-2520 LUXEMBOURG R.C.S. LUXEMBOURG, LUXEMBOURG 215280 LU
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
APOLLO HYBRID VALUE ADVISORS, LP	
82-4593363	

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

ARES ENERGY OPPORTUNITIES FUND B, L

82-3985701

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

ARES SENIOR DIRECT LENDING FUND III
1800 AVENUE OF THE STARS
SUITE 1400
LOS ANGELES, CA 90067

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

ARES SPECIAL OPP. (OFFSHORE) LP

98-1463109

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

ARES SPECIAL OPP. II (OFFSHORE) LP

87-1248205

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

ARTISAN PARTNERS LIMITED

30-0551775

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

ASCRIBE OPPORTUNITIES FUND IV LP

35-2602652

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

HARK CAYMAN FEEDER III, LP

84-4229842

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

ATERIAN INVESTMENT PARTNERS IV, LP

87-1793056

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

AUDAX MANAGEMENT COMPANY (NY), LLC

04-3525044

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

AURORA EQUITY PARTNERS VI

83-4331484

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

AVENUE ASIA CAPITAL MANAGEMENT, LP

01-0553224

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

AVISTA CAPITAL HOLDINGS, LP

20-3345897

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

BALANCE POINT CAPITAL PARTNERS V

85-1892172

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

BC PARTNERS ADVISORS LP

82-1523134

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

BLACKSTONE CAPITAL OPPORTUNITIES IV

01-0899018

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

BLACKSTONE CAPITAL PARTNERS VIII

84-3767616

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

BLACKSTONE TACTICAL OPPORTUNITIES

82-4602635

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

BOND III, LP

87-2613017

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

BSP DEBT FUND V (NON-US) LP

98-1612799

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

CARLYLE CREDIT OPPORTUNITIES FUND

87-3865673

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

CASTLELAKE, LP

20-3323857

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

COMVEST CAPITAL ADVISORS, LLC

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

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

CRABEL CAPITAL MANAGEMENT, LLC

39-1903915

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

CRESCENT CREDIT SOLUTIONS VIII, LP

86-1529826

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

CRESCENT DIRECT LENDING FUND III

98-1558735

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

CVC CAPITAL PARTNERS IX, LP

98-1545245

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

CVC CAPITAL PARTNERS VIII, LP

98-1545246

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

EARNEST PARTNERS

58-2386669

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

EQT X USD SCSP

51A BOULEVARD ROYAL
LUXEMBOURG, LUXEMBOURG L2449 LU

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

EVERBERG CAPITAL, LLC

83-4332767

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

FIRST EAGLE ALTERNATIVE CREDIT, LLC

57-1156902

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

GRAHAM CAPITAL MANAGEMENT, LP

06-1398337

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

GREAT HILL EQUITY PARTNERS VIII

87-2535033

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

BLACKSTONE ALTERNATIVE CREDIT ADVIS

01-0899018

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

HPS MEZZANINE PARTNERS 2019, LP

98-1464019

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

HPS STRATEGIC INVESTMENT PARTNERS V

86-2573385

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

INDEPENDENT FRANCHISE PARTNERS

98-0682628

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

INFLEXION BUYOUT FUND VI

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

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

K5 PRIVATE INVESTORS, LP

27-4741827

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

KELSO & COMPANY, LP

94-2680741

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

KPS SPECIAL SITUATIONS FUND V

98-1509288

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

L CATTERTON GROWTH V, LP

87-3313389

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

L CATTERTON GROWTH IV, LP

83-1671274

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

LBC CREDIT PARTNERS V, LP

98-1481362

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

HUDSON ADVISORS, LP

75-2578511

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

LONE STAR GLOBAL ACQUISITIONS, LTD

75-2787141

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

NEWQUEST ASIA FUND IV, LP

98-1481362

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

NEWVIEW CAPITAL FUND I, LP

83-1595868

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

OAKTREE OPPORTUNITIES FUND XI,LP

92-1538630

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

OAKTREE PRINCIPAL FUND V, LP

98-0599574

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

OAKTREE REAL ESTATE DEBT FUND II

98-1294751

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

OAKTREE SPECIAL SITUTATION FUND III

98-1600519

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

OAK HILL ADVISORS, LP

13-4077194

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

PAYDEN & RYGEL COLLECTIVE

37-6667944

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

PLATINUM EQUITY PARTNERS VI, LLC

87-3315632

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

PLATINUM EQUITY SMALL CAP PARTNERS

82-3265890

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

PLEXUS FUND VI GP, LP

4242 SIX FORKS RD
SUITE 950
RALEIGH, NC 27609

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

ROARK CAPITAL PARTNERS

98-1391237

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

STG ALLEGRO FUND, LP

87-0990805

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

STG VI, LP

85-1749593

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

STG VII, LP

88-3348676

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

THOMAS H. LEE EQUITY FUND IX, LP

85-4208740

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

THOMAS H. LEE EQUITY FUND VIII,LP

82-2870469

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

WEBSTER CAPITAL II-A, LP

32-0544068

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

BEACHPOINT CAPITAL MANAGEMENT, LP

80-0242162

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

PARTNERS GROUP CAYMAN MANAGEMENT, V

UGLAND HOUSE SOUTH CHURCH STREET
GRAND CAYMAN, CAYMAN ISLANDS KY11104 KY

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

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

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

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

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

BRIDGEWATER

98-0501379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	3850329	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JP MORGAN ASSET MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51 52	NONE	2781322	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1624337	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

VOYA ALTERNATIVE ASSET MANAGEMENT

13-3863170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1463399	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HUB INTERNATIONAL INSURANCE SERVICE

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 53	NONE	1216210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1177529	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)

LAZARD ASSET MANAGEMENT LLC

50-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1079431	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WALTER SCOTT PARTNERS LIMITED

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	1052567	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

27-6331814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	822406	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NIGRO, KARLIN, SEGAL & FELDSTEIN

95-3632775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50 70	NONE	659214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH + BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	434286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	384317	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MEKETA INVESTMENT GROUP, INC.

04-2659023

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

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

REAMS ASSET MANAGEMENT

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	297000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	289844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	233079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001553

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	218388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGNIZANT WORLDWIDE LIMITED

13-3924155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	195079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 18 19 25 51 52	NONE	189274	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COHEN, WEISS AND SIMON, LLP.

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	168172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE, LLP.

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	164904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000195

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	158820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSH GOTTLIEB, A LAW CORP.

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	154744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001568

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000319

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125474	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000428

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000401

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	115525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001574

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000391

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	105571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEKSYSTEMS, INC.

38-3858542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	104158	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)

HITACHI DIGITAL SERVICES LLC

93-4210031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	102095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AVANADE INC.

91-2032865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	98825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARTNER, INC.

04-3099750

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	95704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000335

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000136

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VECTOR RESOURCES, INC.

95-4154511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	95003	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)

ENCLOUD SERVICES LLC.

83-2016902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	94230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEXUSTEK

84-1432041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	90768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000175

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89045	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)

CSC COVANSYS, CORP.

38-2606945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	87670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000430

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001212

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87162	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)

NTH GENERATION COMPUTING, INC.

33-0451285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	86159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 062065

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000170

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	81505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	81157	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYEE NUMBER 000220

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001417

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000264

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	74995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER TECHTRONICS

95-4101994

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	74660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001392

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73979	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)

RADIXBAY, LLC.

46-2465417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	72243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000384

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000283

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70611	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)

THRIVE OPERATIONS, LLC

81-4498230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	68539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000364

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000140

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001380

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000397

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000304

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001239

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000287

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001538

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 050202

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000284

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000213

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000459

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000315

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000451

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000356

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATACCAMA CORP

99-0361800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	55593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000372

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000296

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000291

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVEST SYSTEMS, LLC

13-4146072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	52007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000415

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001427

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000182

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WAGENER LAW, A PROFESSIONAL CORPORATION

45-2708684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001293

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000332

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000362

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000441

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	44953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000159

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000249

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000351

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000338

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000113

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCALA STUDIO LLC

87-1616114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	41291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000208

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000426

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000350

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000357

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000230

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000282

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000278

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000263

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000337

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000436

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEGRO SOLUTIONS, INC.

45-2216372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	36115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000402

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000270

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001219

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000277

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001005

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000151

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000276

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000232

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000352

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000193

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000460

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROGRESS SOFTWARE, CORP.

04-2746201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001111

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000449

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001131

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000146

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000443

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG GLUSKER

95-2161045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000410

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001541

3601 W OLIVE AVENUE
BURBANK, CA 91505

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

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

EMPLOYEE NUMBER 001400

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000438

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000454

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000069

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000177

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000463

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000271

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000308

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 000299

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000229

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000406

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE NUMBER 001479

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 000440

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE NUMBER 001551

3601 W OLIVE AVENUE
BURBANK, CA 91505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELMER FRIEDMAN LLP CLIENT TRUST AC

95-4803794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	25432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HARTFORD

06-0294398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	22148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	21895	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CAREER STRATEGIES TEMPORARY, INC.

95-4263858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID L WEISSMAN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	18421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UKG INC.

65-0694077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	17636	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)

AZUL CONSULTING, INC.

46-5489534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	15876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOUGLAS WOOD

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	15091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVEREST COMPUTERS INC.

58-2125198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14960	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)

EVOLVE SECURITY, LLC.

47-5647392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIM STEVENS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	13521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACY MARCUS

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	13160	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)

WORLD INVESTMENT ADVISORS, LLC

61-1758632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLOUDFLARE, INC.

27-0805829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOD OP, LLC

47-4320236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	11839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THERMAL CONCEPTS, INC.

71-1043751

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOLOMON LAW, APC

26-3139189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JIM BRACCHITTA

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8454	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)

GORDON REES SCULLY MANSUKHANI, LLC

94-1617026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NED VAUGHN

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN T. MCGUIRE

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	8021	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)

BRANDYWINE GLOBAL

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	7503	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KIPI.BI LLC

87-2638575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDA POWELL

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	7041	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)

AKKODIS, INC

65-0000600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP RETIREMENT PLAN SERVI

P.O. BOX 659530
SAN ANTONIO, TX 78265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD MASUR

95-2110997

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	5283	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)

ENVOY GLOBAL, INC.

36-4319710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS		D Employer Identification Number (EIN) 95-2110997
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA		
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36931259
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA		
c EIN-PN 22-1211670-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118062211
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC		
c EIN-PN 04-2929221-016	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214497092
a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND		
b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD		
c EIN-PN 76-6192146-003	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200476117
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY GROUP TRUST		
b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC		
c EIN-PN 13-5545100-002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140578719
a Name of MTIA, CCT, PSA, or 103-12 IE: BRIDGEWATER PURE ALPHA MAJOR MARKET		
b Name of sponsor of entity listed in (a): BRIDGEWATER PURE ALPHA MAJOR MARKET		
c EIN-PN 98-0674465-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG-TERM GOVT BD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82613255
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC EMERGING MKTS		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 47-3828930-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39592151
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INVST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-4377500-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124159483
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF CORE II BOND PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228020935
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EAFE INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245277989
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR MACRO ALLOCATION FUND		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - WILLIAM BLAIR		
c EIN-PN 27-6331814-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112240041
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218963317
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147394490
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 851935507
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS BOND COLLECTIVE FD		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 37-6667944-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44648557
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOBAL LARGEMIDCAP INDEX NL FND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-287	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74273711

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	19585960	14141946
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13961799	21741823
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	133764174	15105551
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121248696	79951951
(2) U.S. Government securities	1c(2)	164843203	136386936
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	88146462	122293356
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	962303576	1202188286
(6) Real estate (other than employer real property)	1c(6)	64275510	63318466
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1864394185	2169119436
(10) Value of interest in pooled separate accounts	1c(10)	159005305	154993470
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	613685114	555551928
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52622784	55262788
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	621315076	663499034

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	8162433	9120995
f Total assets (add all amounts in lines 1a through 1e).....	1f	4887314277	5262675966
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	5748097	6515299
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	138841842	8728807
k Total liabilities (add all amounts in lines 1g through 1j)	1k	144589939	15244106
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4742724338	5247431860

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)	354544649	
(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)		354544649
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8451790	
(B) U.S. Government securities	2b(1)(B)	15862291	
(C) Corporate debt instruments	2b(1)(C)	5197288	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	41598378	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		71109747
(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)	204031	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		204031
(3) Rents	2b(3)		4494932
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	787978885	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	813412024	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	39182339	
(B) Other	2b(5)(B)	179705092	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		202114728
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-20604093
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		80452370
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		21859965
c Other income	2c		293909
d Total income. Add all income amounts in column (b) and enter total	2d		907924530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	352289822	
(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)		352289822
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)	7039480	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	434286	
(5) Investment advisory and investment management fees	2i(5)	32812976	
(6) Bank or trust company trustee/custodial fees	2i(6)	62300	
(7) Actuarial fees	2i(7)	289844	
(8) Legal fees	2i(8)	614522	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	158647	
(11) Other expenses	2i(11)	9515131	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		50927186
j Total expenses. Add all expense amounts in column (b) and enter total	2j		403217008

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		504707522
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUM SMITH & BROWN, PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		1865687350
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SCREEN ACTORS GUILD - PRODUCERS				D Employer Identification Number (EIN) 95-2110997	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	45
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **UNIVERSAL TELEVISION, LLC**

b EIN **41-2040219**

c Dollar amount contributed by employer **12958838**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **CMC/FORECAST INC.**

b EIN **36-4042591**

c Dollar amount contributed by employer **12601259**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **CORPORATE MANAGEMENT SOLUTIONS, INC.**

b EIN **37-1425813**

c Dollar amount contributed by employer **12535817**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **NBC UNIVERSAL**

b EIN **27-3526824**

c Dollar amount contributed by employer **11136793**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **TWENTIETH CENTURY FOX FILM, INC.**

b EIN **84-0850631**

c Dollar amount contributed by employer **10811969**

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 **NETFLIX PRODUCTION, LLC**

b EIN **77-0467272**

c Dollar amount contributed by employer **8560184**

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

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

(1) Contribution rate (in dollars and cents) _____

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **CBS STUDIOS, INC.**

b EIN **20-3656897**

c Dollar amount contributed by employer **7520555**

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 **WARNER BROS. TELEVISION**

b EIN **13-3666692**

c Dollar amount contributed by employer **7287817**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **ABC STUDIOS**

b EIN **95-4771596**

c Dollar amount contributed by employer **6864490**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **SAG-AFTRA**

b EIN **41-2040219**

c Dollar amount contributed by employer **6593642**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

0

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 53.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.00 %

High-Yield Debt: 3.00 % Real Assets: 7.00 % Cash or Cash Equivalents: 0.00 % Other: 23.00 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SAG•Producers

PENSION PLAN

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

Financial Statements

December 31, 2024 and 2023

With Independent Auditor's Report

Screen Actors Guild - Producers Pension Plan
Table of Contents
December 31, 2024 and 2023

Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-21
Supplementary Information	
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	22-33
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions	34

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Screen Actors Guild - Producers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Screen Actors Guild - Producers Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Screen Actors Guild - Producers Pension Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

WithumSmith+Brown, PC

October 7, 2025

Screen Actors Guild - Producers Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Investments	\$ 5,200,663,194	\$ 4,710,156,213
SAG-Producers Pension Plan 457 Deferred Compensation Plan	<u>1,902,457</u>	<u>1,683,698</u>
Total investments - at fair value	<u>5,202,565,651</u>	<u>4,711,839,911</u>
Receivables		
Employers' contributions	21,741,823	13,961,799
Accrued interest and dividends	3,884,031	3,125,144
Receivable for sale of securities	3,092,637	130,623,837
Receivable from SAG-AFTRA Health Plan	7,999,685	-
Receivable from SAG-AFTRA Producers Industry Advancement and Cooperative Fund	122,674	-
Receivable from Business Arts Plaza Inc.	<u>6,524</u>	<u>15,193</u>
Total receivables	<u>36,847,374</u>	<u>147,725,973</u>
Cash	<u>14,141,946</u>	<u>19,585,960</u>
Fixed assets - net of accumulated depreciation and amortization	<u>5,619,969</u>	<u>4,734,629</u>
Prepaid expenses	<u>1,018,516</u>	<u>709,300</u>
Operating lease - right-of-use assets	<u>2,482,510</u>	<u>2,718,504</u>
Total assets	<u>5,262,675,966</u>	<u>4,887,314,277</u>
Liabilities		
Accounts payable and accrued expenses	6,515,299	5,748,097
Payable for purchase of securities	4,248,471	133,678,706
Operating lease - liability	2,577,879	2,795,164
Due to SAG-AFTRA Health Plan	-	548,623
Due to SAG-AFTRA Producers Industry Advancement and Cooperative Fund	-	135,651
Due to SAG-Producers Pension Plan 457 Deferred Compensation Plan	<u>1,902,457</u>	<u>1,683,698</u>
Total liabilities	<u>15,244,106</u>	<u>144,589,939</u>
Net assets available for benefits	<u>\$ 5,247,431,860</u>	<u>\$ 4,742,724,338</u>

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

Screen Actors Guild - Producers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 477,277,262	\$ 415,254,216
Interest and dividends	71,313,778	57,842,274
Net income from income-producing property	<u>4,494,932</u>	<u>5,632,437</u>
Total investment income	553,085,972	478,728,927
Investment expenses	<u>(32,499,976)</u>	<u>(29,522,943)</u>
Net investment income	520,585,996	449,205,984
Employers' contributions	354,544,649	281,962,461
Withdrawal liability income	210,000	1,224,977
Other income	<u>83,909</u>	<u>24,555</u>
Total additions	<u>875,424,554</u>	<u>732,417,977</u>
Deductions		
Benefit payments		
Pension benefits	349,110,406	329,324,839
Death benefits	<u>3,179,416</u>	<u>2,565,744</u>
Total benefit payments	352,289,822	331,890,583
General and administrative expenses	<u>18,427,210</u>	<u>17,583,511</u>
Total deductions	<u>370,717,032</u>	<u>349,474,094</u>
Net change	504,707,522	382,943,883
Net assets available for benefits		
Beginning of year	<u>4,742,724,338</u>	<u>4,359,780,455</u>
End of year	<u>\$ 5,247,431,860</u>	<u>\$ 4,742,724,338</u>

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

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

General

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

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

Participation

Participants earn one pension credit for each year worked in covered employment, subject to certain restrictions. Pension credits are units that measure the amount of time participants have worked in employment covered by the Plan. An annual pension credit is based on earnings credit in covered employment. For the years ended December 31, 2024 and 2023, the minimum earnings required to earn a pension credit was \$20,000. Some participants may earn pension credits at a lower earnings' threshold for prior service, for military service or under the alternative program. Under the alternative program, days of employment required for one pension credit is 70 days in a calendar year. Participants become vested upon accumulation of ten pension credits or upon accumulation of five pension credits by or after age 65 without a permanent break in service and meeting an activity test. Some participants become eligible under special rules when they attain retirement age.

Plan Benefits and Vesting

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Employers' Contributions

The Boards of Trustees of the Plan, the SAG-AFTRA Health Plan (the "Health Plan") and the SAG-AFTRA Producers Industry Advancement and Cooperative Fund (the "IACF"), have authorized the allocation of contributions received from producers among the Plan, the Health Plan and the IACF pursuant to provisions of collective bargaining agreements with SAG-AFTRA. The Plan is funded by contributions from producers at rates applied to the actors' compensation as specified under the collective bargaining agreements. Generally, the producers are required to submit contributions to the Plan within 30 days from the date that the performers are paid. Contributions to the Plan for the years ended December 31, 2024 and 2023 exceeded the minimum funding requirement under ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment in Income-Producing Property

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

Investment Valuation and Income Recognition

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

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

Benefits

Benefits are recognized when paid.

Withdrawal Liability Income

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

During the years ended December 31, 2024 and 2023, the Plan assessed withdrawal liability against certain employers. The Plan's independent actuary made a computation of the resulting withdrawal liability assessment, which represents the employer's share of the Plan's unfunded obligations. These amounts are reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance for credit losses was \$1,477,584.

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any amounts received by the Plan during the 90-day period subsequent to the fiscal year-end date which relates to performances on or before December 31 of the respective years and an estimate based on delinquent accounts. The carrying amount of employers' contributions receivables is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance for credit losses was \$0.

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

Fixed Assets, Depreciation and Amortization

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

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

Operating Expenses

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

Leases

The Plan recognizes a lease liability and a right-of-use asset on the statements of net assets available for benefits for all operating leases with contractual terms longer than 12 months. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its useful life. All other leases are categorized as operating leases. Operating leases with contractual terms of 12 months or less are not recognized on the statements of net assets available for benefits. The Plan has no financing leases at December 31, 2024 or 2023.

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

Lease liabilities are recognized at the present value of the fixed lease payments, reduced by landlord incentives, using a risk-free rate as the discount rate. The weighted average remaining lease term at December 31, 2024 and 2023 was 1.25 years and 1.17 years, respectively. The weighted average discount rate at December 31, 2024 and 2023 was 3.55% and 3.50%, respectively. Right-of-use assets are recognized based on the initial present value of the fixed lease payments, reduced by landlord incentives, plus any direct costs from executing the leases. Leased assets are tested for impairment in the same manner as long-lived assets used in operations. There were no indicators of impairment during the year ended December 31, 2024.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 7, 2025, the date that the financial statements were available to be issued, and other than the extension of the office lease described in Note 8, management is not aware of any events that would require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits as of December 31, 2023:

Vested benefits	
Participants currently receiving benefits	\$ 2,807,192,715
Other participants	3,460,164,048
	<u>6,267,356,763</u>
Nonvested benefits	<u>93,771,626</u>
Present value of administrative expenses	
Vested participants	235,563,245
Nonvested participants	3,524,476
	<u>239,087,721</u>
Total actuarial present value of accumulated	
plan benefits at December 31, 2023	<u>\$ 6,600,216,110</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 consisted of the following:

Actuarial present value of accumulated	
plan benefits at January 1, 2023	\$ 6,396,625,844
Changes to actuarial assumptions	(8,174,935)
Benefits accumulated, net liability gain or loss,	
changes in data	110,745,040
Benefits and administrative expenses paid	(349,474,094)
Interest	<u>450,494,255</u>
Total actuarial present value of accumulated	
plan benefits at December 31, 2023	<u>\$ 6,600,216,110</u>

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. Following is a listing of significant actuarial assumptions used in the valuation as of December 31, 2023:

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

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

- Assumed net investment return of 7.25% per year, compounded annually, net of investment expense.
- Administrative expenses - \$18,000,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

Since the prior valuation, the operating expense assumption was raised from \$16.5 million to \$18 million. There have been no other assumption changes since the prior valuation.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

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

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

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

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate bonds	\$ -	\$ 84,385,866	\$ -	\$ 84,385,866
Asset backed securities	-	37,907,490	-	37,907,490
U.S. and other government securities	-	136,386,936	-	136,386,936
Registered investment companies	55,262,788	-	-	55,262,788
Real estate	-	-	63,318,466	63,318,466
Short-term investments	<u>4,725,478</u>	<u>75,226,473</u>	<u>-</u>	<u>79,951,951</u>
Total investments in the fair value hierarchy	<u>\$ 59,988,266</u>	<u>\$ 333,906,765</u>	<u>\$ 63,318,466</u>	457,213,497
Investments measured at net asset value				<u>4,745,352,154</u>
Total investments at fair value				<u>\$ 5,202,565,651</u>

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

Included in registered investment companies at December 31, 2024 and 2023 is \$1,902,457 and \$1,683,698, respectively, of investments related to the SAG-Producers Pension Plan 457 Deferred Compensation Plan sponsored by the Plan. This amount is reported on the statements of net assets available for benefits as investments at fair value and as a corresponding liability due to SAG-Producers Pension Plan 457 Deferred Compensation Plan.

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

	2024	2023
Balance at beginning of year	\$ 64,275,510	\$ 84,228,531
Unrealized losses	<u>(957,044)</u>	<u>(19,953,021)</u>
Balance at end of year	<u>\$ 63,318,466</u>	<u>\$ 64,275,510</u>

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

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

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

2024				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values
Real estate	\$ 63,318,466	Income capitalization approach	DCF \$/SF (NRA)	\$382/SF
			Holding period	10 years
			Terminal capitalization rate	7.25%
			Internal rate of return	9.00%
2023				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values
Real estate	\$ 64,275,510	Income capitalization approach	DCF \$/SF (NRA)	\$385/SF
			Holding period	10 years
			Terminal capitalization rate	7.00%
			Internal rate of return	8.75%

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

	2024		2023		Redemption Frequency	Redemption Notice Period
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments		
US Equity Managers (a)	\$ 976,094,990	\$ -	\$ 844,867,125	\$ -	Daily	None
Global Equity Managers (b)	924,462,256	-	847,133,949	-	Daily	None
International Equity Managers (c)	459,775,080	-	404,759,431	-	Daily/Monthly	30 Days
Emerging Markets Equity Managers (d)	252,818,760	-	230,390,205	-	Daily/Monthly	5 Days
Fixed Income Managers (e)	443,788,197	-	423,008,272	-	Daily/Monthly/Quarterly	45 to 60 Days
Real Estate Managers (f)	740,910,266	8,047,209	640,397,409	8,047,209	Quarterly/Upon Liquidation	45 to 90 Days/Upon Liquidation
Global Macro Managers (g)	237,563,417	-	213,698,673	-	Weekly/Monthly	3 to 5 Days
Long Term Government Bond (h)	82,613,254	-	88,247,110	-	Daily	None
Private Debt Managers (i)	321,485,534	2,023,437	263,720,924	259,939,090	Upon Liquidation	Upon Liquidation
Private Equity (j)	286,828,223	230,563,971	264,480,158	188,249,631	Upon Liquidation	Upon Liquidation
Real Assets (k)	19,012,177	31,083,594	-	-	Upon Liquidation	Upon Liquidation
	<u>\$ 4,745,352,154</u>	<u>\$ 271,718,211</u>	<u>\$ 4,220,703,256</u>	<u>\$ 456,235,930</u>		

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

5. DERIVATIVES

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

2024			
	<u>Number of Contracts</u>	<u>Maturity Date</u>	<u>Notional Amount</u>
International Equity Index Futures			
MSCI EAFE Future	418	Mar-2025	\$ 47,390,750
Fixed Income Futures			
Future U.S. Treasury Note 5 year	141	Mar-2025	14,988,961
Future U.S. Treasury Note 2 year	74	Mar-2025	15,215,094
Future U.S. Treasury Note 10 year	62	Mar-2025	6,742,500
Future U.S. Treasury Long bond	55	Mar-2025	6,261,406
Future U.S. Treasury Ultra Note 10 year	48	Mar-2025	5,343,000
Future U.S. Treasury Ultra Bond	43	Mar-2025	5,112,969
Total fixed income futures			53,663,930
			<u>\$ 101,054,680</u>
2023			
	<u>Number of Contracts</u>	<u>Maturity Date</u>	<u>Notional Amount</u>
International Equity Index Futures			
MSCI EAFE Future	36	Mar-2024	\$ 8,676,000
International Equity Index Futures			
MSCI Emerging Markets Future	239	Mar-2024	12,352,715
MSCI EAFE Future	611	Mar-2024	68,810,820
Total international equity futures			<u>81,163,535</u>
Fixed Income Futures			
Future U.S. Treasury Note 5 year	55	Mar-2024	5,982,539
Future U.S. Treasury Note 2 year	29	Mar-2024	5,971,508
Future U.S. Treasury Note 10 year	29	Mar-2024	3,273,828
Future U.S. Treasury Long bond	24	Mar-2024	2,998,500
Future U.S. Treasury Ultra Note 10 year	22	Mar-2024	2,596,344
Future U.S. Treasury Ultra Bond	16	Mar-2024	2,137,500
Total fixed income futures			22,960,219
			<u>\$ 112,799,754</u>

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

As of December 31, 2024, the fair value of futures contracts in the statements of net assets available for benefits is (\$2,294,177) and is included in short term investments in the fair value hierarchy table. During the year ended December 31, 2024, the Plan recognized net appreciation in the fair value of futures contracts of \$6,103,019, which is included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

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

6. FIXED ASSETS

At December 31, fixed assets comprised the following:

	<u>2024</u>	<u>2023</u>
Office furniture	\$ 15,707	\$ 27,586
Office equipment	33,641	33,641
Computer equipment, software and licenses	27,683,083	27,024,985
Leasehold improvements	737,599	622,079
Projects in progress	<u>1,600,290</u>	<u>680,673</u>
	30,070,320	28,388,964
Less: Accumulated depreciation and amortization	<u>(24,450,351)</u>	<u>(23,654,335)</u>
	<u>\$ 5,619,969</u>	<u>\$ 4,734,629</u>

Total depreciation and asset retirements expense of \$867,642 and \$1,023,580 is included in general and administrative expenses on the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

7. RELATED PARTY TRANSACTIONS

During 2024 and 2023, the Plan provided administrative services to the Health Plan, IACF and BAPI.

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

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

	<u>2024</u>	<u>2023</u>
Receivable due from related parties		
Health Plan	\$ 7,999,685	\$ -
IACF	122,674	-
BAPI	<u>6,524</u>	<u>15,193</u>
	<u>\$ 8,128,883</u>	<u>\$ 15,193</u>
Payable due to related parties		
Health plan	\$ -	\$ 548,623
IACF	<u>-</u>	<u>135,651</u>
	<u>\$ -</u>	<u>\$ 684,274</u>

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

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

	<u>2024</u>			
	<u>Pension Plan</u>	<u>Health Plan</u>	<u>IACF</u>	<u>Total</u>
Salaries and related expenses	\$ 7,459,148	\$ 14,392,112	\$ 316,616	\$ 22,167,876
Rent expense	743,963	2,088,817	28,614	2,861,394
Other administrative expenses	<u>10,224,099</u>	<u>15,485,424</u>	<u>1,177,416</u>	<u>26,886,939</u>
	<u>\$ 18,427,210</u>	<u>\$ 31,966,353</u>	<u>\$ 1,522,646</u>	<u>\$ 51,916,209</u>
	<u>2023</u>			
Salaries and related expenses	\$ 7,089,242	\$ 16,504,947	\$ 321,638	\$ 23,915,827
Rent expense	719,605	2,019,490	28,617	2,767,712
Other administrative expenses	<u>9,774,664</u>	<u>15,499,295</u>	<u>1,112,708</u>	<u>26,386,667</u>
	<u>\$ 17,583,511</u>	<u>\$ 34,023,732</u>	<u>\$ 1,462,963</u>	<u>\$ 53,070,206</u>

The cost of certain fixed assets acquired is allocated to the Plan, Health Plan, and IACF. For the years ended December 31, 2024 and 2023, the cost that was allocated to the Plan was \$855,610 and \$3,556,686, respectively.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

8. LEASING ACTIVITIES

BAPI is the lessor of an office building. The leases are non-cancelable and expire on various dates through 2029. Net income from income-producing property of \$4,494,932 and \$5,632,437 is presented net of BAPI operating expenses for the years ended December 31, 2024 and 2023, respectively.

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

	<u>2024</u>	<u>2023</u>
Assets	\$ 64,147,468	\$ 65,640,607
Liabilities	\$ 829,002	\$ 1,365,097
Net income from income-producing property	\$ 4,494,932	\$ 5,632,437

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

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities for the years subsequent to December 31, 2024:

2025	\$ 2,485,070
2026	38,914
2027	38,914
2028	38,914
2029	<u>32,428</u>
Total future annual payments	2,634,240
Less: Imputed interest	<u>(56,361)</u>
Total lease liability	<u>\$ 2,577,879</u>

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

2025	\$ 6,601,487
2026	4,311,700
2027	1,189,706
2028	460,538
2029	474,354
Thereafter	<u>162,862</u>
	<u>\$ 13,200,647</u>

Total lease expense for operating leases was \$2,242,363 and \$2,381,397 for the years ended December 31, 2024 and 2023, respectively. The portion of lease expense allocated to the Plan for operating leases was \$769,475 and \$747,229 for the years ended December 31, 2024 and 2023, respectively, and is included in general and administrative expenses on the statements of changes in net assets available for benefits. Because BAPI is reflected in these financial statements as an investment and not consolidated, these amounts were not eliminated in consolidation.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

On September 2, 2025 (the Effective Date), the Plan entered into a lease extension agreement with BAPI. The lease extension term is for 127 months, beginning after the improvements to the space specified in the lease are complete. The lease calls for monthly payments of approximately \$215,000 per month in the first 12 months of the lease.

RISKS AND UNCERTAINTIES

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

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

The Plan has significant cash balances at financial institutions, which throughout the year regularly exceed the federally insured limit of \$250,000. As of December 31, 2024, the Plan has cash balances at financial institutions totaling \$16,021,124 that exceed the federally insured limit. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

9. TAX STATUS

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

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

Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

Screen Actors Guild - Producers Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

10. PLAN TERMINATION

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

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

SUPPLEMENTARY INFORMATION

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2024

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value						
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value	
Interest-Bearing Cash								
	CASH HELD AT BEACH POINT CAPITAL	STIF	VAR	N/A	\$ 4,725,479	\$ 4,725,479	\$ 4,725,479	
	NT COLLECTIVE GOVT SHORT TERM INVT FD	STIF	VAR	N/A	75,226,473	75,226,473	75,226,472	
						<u>79,951,952</u>	<u>79,951,951</u>	
Government Bonds								
	UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027	Government Bonds	3.75%	8/15/2027	2,930,000	2,928,712	2,892,459	
	UNITED STATES OF AMER TREAS NOTES 3.875% 10-15-2027	Government Bonds	3.88%	10/15/2027	4,125,000	4,097,347	4,081,172	
	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	Government Bonds	4.00%	1/15/2027	1,320,000	1,319,996	1,313,400	
	UNITED STATES OF AMER TREAS NOTES 4.125% 11-15-2027	Government Bonds	4.13%	11/15/2027	2,915,000	2,915,198	2,901,791	
	UNITED STATES OF AMER TREAS NOTES 4.125%02-15-2027	Government Bonds	4.13%	2/15/2027	1,140,000	1,130,296	1,136,794	
	UNITED STATES OF AMER TREAS NOTES 4.25% 02-28-2029	Government Bonds	4.25%	2/28/2029	1,445,000	1,444,768	1,438,057	
	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	Government Bonds	4.25%	11/15/2034	8,220,000	8,098,907	9,232,679	
	UNITED STATES OF AMER TREAS NOTES 4.375%07-15-2027	Government Bonds	4.38%	7/15/2027	755,000	761,370	756,858	
	UNITED STATES OF AMER TREAS NOTES 4.5% 04-15-2027	Government Bonds	4.50%	4/15/2027	735,000	727,853	738,618	
	UNITED STATES OF AMER TREAS NOTES 4.5% 05-15-2027	Government Bonds	4.50%	5/15/2027	2,745,000	2,731,014	2,758,403	
	UNITED STATES OF AMER TREAS NOTES 4.625%04-30-2029	Government Bonds	4.63%	4/30/2029	700,000	697,320	706,617	
	UNITED STATES TREAS 2.375% DUE 02-15-2042 REG	Government Bonds	2.38%	2/15/2042	825,000	631,559	587,974	
	UNITED STATES TREAS 4.625% 06-15-2027	Government Bonds	4.63%	6/15/2027	2,080,000	2,086,581	2,097,225	
	UNITED STATES TREAS NTS 4.0% 12-15-2027	Government Bonds	4.00%	12/15/2027	1,560,000	1,548,039	1,547,813	
	UNITED STATES TREAS NTS 4.25% 11-30-2026	Government Bonds	4.25%	11/30/2026	-	-	-	
	UNITED STATES TREAS NTS 4.625% 11-15-2026	Government Bonds	4.63%	11/15/2026	-	-	-	
	UNITED STATES TREAS NTS DTD 03/15/2024 4.25% 03-15-2027	Government Bonds	4.25%	3/15/2027	2,780,000	2,767,793	2,779,023	
	US TREASURY N/B 3.625% 09-15-2027	Government Bonds	3.38%	9/15/2027	3,630,000	3,591,631	3,546,907	
	US TREASURY N/B 3.875% 08-15-2034	Government Bonds	3.88%	8/15/2034	6,805,000	6,851,503	6,436,041	
	US TREASURY N/B 4.25% 08-15-2054	Government Bonds	4.25%	8/15/2054	21,620,000	21,307,172	19,778,922	
	UTD STATES TREAS 4.375% DUE 12-31-2029	Government Bonds	4.38%	12/31/2029	1,485,000	1,484,072	1,484,072	
	FEDERAL HOME LN MTG CORP POOL #SD3631 3%07-01-2052 BEO	Government Mortgage Backed Securities	3.00%	7/1/2052	1,066,150	941,210	905,600	
	FEDERAL HOME LN MTG CORP POOL #SD8244 4%DUE 09-01-2052 BEO	Government Mortgage Backed Securities	4.00%	9/1/2052	3,215,916	3,003,039	2,944,737	
	FEDERAL HOME LN MTG CORP POOL #SD8463 6.0% 09-01-2054	Government Mortgage Backed Securities	6.00%	9/1/2054	7,850,838	7,917,079	7,904,980	
	FEDERAL HOME LOAN MORTGAGE CORP 4.5% 12-01-2052	Government Mortgage Backed Securities	4.50%	12/1/2052	5,514,078	5,303,662	5,191,258	
	FNMA POOL #MA4732 4% 09-01-2052 BEO	Government Mortgage Backed Securities	4.00%	9/1/2052	9,972,696	9,272,270	9,131,757	
	FNMA POOL #MA4978 5% 04-01-2053 BEO	Government Mortgage Backed Securities	5.00%	4/1/2053	6,238,296	6,137,994	6,021,400	
	FNMA POOL #MA5107 5.5% 08-01-2053 BEO	Government Mortgage Backed Securities	5.50%	8/1/2053	16,703,402	16,839,392	16,490,901	
	FNMA POOL #MA5215 5.5% 12-01-2053 BEO	Government Mortgage Backed Securities	5.50%	12/1/2053	4,110,223	4,099,014	4,057,813	
	FNMA POOL #MA5471 6% 09-01-2054 BEO	Government Mortgage Backed Securities	6.00%	9/1/2054	5,368,564	5,458,320	5,397,431	
	FNMA POOL #MA5498 6% 10-01-2054 BEO	Government Mortgage Backed Securities	6.00%	10/1/2054	6,481,001	6,560,242	6,515,850	
	FNMA POOL #MA5530 5% 11-01-2054 BEO	Government Mortgage Backed Securities	5.00%	11/1/2054	3,878,391	3,836,274	3,743,456	
	UNITED STATES TREAS BDS 2.125% 02-15-2054	Index Linked Government Bonds	2.19%	2/15/2054	1,960,000	1,918,412	1,866,928	
						<u>138,408,039</u>	<u>136,386,936</u>	

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Screen Actors Guild - Producers Pension Plan
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December 31, 2024

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds							
	AMSR 2024-SFR2 TR 4.15% DUE 11-17-2041		4.15%	11/17/2041	\$ 170,000	\$ 162,663	\$ 162,159
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2028		4.98%	11/15/2028	500,000	499,933	504,815
	BMW VEH LEASE TR SER 21-1 CL A3 4.98% 03-25-2027		4.98%	3/25/2027	500,000	499,988	502,655
	BMW VEHICLE LEASE TRUST SER 24-2 CL A3 4.18% 10-25-2027		4.18%	10/25/2027	500,000	499,954	496,011
	CAP 1 PRIME AUTO 5.82% DUE 06-15-2028		5.82%	6/15/2028	700,000	712,551	712,214
	CARMAX AUTO OWNER FIXED 6% DUE 07-17-2028		6.00%	7/17/2028	750,000	766,113	765,446
	CARMAX AUTO OWNER TR SR 24-1 CL A3 4.92% 10-16-2028		4.92%	10/16/2028	500,000	499,962	502,724
	CARMAX AUTO OWNER TRUST SER 23-3 CL A3 6% 05-15-2028		5.28%	5/15/2028	750,000	752,695	756,342
	CARVANA AUTO 1.64% DUE 12-10-2027		1.64%	12/10/2027	150,000	137,414	145,116
	CARVANA AUTO 5.42% DUE 04-10-2028		5.42%	4/10/2028	193,303	191,544	194,262
	CARVANA AUTO 5.62% DUE 01-10-2029		5.62%	1/10/2029	400,000	399,958	404,884
	CARVANA AUTO RECEIVABLES TR 2021-P3 ASSET BACKED NT CL A-4 1.03% 06-10-2027		1.03%	6/10/2027	259,000	235,164	250,198
	CYRUSONE DATA CTRS ISSUER I LLC SECD DATA CTR REV TERM NT 4.3% 04-20-2048		4.30%	4/20/2048	100,000	95,125	96,176
	FLAGSTAR MTG TR 2021-4 2.5% 06-01-2051		2.50%	6/1/2051	170,545	145,709	146,642
	GMF FLOORPLAN 5.34% DUE 06-15-2028		5.34%	6/15/2028	700,000	701,641	707,865
	NISSAN MASTER 5.05% DUE 02-15-2029		5.05%	2/15/2029	500,000	499,967	503,994
	ONEMAIN DIRECT 4.65% DUE 03-14-2029		4.65%	3/14/2029	460,194	452,429	460,007
	PFS FING CORP 4.9499980927% DUE 02-15-2029		4.95%	2/15/2029	600,000	599,971	603,144
	PORSCHE FINL AUTO 5.79% DUE 01-22-2029		5.79%	1/22/2029	700,000	709,160	705,636
	PVTPL CARVANA AUTO RECEIVABLES TRUST SER24-P1 CL A3 5.05% 04-10-2029		5.05%	4/10/2029	700,000	699,928	703,966
	PVTPL KKR FINANCIAL CLO LTD SR 40A CL AR FLTGT RT 10-20-2034		5.92%	10/20/2034	300,000	300,000	300,357
	PVTPL KUBOTA CR OWNER TR 2022-2 NT CL A-3 144A 4.09% DUE 12-15-2026 BEO		4.09%	12/15/2026	81,508	79,477	81,264
	PVTPL MMAF EQUIPMENT FINANCE LLC SR 24-ACL A3 4.95% 07-14-2031		4.95%	7/14/2031	400,000	399,927	401,952
	PVTPL PFS FING CORP 2024-F ASSET BACKED CTF CL A 144A 4.75% DUE 08-15-2029 BEO		4.75%	8/15/2029	700,000	699,928	698,304
	PVTPL STANWICH MTG LN TR SER 2010-2 CL A144A VAR RT DUE 02-28-2057 BEO		0.01%	2/28/2057	6,146	3,246	3,380
	PVTPL T-MOBILE US TR 2024-1 5.05% DUE 09-30-2029		5.05%	9/20/2029	300,000	299,962	302,068
	PVTPL T-MOBILE US TRUST SR 24-2A CL A 4.76% 05-15-2029		4.25%	5/21/2029	300,000	299,943	297,789
	SANTANDER DR AUTO 5.78% DUE 07-16-2029		5.78%	7/16/2029	200,000	199,991	203,247
	SUBWAY FDG LLC 5.246% DUE 07-30-2054		5.25%	7/30/2054	200,000	200,316	194,729
	TOYOTA AUTO RECEIVABLES OWNER TRUST SER 23-C CL A3 5.16% DUE 04-17-2028		5.16%	4/17/2028	700,000	701,148	705,464
	TOYOTA LEASE OWNER 5.66% DUE 11-20-2026		5.66%	11/20/2026	700,000	706,699	706,183
	VANTAGE DATA CTRS 0% DUE 09-15-2054		5.10%	9/15/2054	300,000	300,000	294,384
	VB-S1 ISSUER LLC 0% DUE 05-15-2054		5.59%	5/15/2054	400,000	396,954	400,539
	WESTLAKE 5.8% DUE 02-16-2027		5.80%	2/16/2027	658,318	658,344	660,050
	WESTLAKE 5.82% DUE 05-17-2027		5.82%	5/17/2027	200,000	200,164	201,397
	WORLD OMNI AUTO RECEIVABLES TRUST SER 23-C CL A3 5.15% DUE 11-15-2028		5.15%	11/15/2028	700,000	699,617	704,979
	WORLD OMNI SELECT AUTO TR SR 23-A CL A3 5.65% 07-17-2028		5.65%	7/17/2028	750,000	750,205	755,372
	FLAGSTAR MTG TR 2021-12 MTG PASS THRU CTF CL A-2 2.5% 11-25-2051		2.50%	11/25/2051	1,384,231	1,086,399	1,106,342
	FLAGSTAR MTG TR 2021-4 MTG PASSTHRU CTF CL A-1 2.5% 06-01-2051		2.50%	6/1/2051	995,563	792,561	793,262
	FLAGSTAR MTG TR FLTGT RT 2.5% DUE 08-25-2051		2.50%	8/25/2051	2,214,311	1,823,499	1,764,356
	GS MTG-BACKED SECS FLTGT RT 2.5% DUE 12-25-2051		2.50%	12/25/2051	940,037	769,068	753,131
	GS MTG-BACKED SECS TR 2020-INV1 2.90765%10-25-2050		2.91%	10/25/2050	744,937	634,586	621,382
	J P MORGAN MTG TR 2021-14 5% 05-25-2052		5.00%	5/25/2052	386,334	372,933	368,215

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		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)							
	J P MORGAN MTG TR 2021-3 MTG PASS THRU CTF CL A-3 2.5% 07-25-2051		2.50%	7/25/2051	\$ 1,027,321	\$ 829,753	\$ 819,850
	J P MORGAN MTG TR 2021-4 MTG PASSTHRU CTF CL A-3 2.5% 08-25-2051		2.50%	8/25/2051	989,320	794,640	790,760
	J P MORGAN MTG TR 2024-3 MTG PASS THRU CTF CL A-3 3% 05-25-2054		3.00%	5/25/2054	1,036,660	866,583	865,368
	J P MORGAN MTG TR 2024-7 MTG PASS THRU CTF CL A-3 3% 04-25-2053		3.00%	4/25/2053	570,081	488,755	475,884
	JP MORGAN MORTGAGE TRUST 2021-10 JPMMT 2021-10 A3A 2% 12-25-2051		2.00%	12/25/2051	1,357,324	1,029,021	1,033,475
	MELLO MTG CAP ACCEP 2021-INV1 MTG PASSTHRU CTF CL A-4 2.5% 06-25-2051		2.50%	6/25/2051	956,915	834,460	837,194
	OBX 2021-INV2 TR FLTG RT 2.5% DUE 10-25-2051		2.50%	10/25/2051	1,131,060	921,099	901,225
	OBX 2023-INV1 TR MTG PASSTHRU CTF CL A-13% 01-25-2052		3.00%	1/25/2052	615,420	515,605	512,563
	PRMI SECURITIZATION TRUST 2.5% 04-25-2051		2.50%	4/25/2051	465,683	406,961	407,140
	PSMC 2021-2 TR FLTG RT 2.5% DUE 05-25-2051		2.50%	5/25/2051	685,512	603,999	606,315
	PVTPL CMO CYRUSONE DATA CTRS ISSUER I LLC SR 24-2A CL A 2 4.5% 05-20-2049		4.50%	5/20/2049	200,000	180,221	190,589
	PVTPL CMO FLAGSTAR MTG TR 2021-7 CL A-1 VAR 08-25-2051 BEO		2.50%	8/25/2051	1,381,854	1,084,533	1,101,057
	PVTPL CMO GS MORTGAGE-BACKED SECURITIES TRUST SR 21-GR2 CL A2 VAR RT 02-25-2052		2.50%	2/25/2052	994,777	818,204	795,122
	PVTPL CMO GS MTG-BACKED SECS TR 2021-PJ2 CTF CL A-2 VAR RT DUE 07-25-2051		2.50%	7/25/2051	1,075,413	879,814	858,230
	PVTPL CMO GS MTG-BACKED SECS TR 2022-PJ6GSMBS 2022-PJ6 A4 VAR RT 01-25-2053		3.00%	1/25/2053	612,721	517,649	509,181
	PVTPL CMO J P MORGAN MTG SER 17-2 CL A7 FLTG RT 05-25-2047		3.50%	5/25/2047	346,130	307,191	306,619
	PVTPL CMO J P MORGAN MTG TR 2021-7 SR 21-7 CL A-3 VAR RT 11-25-2051		2.50%	11/25/2051	1,190,170	969,245	955,703
	PVTPL CMO J P MORGAN MTG TR 2021-8 SER 21-8 CL A3 VAR RT DUE 12-25-2051		2.50%	12/25/2051	940,083	739,875	754,931
	PVTPL CMO J P MORGAN MTG TR 2022-6 VAR RT 11-25-2052		3.00%	11/25/2052	552,395	466,601	460,596
	PVTPL CMO MELLO MTG CAP ACCEP SER 21-MTG2 CL A1 VAR RT 06-25-2051		2.50%	6/25/2051	333,724	271,464	265,910
	PVTPL CMO SEQUOIA MTG TR 2021-1 25/03/2051 VAR RT DUE 03-25-2051 BEO		2.50%	3/25/2051	1,505,814	1,217,357	1,203,593
	PVTPL CMO SEQUOIA MTG TR 2021-4 25/06/2051 VAR RT DUE 06-25-2051 BEO		2.50%	6/25/2051	932,567	761,853	744,232
	PVTPL CMO SWITCH ABS ISSUER LLC SR 24-2A CL A2 5.44% 05-25-2054		5.44%	6/25/2054	300,000	288,720	299,217
	STACK 5.9% DUE 03-25-2049		5.90%	3/25/2049	200,000	198,695	203,286
	PVTPL MACQUARIE BANK LTD 5.391% 12-07-2026		5.39%	12/7/2026	350,000	350,263	355,369
	BANK MONTREAL QUE 4.567% 09-10-2027		4.57%	9/10/2027	320,000	320,000	318,996
	BK NOVA SCOTIA B C 5.4% DUE 06-04-2027		5.40%	6/4/2027	205,000	204,770	208,257
	CANADIAN IMPERIAL BANK 5.237% 06-28-2027		5.24%	6/28/2027	355,000	355,000	358,765
	NATL BK CDA MEDIUM FLTG RT 5.6% DUE 07-02-2027		5.60%	7/2/2027	355,000	354,769	358,935
	PVTPL 6297782 LLC 4.911% 09-01-2027		4.91%	9/1/2027	125,000	125,000	124,569
	PVTPL AIR CDA PASS THRU TR 2020-2A 5.25%DUE 10-01-2030 BEO		5.25%	10/1/2030	799,147	785,162	796,402
	ROYAL BANK OF CANADA 4.65% 10-18-2030		4.65%	10/18/2030	825,000	825,000	807,917
	ROYAL BANK OF CANADA MTN 4.522% 10-18-2028		4.52%	10/18/2028	320,000	320,000	317,309
	TRANSCANADA 4.1% DUE 04-15-2030		4.10%	4/15/2030	860,000	812,829	816,624
	PVTPL DANSKE BANK A/S 5.427% 03-01-2028		5.43%	3/1/2028	200,000	200,000	201,734
	BANQUE FEDERATIVE 5.088% DUE 01-23-2027		5.09%	1/23/2027	200,000	200,000	200,434
	BPCE SR NON PFD VAR RT 5.975% DUE 01-18-2027		5.98%	1/18/2027	350,000	348,663	352,737
	PVTPL BPCE SA 5.203% 01-18-2027		5.20%	1/18/2027	250,000	250,000	251,262
	PVTPL CREDIT AGRICOLE S.A.(LONDON BRANCH) 5.589% 07-05-2026		5.59%	7/5/2026	350,000	351,887	354,010
	PVTPL BMW US CAPITAL LLC NT 4.6% 08-13-2027		4.60%	8/13/2027	135,000	134,989	134,307
	PVTPL DAIMLER TRUCK FIN NORTH AMER LLC 5.0% 01-15-2027		5.00%	1/15/2027	150,000	149,750	150,321
	PVTPL DAIMLER TRUCKS FIN NORTH AMER 5.125% 09-25-2027		5.13%	9/25/2027	150,000	149,495	150,859
	PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.3% 03-22-2027		5.30%	3/22/2027	370,000	369,593	370,337
	PVTPL VOLKSWAGEN GROUP AMER FIN LLC 5.3% 03-22-2027		5.30%	3/22/2027	825,000	824,093	825,751
	SUMITOMO MITSUI FINL GROUP INC 5.88% 07-13-2026		5.88%	7/13/2026	350,000	353,728	355,952
	BANCO SANTANDER SA FLTG RT 07-15-2028		5.37%	7/15/2028	200,000	200,000	201,334
	PVTPL UBS GROUP AG SR 3.126% 08-13-2030		3.13%	8/13/2030	500,000	443,875	456,781
	HSBC HLDGS PLC 4.95% DUE 03-31-2030		4.95%	3/31/2030	750,000	742,028	742,374

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(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)							
	PVTPL BAE SYS PLC 5.0% 03-26-2027		5.00%	3/26/2027	\$ 200,000	\$ 199,182	\$ 200,872
	PVTPL BRITISH AIR 21-1 A PPT 2.9% 09-15-2036		2.90%	9/15/2036	289,137	251,635	255,003
	PVTPL BRITISH AWYS PASS THRU CTF SER 2020-1A CTF CL A 4.25% 05-15-2034		4.25%	5/15/2034	55,587	51,140	52,687
	PVTPL BRITISH AWYS PASS THRU CTF 3.3% FIXED 06-15-2034 BEO		3.30%	6/15/2034	151,915	136,397	139,222
	SMITH & NEPHEW PLC 5.15% 03-20-2027		5.15%	3/20/2027	80,000	79,914	80,567
	AGREE LTD PARTNERSHIP 2.0% DUE 06-15-2028 BEO		2.00%	6/15/2028	1,250,000	1,085,013	1,132,147
	AIR LEASE CORP MED 2.875% DUE 01-15-2026		2.88%	1/15/2026	350,000	329,721	342,548
	AMER AIRLINES FIXED 3.15% 08-15-2033		3.15%	8/15/2033	196,522	175,880	177,733
	AMEREN CORP 5.7% 12-01-2026		5.70%	12/1/2026	350,000	353,409	355,676
	AMERICAN AIRLINES INC. 3.575% A/BKD 07-15-2029 USD/AA'		3.58%	7/15/2029	229,182	205,118	220,356
	AMERICAN AIRLS 2017-2 AA PTT 3.35% DUE 04-15-2031		3.35%	4/15/2031	654,687	586,949	613,201
	AMERICAN EXPRESS CO 5.043% 07-26-2028		5.04%	7/26/2028	650,000	650,000	653,334
	AMERICAN EXPRESS CO 5.043% 07-26-2028		5.04%	7/26/2028	195,000	195,000	196,000
	AMERICAN EXPRESS CO 5.389% 07-28-2027		5.39%	7/28/2027	350,000	349,958	353,856
	AMERICAN EXPRESS CO 6.338% 10-30-2026		6.34%	10/30/2026	350,000	355,233	354,332
	APPALACHIAN PWR CO SR NT SER AA 2.7% 04-01-2031		2.70%	4/1/2031	1,100,000	936,639	949,713
	ARTHUR J GALLAGHER & CO 4.6% 12-15-2027		4.60%	12/15/2027	75,000	74,939	74,677
	ATHENE GLOBAL FDG 5.516% DUE 03-25-2027		5.52%	3/25/2027	360,000	360,000	364,199
	BANK AMER CORP 5.015% DUE 07-22-2033/01-22-2023 BEO		5.02%	7/22/2033	1,845,000	1,819,262	1,808,878
	BANK AMER CORP FIXED 4.827% 07-22-2026		4.83%	7/22/2026	350,000	345,510	349,961
	BANK OF AMERICA CORPORATION 5.08% DUE 01-20-2027		5.08%	1/20/2027	350,000	346,241	350,998
	BANK OF NEW YORK MELLON CORP 4.967% 04-26-2034		4.97%	4/26/2034	1,000,000	990,220	980,236
	BP CAP MKTS AMER INC 4.989% 04-10-2034		4.99%	4/10/2034	390,000	389,914	379,438
	BP CAP MKTS AMER INC 5.227% 11-17-2034		5.23%	11/17/2034	945,000	945,000	931,545
	BSTN UNIV MEDIUM 7.625% DUE 07-15-2097		7.63%	7/15/2097	180,000	240,300	193,408
	BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052		2.88%	6/15/2052	675,000	473,094	420,799
	CAP 1 FINL CORP 7.149% DUE 10-29-2027		7.15%	10/29/2027	175,000	181,172	181,603
	CENCORA INC 4.625% 12-15-2027		4.63%	12/15/2027	80,000	79,852	80,012
	CITIBANK N A 4.876% 11-19-2027		4.88%	11/19/2027	370,000	370,000	370,302
	CITIGROUP INC 3.785% 03-17-2033		3.79%	3/17/2033	2,035,000	1,826,168	1,827,472
	CITIGROUP INC 4.542% 09-19-2030		4.54%	9/19/2030	530,000	530,000	515,092
	CITIGROUP INC 5.61% 09-29-2026		5.61%	9/29/2026	700,000	699,328	703,803
	CONAGRA BRANDS INC 5.3% 10-01-2026		5.30%	10/1/2026	235,000	234,626	237,371
	CONSOLIDATED EDISON CO N Y INC 3.35% DUE 04-01-2030 REG		3.35%	4/1/2030	200,000	185,898	185,816
	DARDEN RESTAURANTS INC 4.35% 10-15-2027		4.35%	10/15/2027	145,000	144,970	143,054
	DELL INTL L L C/EMC CORP 6.02% DUE 06-15-2026		6.02%	6/15/2026	250,000	252,840	253,608
	DELTA AIR LINES INC DEL 2.0% 12-10-2029 REG		2.00%	12/10/2029	654,180	589,933	602,219
	DIAMONDBACK ENERGY INC 5.2% 04-18-2027		5.20%	4/18/2027	45,000	44,980	45,440
	DOMINION ENERGY INC 3.375% DUE 04-01-2030 REG		3.38%	4/1/2030	600,000	548,940	552,051
	DTE ELEC CO 5.2% DUE 04-01-2033		5.20%	4/1/2033	1,145,000	1,186,448	1,144,203
	DTE ENERGY CO 2.85% DUE 10-01-2026		2.85%	10/1/2026	350,000	327,943	339,037
	DTE ENERGY CO 4.95% 07-01-2027		4.95%	7/1/2027	110,000	109,869	110,401
	DUKE ENERGY CAROLINAS LLC 4.95% 01-15-2033		4.95%	1/15/2033	330,000	330,795	324,544
	DUKE ENERGY FLA LLC 5.875% 11-15-2033		5.88%	11/15/2033	1,675,000	1,799,118	1,744,043
	DUKE ENERGY IND LLC 5.25% 03-01-2034		5.25%	3/1/2034	480,000	478,411	479,948

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Screen Actors Guild - Producers Pension Plan
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EIN #95-2110997, Plan #001
December 31, 2024

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Corporate Bonds (continued)								
	ENERGY TRANSFER L P 6.05% 12-01-2026		6.05%	12/1/2026	\$ 350,000	\$ 354,963	\$ 357,494	
	ENTERGY AR LLC FIXED 3.35% DUE 06-15-2052		3.35%	6/15/2052	750,000	546,495	502,986	
	ENTERGY ARK LLC 5.45% 06-01-2034		5.45%	6/1/2034	530,000	529,608	537,682	
	ENTERGY ARKANSAS LLC 5.3% 09-15-2033		5.30%	9/15/2033	700,000	716,345	704,778	
	ENTERGY LA LLC 5.35% DUE 03-15-2034		5.35%	3/15/2034	575,000	573,977	574,647	
	FLORIDA PWR CORP 5.65% DUE 04-01-2040		5.65%	4/1/2040	535,000	562,018	539,164	
	FORD MTR CR CO LLC 3.375% DUE 11-13-2025BEO		3.38%	11/13/2025	350,000	330,022	344,515	
	FORD MTR CR CO LLC 4.542% DUE 08-01-2026		4.54%	8/1/2026	350,000	333,396	345,927	
	FORT IRWIN LD LLC 5.17% DUE 12-15-2035		5.17%	12/15/2035	155,000	156,812	150,718	
	GENERAL MOTORS FINANCIAL 3.1% 01-12-2032		3.10%	1/12/2032	540,000	457,153	462,566	
	GENERAL MOTORS FINANCIAL CO INC 5.4% DUE04-06-2026		5.40%	4/6/2026	350,000	348,751	351,938	
	GENERAL MTRS FINL CO INC 1.25% DUE 01-08-2026 REG		1.25%	1/8/2026	2,200,000	2,029,148	2,119,418	
	GENERAL MTRS FINL CO INC 3.8% 04-07-2025		3.80%	4/7/2025	250,000	243,168	249,212	
	GENERAL MTRS FINL CO INC 5.4% 05-08-2027		5.40%	5/8/2027	100,000	99,912	101,042	
	GOLDMAN SACHS BANK USA 5.283% 03-18-2027		5.28%	3/18/2027	310,000	310,000	311,695	
	GOLDMAN SACHS GROUP INC 3.102% 02-24-2033		3.10%	2/24/2033	1,060,000	908,007	913,788	
	GOLDMAN SACHS GROUP INC 5.798% 08-10-2026		5.80%	8/10/2026	700,000	701,015	703,873	
	HP ENTERPRISE CO 4.4% 09-25-2027		4.40%	9/25/2027	215,000	214,899	212,769	
	HUNTINGTON 4% DUE 05-15-2025		4.00%	5/15/2025	350,000	340,372	348,994	
	ICON INVTS SIX DESIGNATED ACTIVITY CO 5.809% 05-08-2027		5.81%	5/8/2027	200,000	200,000	203,417	
	JETBLUE AIRWAYS CORPORATION 4.0% 11-15-2032		4.00%	5/15/2034	516,776	471,764	485,643	
	JPMORGAN CHASE & CO 4.505% 10-22-2028		4.51%	10/22/2028	330,000	330,000	327,081	
	JPMORGAN CHASE & CO 4.505% 10-22-2028		4.51%	10/22/2028	295,000	295,028	292,391	
	JPMORGAN CHASE & CO 4.912% DUE 07-25-2033/07-25-2032 BEO		4.91%	7/25/2033	1,850,000	1,823,434	1,808,310	
	JPMORGAN CHASE & CO 4.979% 07-22-2028		4.98%	7/22/2028	180,000	180,000	180,603	
	JPMORGAN CHASE & CO 5.04% 01-23-2028		5.04%	1/23/2028	100,000	100,000	100,364	
	JPMORGAN CHASE & CO 5.53% 07-22-2035		5.29%	7/22/2035	560,000	560,000	554,024	
	JPMORGAN CHASE & CO 5.571% 04-22-2028		5.57%	4/22/2028	180,000	180,000	183,074	
	KEYBANK NATIONAL ASSOCIATION OH TRANCHE # TR 798 11/15/2022 5.85 11-15-2027		5.85%	11/15/2027	350,000	363,584	358,585	
	M & T BK CORP 4.833% 01-16-2029		4.83%	1/16/2029	115,000	115,000	114,483	
	METLIFE INC 5.375% 07-15-2033		5.38%	7/15/2033	950,000	985,815	960,298	
	MICROCHIP TECHNOLOGY INC 4.9% 03-15-2028		4.90%	3/15/2028	125,000	124,869	124,604	
	MIDAMERICAN ENERGY CO 5.35% DUE 01-15-2034		5.35%	1/15/2034	430,000	450,937	435,227	
	MORGAN STANLEY 2.943% DUE 01-21-2033		2.94%	1/21/2033	1,060,000	899,304	908,905	
	MORGAN STANLEY 5.05% DUE 01-28-2027		5.05%	1/28/2027	350,000	346,962	351,226	
	MORGAN STANLEY 5.652% 04-13-2028		5.65%	4/13/2028	115,000	115,000	116,953	
	MORGAN STANLEY 6.138% 10-16-2026		6.14%	10/16/2026	350,000	353,073	353,541	
	MORGAN STANLEY BK N A SALT LAKE CITY UTAH 4.952% 01-14-2028		4.95%	1/14/2028	250,000	250,000	250,338	
	NATIONAL FUEL GAS CO 5.5% DUE 10-01-2026		5.50%	10/1/2026	350,000	351,600	352,670	
	NEWMONT CORP / NEWCREST FIN PTY LTD NT 5.3% 03-15-2026		5.30%	3/15/2026	130,000	129,978	130,909	
	ONEOK INC 4.25% 09-24-2027		4.25%	9/24/2027	190,000	189,932	187,234	

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December 31, 2024

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Corporate Bonds (continued)							
	ONEOK INC 5.55% 11-01-2026		5.55%	11/1/2026	\$ 350,000	\$ 352,625	\$ 354,332
	OWENS CORNING NEW 5.5% 06-15-2027		5.50%	6/15/2027	90,000	89,982	91,542
	PENSKE TRUCK 4% DUE 07-15-2025		4.00%	7/15/2025	350,000	342,213	348,049
	PLAINS ALL AMERN 4.5% DUE 12-15-2026		4.50%	12/15/2026	350,000	340,368	348,305
	PNC FINANCIAL SERVICES 4.812% 10-21-2032		4.81%	10/21/2032	335,000	335,000	326,128
	PNC FINANCIAL SERVICES 5.3% 01-21-2028		5.30%	1/21/2028	70,000	70,000	70,594
	PNC FINL SVCS GROUP INC 4.758% 01-26-2027		4.76%	1/26/2027	350,000	343,602	349,507
	PNC FINL SVCS GROUP INC 6.037% 10-28-2033		6.04%	10/28/2033	425,000	442,816	439,927
	PUBLIC SERVICE ENTERPRISE GROUP INC 2.45% 11-15-2031		2.45%	11/15/2031	775,000	649,008	653,895
	PUBLIC SVC CO NEW HAMPSHIRE 5.35% 10-01-2033		5.35%	10/1/2033	1,045,000	1,071,416	1,055,775
	PVTPL AK AIRLS 2020-1 PASS-THRU TR 4.8% DUE 02-15-2029		4.80%	2/15/2029	967,890	943,358	959,934
	PVTPL ALLIANT ENERGY FIN 5.4% 06-06-2027		5.40%	6/6/2027	95,000	94,946	95,622
	PVTPL HYUNDAI CAP AMER 5.25% 01-08-2027		5.25%	1/8/2027	155,000	154,453	155,890
	PVTPL HYUNDAI CAPITAL AMERICA 5.3% 03-19-2027		5.30%	3/19/2027	165,000	164,621	166,121
	PVTPL HYUNDAI CAPITAL AMERICA 5.65% 06-26-2026		5.65%	6/26/2026	350,000	349,213	353,357
	PVTPL INDIANAPOLIS PWR & LT CO 5.65% 12-01-2032		5.65%	12/1/2032	1,500,000	1,559,295	1,514,101
	PVTPL MONONGAHELA POWER CO 5.85% 02-15-2034 BEO		5.85%	2/15/2034	515,000	538,592	526,556
	PVTPL PENSKE TRUCK LEASING/PTL 5.35% 01-12-2027		5.35%	1/12/2027	70,000	69,951	70,467
	PVTPL PRINCIPAL LIFE GLOBAL FDG II 5.0% 01-16-2027		5.00%	1/16/2027	65,000	64,975	65,356
	PVTPL PRINCIPAL LIFE GLOBAL FUND II 4.6% 08-19-2024		4.60%	8/19/2027	105,000	104,918	104,688
	PVTPL SBA TOWER TR 4.831% 10-15-2029		4.83%	10/15/2029	200,000	200,000	192,840
	PVTPL SCHLUMBERGER HLDGS CORP 5.0% 05-29-2027		5.00%	5/29/2027	110,000	109,219	110,640
	PVTPL TTX CO 5.5% 09-25-2026		5.50%	9/25/2026	350,000	352,853	353,888
	PVTPL VISTRA OPERATIONS CO LLC 5.05% 12-30-2026		5.05%	12/30/2026	45,000	44,977	45,059
	QUEST DIAGNOSTICS INC 4.6% 12-15-2027		4.60%	12/15/2027	110,000	109,976	109,826
	RYDER SYSTEM INC 1.75% 09-01-2026		1.75%	9/1/2026	350,000	318,885	332,845
	RYDER SYSTEM INC 5.3% 03-15-2027		5.30%	3/15/2027	110,000	109,880	111,199
	SANTANDER HLDGS USA INC 6.124% 05-31-2027		6.12%	5/31/2027	60,000	60,000	60,885
	TOYOTA MTR CR CORP MEDIUM TERM NTS BOOK 5.0% DUE 03-19-2027		5.00%	3/19/2027	575,000	574,304	580,116
	U S BANCORP MEDIUM TERM NTS- BOOK 5.384%01-23-2030		5.38%	1/23/2030	970,000	978,683	978,412
	UNION ELECTRIC COMPANY 5.2% 04-01-2034		5.20%	4/1/2034	785,000	782,527	780,317
	UNITED AIR 2019-1 AA PTT 4.15% 08-25-2031		4.15%	2/25/2033	129,335	121,575	123,425
	UNITED AIRLS INC 3.45% DUE 06-01-2029		3.45%	6/1/2029	47,120	44,200	45,164
	UNITED AIRLS PASS THRU TR 2016-2AA 2.875% DUE 04-07-2030		2.88%	4/7/2030	187,059	168,587	174,683
	UNITED PARCEL SVC INC 5.15% 05-22-2034		5.15%	5/22/2034	945,000	943,469	943,712
	UTD AIRLS INC 3.5% DUE 09-01-2031		3.50%	9/1/2031	596,386	546,377	556,845
	WARNERMEDIA HLDGS INC SR NT 3.755% 03-15-2027		3.76%	3/15/2027	408,000	386,849	393,060
	WELLS FARGO & COMPANY 4.54% 08-15-2026		4.54%	8/15/2026	700,000	686,651	698,596
	WELLS FARGO & COMPANY 4.897% 07-25-2033		4.90%	7/25/2033	1,865,000	1,810,934	1,800,870
	WISCONSIN PUBLIC SERVICE 2.85% 12-01-2051		2.85%	12/1/2051	680,000	451,289	420,558
	WISCONSIN PWR & LT CO 4.95% 04-01-2033		4.95%	4/1/2033	1,700,000	1,700,493	1,650,577
	AMSR 2020-SFR4 TR 1.355% 11-17-2037		1.36%	11/17/2037	1,808,703	1,681,511	2,703,361
	AMSR 2024-SFR1 TR SR 24-SFR1 CL A 4.29% 07-17-2041		4.29%	7/17/2041	175,000	165,591	169,023

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<u>Corporate Bonds (continued)</u>							
	BSPT 2024-FL11 ISSUER LLC SR SECD NT CLA 144A 5.94976% 07-15-2039		6.04%	7/15/2039	\$ 300,000	\$ 299,243	\$ 300,715
	BX COML MTG TR 2024-XL5 6.00299% 03-15-2041		6.09%	3/15/2041	180,928	180,475	180,871
	BX COML MTG TR FLTG RT 5.12624% DUE 09-15-2036		5.21%	9/15/2036	500,000	486,563	499,063
	BX TR 2024-BIO MTG PASSTHRU CTF CL A 144A 5.95376% 02-15-2041		6.04%	2/15/2041	300,000	299,250	300,281
	EXTENDED STAY AMER TR 2021-ESH MTG PASS THRU CTF CL A 144A 5.50648% 07-15-2038		5.59%	7/15/2038	660,593	653,574	661,006
	INVITATION HOMES 4% DUE 09-17-2041		4.00%	9/17/2041	219,624	210,736	208,497
	LEX 2024-BBG MTG 4.87362% DUE 10-13-2033		5.04%	10/13/2033	200,000	200,000	196,799
	LIFE 2021-BMR MTG FLTG RT 5.121% DUE 03-15-2038		5.21%	3/15/2038	396,567	387,892	391,610
	LIFE 2022-BMR2 MTG TR 5.607% 05-15-2039		5.69%	5/15/2039	200,000	195,000	195,500
	PROGRESS RESDNTL 1.51% DUE 10-17-2038		1.51%	10/17/2038	290,154	263,655	275,293
	PROGRESS RESDNTL 1.558% DUE 05-17-2038		1.56%	5/17/2038	691,554	639,228	665,612
	PROGRESS RESDNTL 2.95% DUE 04-17-2027		2.95%	4/17/2027	1,073,002	1,003,005	1,025,472
	PROGRESS RESIDENTIAL 2021-SFR2 TR SINGLE-FAMILY RENT PASS 1.546 04-19-2038		1.55%	4/19/2038	398,757	368,515	386,471
	PROGRESS RESIDENTIAL 2021-SFR5 TR SINGLEFAMILY RENT PASS 1.427% 07-17-2038		1.43%	7/17/2038	271,100	248,215	259,212
	PROGRESS RESIDENTIAL 2022-SFR1 TR SINGLE-FAMILY RENT PASS 2.709 02-17-2041		2.71%	2/17/2041	674,027	616,787	612,348
	PROGRESS RESIDENTIAL 2024-SFR5 TR SINGLEFAMILY RENT PASSTHRU 3% 08-09-2029		3.00%	8/9/2029	360,000	323,667	327,924
	PVTPL AMERICAN HOMES 4 RENT SER 2015-SFR2 CL A TR 3.732% DUE 10-17-2045		3.73%	10/17/2052	534,043	521,592	529,133
	PVTPL AMSR 2019-SFR1 SER 19-SFR1 CLS A 2.774% 01-17-2027		2.77%	1/19/2039	250,000	234,269	241,959
	PVTPL AMSR TRUST SR 21-SFR3 CL A 1.476% 10-17-2038		1.48%	10/17/2038	420,000	381,347	396,182
	PVTPL BSPT 2021-FL7 ISSUER LTD/BSPT 2021-F SR 21-FL7 CL A VAR RT 12-15-2038		5.83%	12/15/2038	53,489	52,352	53,330
	PVTPL BX COML MTG TR 2024-XL4 FLTG 02-15-2039		5.84%	2/15/2039	388,804	387,832	390,383
	PVTPL CMO BX TR SR 24-AIR2 CL A FLTG 10-15-2041		5.89%	10/15/2041	400,000	399,000	401,500
	PVTPL CMO BX TRUST VAR RT DUE 07-15-2029BEO		5.89%	7/15/2029	200,000	199,500	200,813
	PVTPL CMO FS RIALTO SSUER LLC SER 24- FL9 CL A FLTG 10-19-2039		6.00%	10/19/2039	400,000	399,000	399,169
	PVTPL FIRSTKEY HOMES 2020-SFR1 TR 1.339%09/17/2025 1.339% DUE 08-17-2037 BEO		1.34%	8/17/2037	613,139	577,433	600,674
	PVTPL FIRSTKEY HOMES 2020-SFR2 TRUST SER20-SFR2 CL A 1.266% 10-19-2037		1.27%	10/19/2037	1,163,488	1,088,178	1,134,327
	PVTPL FIRSTKEY HOMES 20SER 21 SFR1 CL A 1.538%08-17-2038		1.54%	8/17/2038	543,744	500,138	517,559
	PVTPL GREYSTONE COMMERCIAL REAL ESTA 21-FL3 CL A FLTG RT DUE 07-15-2039 BEO		5.53%	7/15/2039	131,250	128,461	131,031
	PVTPL MF1 2021-FL6 LTD SER 21-FL6 CL A FLTG 07-16-2036		5.59%	7/16/2036	321,054	316,640	319,934
	PVTPL PROGRESS RESIDENTIAL TRUST SER 21-SFR3 CL A 1.64% DUE 05-17-2026 BEO		1.64%	5/17/2026	548,990	505,436	530,558
	TRICON RESDNTL 3.856% DUE 04-17-2039		3.86%	4/17/2039	607,971	592,463	591,320
	TRICON RESDNTL 4.3% DUE 11-17-2041		4.30%	11/17/2041	210,000	201,582	202,343
	TRICON RESDNTL 4.75% DUE 06-17-2040		4.75%	6/17/2040	519,677	502,072	513,015
	PVTPL GLENCORE FDG LLC 5.338% 04-04-2027		5.34%	4/4/2027	130,000	130,000	131,136
						121,142,610	122,293,356
<u>Real Estate</u>							
	BUSINESS ARTS PLAZA INC	Real Estate	N/A	N/A	2,541,531.79	2,541,532	63,318,466
						2,541,532	63,318,466

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<u>Common/Collective Trusts</u>							
	CF WILLIAM BLAIR EMERGING MARKETS GROWTH COLLECTIVE INVESTMENT FUND	CCT	N/A	N/A	\$ 4,819,465	\$ 126,458,709	\$ 112,240,041
	MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING	CCT	N/A	N/A	555,351	239,928,502	245,277,989
	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	CCT	N/A	N/A	37,584	374,803,634	851,935,507
	MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING	CCT	N/A	N/A	1,837,770	99,926,882	82,613,255
	CF ARTISAN GLOBAL OPPORTUNITIES TRUST FD	CCT	N/A	N/A	5,192,395	97,182,205	218,963,317
	CF EARNEST PARTNERS SMID CAP CORE FDR CL	CCT	N/A	N/A	7,543,103	105,000,000	124,159,483
	CF S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NL FUND (ZVB51)	CCT	N/A	N/A	4,553,876	74,845,768	74,273,711
	CF WTC CIF II CORE BOND MST	CCT	N/A	N/A	18,373,967	233,480,726	228,020,935
	CF WTC CTF BLENDED OPPORTUNISTIC EMD	CCT	N/A	N/A	5,175,445	43,525,005	39,592,151
	CF PAYDEN & RYSEL EMERGING MARKETS BOND CIT - CLASS MIG	CCT	N/A	N/A	2,900,142	38,792,590	44,648,557
	CF JPMCB STRATEGIC PROPERTY FUND	CCT	N/A	N/A	13,331,629	117,244,249	147,394,490
						<u>1,551,188,270</u>	<u>2,169,119,436</u>
<u>Pooled Separate Accounts</u>							
	CF PRUDENTIAL PRISA II	PSA	N/A	N/A	2,576.82	72,356,547	118,062,211
	CF PRUDENTIAL PRISA SA	PSA	N/A	N/A	473.59	25,490,683	36,931,259
						<u>97,847,230</u>	<u>154,993,470</u>
<u>103-12 Investment Entities</u>							
	CF ACADIAN NON-US ALL CAP EQUITY FUND, USD HEDGED, LLC	103-12	N/A	N/A	79,267	106,786,498	214,497,092
	CF NCS GROUP TRUST - GLOBAL FUND	103-12	N/A	N/A	2,900,474	101,269,162	200,476,117
	CF CF LAZARD EMERGING MARKETS EQTY GROUPTR FD	103-12	N/A	N/A	1,936,471	54,577,603	140,578,719
						<u>262,633,263</u>	<u>555,551,928</u>
<u>Partnerships/ Joint Ventures</u>							
	Apollo Hybrid Value Fund, L.P.	Partnerships	N/A	N/A	4,092,420	4,092,420	4,181,983
	Ares Senior Direct Lending Fund III LP	Partnerships	N/A	N/A	2,125,753	2,125,753	2,274,899
	Ares Special Opportunities Fund II, L.P.	Partnerships	N/A	N/A	8,391,679	8,391,679	10,499,018
	Ares Special Opportunities Fund, L.P.	Partnerships	N/A	N/A	1,808,901	1,808,901	6,992,526
	AS Birch Grove Opportunities Fund, L.P. (fka Ascribe IV)	Partnerships	N/A	N/A	6,655,412	6,655,412	6,822,077
	ASI Hark Capital III, LP	Partnerships	N/A	N/A	2,279,401	2,279,401	2,719,585
	Aterian Investment Partners IV, LP	Partnerships	N/A	N/A	2,147,310	2,147,310	1,793,721
	Audax Mezzanine Fund V, L.P.	Partnerships	N/A	N/A	2,909,675	2,909,675	3,144,502
	Aurora Equity Partners VI, L.P.	Partnerships	N/A	N/A	6,290,421	6,290,421	8,327,216
	Avenue Asia Special Situations Fund V, L.P.	Partnerships	N/A	N/A	1,320,972	1,320,972	3,557,586
	Avista Healthcare Partners I, L.P.	Partnerships	N/A	N/A	3,508,397	3,508,397	1,466,627
	Avista Healthcare Partners II, L.P.	Partnerships	N/A	N/A	7,444,599	7,444,599	10,207,908
	Avista Healthcare Partners III, L.P.	Partnerships	N/A	N/A	9,120,727	9,120,727	10,363,734
	Balance Point Capital Partners V, L.P.	Partnerships	N/A	N/A	8,689,489	8,689,489	10,514,429
	Balance Point Capital Partners VI, L.P.	Partnerships	N/A	N/A	932,119	932,119	1,057,690

See Independent Auditors Report.

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	Partnerships/ Joint Ventures (continued)						
	BCP Special Opportunities Fund II, L.P.	Partnerships	N/A	N/A	\$ 8,983,192	\$ 8,983,192	\$ 10,360,360
	BCP Special Opportunities Fund III, L.P.	Partnerships	N/A	N/A	(7,587)	(7,587)	93,977
	Blackstone Capital Opportunities Fund IV LP	Partnerships	N/A	N/A	5,699,578	5,699,578	6,759,819
	Blackstone Capital Partners VIII, L.P.	Partnerships	N/A	N/A	9,012,683	9,012,683	11,537,266
	Blackstone Tactical Opportunities Fund - HL L.P.	Partnerships	N/A	N/A	8,360,079	8,360,079	9,339,901
	Bond III, LP	Partnerships	N/A	N/A	4,956,500	4,956,500	4,538,082
	BSP Debt Fund V, L.P.	Partnerships	N/A	N/A	2,243,849	2,243,849	2,153,353
	Carlyle Credit Opportunities Fund II, L.P.	Partnerships	N/A	N/A	8,062,760	8,062,760	8,746,748
	Carlyle Credit Opportunities Fund III, L.P.	Partnerships	N/A	N/A	2,314,512	2,314,512	2,556,089
	Castlake Aviation IV Stable Yield, L.P.	Partnerships	N/A	N/A	6,043,623	6,043,623	6,580,454
	Castlake Aviation V Stable Yield, L.P.	Partnerships	N/A	N/A	1,190,179	1,190,179	1,222,873
	Castlake Income Opportunities II, L.P.	Partnerships	N/A	N/A	9,716,544	9,716,544	9,883,300
	Castlake Income Opportunities, L.P.	Partnerships	N/A	N/A	3,020,915	3,020,915	2,614,538
	Castlake Opportunistic Asset Solutions VI, L.P.	Partnerships	N/A	N/A	8,625,609	8,625,609	10,326,921
	Castlake V Dislocated Opportunities, L.P.	Partnerships	N/A	N/A	3,801,241	3,801,241	4,931,492
	Castlake V, L.P.	Partnerships	N/A	N/A	1,584,339	1,584,339	3,324,726
	Comvest Credit Partners V, L.P.	Partnerships	N/A	N/A	7,782,401	7,782,401	5,654,367
	Comvest Credit Partners VI, L.P.	Partnerships	N/A	N/A	8,272,551	8,272,551	7,339,393
	Crescent Credit Solutions VIII, L.P.	Partnerships	N/A	N/A	8,941,867	8,941,867	9,054,916
	Crescent Direct Lending Fund III, L.P.	Partnerships	N/A	N/A	9,212,971	9,212,971	9,221,494
	CVC Capital Partners IX, L.P.	Partnerships	N/A	N/A	1,971,159	1,971,159	1,857,044
	CVC Capital Partners VIII, L.P.	Partnerships	N/A	N/A	9,255,816	9,255,816	10,145,332
	EQT X USD SCSP	Partnerships	N/A	N/A	1,885,644	1,885,644	1,628,586
	Everberg Capital Partners II, L.P.	Partnerships	N/A	N/A	6,543,546	6,543,546	7,039,923
	First Eagle Direct Lending Fund IV, LLC	Partnerships	N/A	N/A	6,638,387	6,638,387	6,260,690
	First Eagle Direct Lending Fund V, LLC	Partnerships	N/A	N/A	6,755,237	6,755,237	6,198,700
	Great Hill Equity Partners VIII, L.P.	Partnerships	N/A	N/A	4,721,467	4,721,467	4,270,489
	GSO Energy Select Opportunities Fund II, L.P.	Partnerships	N/A	N/A	1,012,798	1,012,798	1,052,727
	GTCR Fund XIII, L.P.	Partnerships	N/A	N/A	5,799,713	5,799,713	7,082,651
	GTCR Fund XIV LP	Partnerships	N/A	N/A	1,310,000	1,310,000	1,601,032
	GTCR Strategic Growth Fund I LP	Partnerships	N/A	N/A	3,456,097	3,456,097	3,843,389
	Hamilton Lane European SMID Aggregator Fund	Partnerships	N/A	N/A	1,937,719	1,937,719	1,586,904
	Hamilton Lane Venture Access Offshore Fund I LP	Partnerships	N/A	N/A	539,512	539,512	1,094,906
	Hamilton Lane Venture Capital Fund, L.P. (Series 2019)	Partnerships	N/A	N/A	6,254,552	6,254,552	9,607,456
	Hamilton Lane Venture Capital Fund, L.P. (Series 2020)	Partnerships	N/A	N/A	6,122,062	6,122,062	7,353,936
	Hamilton Lane Venture Capital Fund, L.P. (Series 2021)	Partnerships	N/A	N/A	7,184,011	7,184,011	7,481,174
	Hamilton Lane Venture Capital Fund, L.P. (Series 2022)	Partnerships	N/A	N/A	4,512,800	4,512,800	5,062,544
	HitecVision New Energy Fund II	Partnerships	N/A	N/A	138,373	138,373	25,106
	HPS Mezzanine Partners 2019, L.P.	Partnerships	N/A	N/A	6,600,857	6,600,857	8,421,218
	HPS Strategic Investment Partners V, L.P.	Partnerships	N/A	N/A	6,734,640	6,734,640	7,949,143
	ICG Europe Fund VII, L.P.	Partnerships	N/A	N/A	6,250,246	6,250,246	7,835,110
	ICG Europe Fund VIII SCSP	Partnerships	N/A	N/A	6,922,905	6,922,905	7,741,217
	ICG Recovery Fund II SCSP	Partnerships	N/A	N/A	4,917,341	4,917,341	5,692,255

See Independent Auditors Report.

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
		Description	Rate of Interest	Maturity Date	Par/Maturity Value		
	Partnerships/ Joint Ventures (continued)						
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	Partnerships	N/A	N/A	\$ 156,643,229	\$ 156,643,229	\$ 210,613,759
	Inflexion Buyout Fund VI	Partnerships	N/A	N/A	4,496,482	4,496,482	4,709,329
	Insight Partners XII, L.P.	Partnerships	N/A	N/A	6,548,097	6,548,097	6,590,362
	Institutional Credit Fund, LP						90,184,728
	JPMORGAN INFRASTRUCTURE INVESTMENTS FUND	Partnerships	N/A	N/A	228,262,453	228,262,453	262,318,279
	K5 Private Investors, L.P.	Partnerships	N/A	N/A	6,820,825	6,820,825	9,149,078
	Kelso Investment Associates X, L.P.	Partnerships	N/A	N/A	8,194,167	8,194,167	13,929,447
	Kelso Investment Associates XI, L.P.	Partnerships	N/A	N/A	3,862,335	3,862,335	4,766,889
	KKR Global Infrastructure Investors IV, L.P.	Partnerships	N/A	N/A	4,004,557	4,004,557	4,590,839
	KPS Special Situations Fund V, L.P.	Partnerships	N/A	N/A	6,600,358	6,600,358	9,442,188
	KPS Special Situations Fund VI, L.P.	Partnerships	N/A	N/A	1,831,600	1,831,600	1,787,657
	L Catterton Growth IV, L.P.	Partnerships	N/A	N/A	4,846,599	4,846,599	4,594,509
	L Catterton Growth V, L.P.	Partnerships	N/A	N/A	7,746,925	7,746,925	8,460,187
	LBC Credit Partners V, L.P.	Partnerships	N/A	N/A	5,025,015	5,025,015	6,204,314
	Lone Star Fund XI, L.P.	Partnerships	N/A	N/A	5,384,852	5,384,852	9,110,714
	NewQuest Asia Fund IV, L.P.	Partnerships	N/A	N/A	8,739,227	8,739,227	10,678,159
	Oak Hill Capital Partners IV, L.P.	Partnerships	N/A	N/A	3,093,228	3,093,228	1,556,701
	Oak Hill Capital Partners V, L.P.	Partnerships	N/A	N/A	11,147,491	11,147,491	15,507,105
	Oak Hill Capital Partners VI, L.P.	Partnerships	N/A	N/A	7,296,783	7,296,783	8,151,677
	Oaktree Opportunities Fund XI, L.P.	Partnerships	N/A	N/A	6,476,545	6,476,545	8,943,480
	OAKTREE PRINCIPAL FUND V	Partnerships	N/A	N/A	307,273	307,273	3,067,128
	OAKTREE REAL ESTATE DEBT FUND II, LP	Partnerships	N/A	N/A	13,864,249	13,864,249	11,745,589
	Oaktree Special Situations Fund II, L.P.	Partnerships	N/A	N/A	2,225,853	2,225,853	7,864,175
	Oaktree Special Situations Fund III, L.P.	Partnerships	N/A	N/A	3,963,853	3,963,853	5,248,447
	OHA Credit Solutions Fund II, L.P.	Partnerships	N/A	N/A	9,423,890	9,423,890	10,089,017
	OHA Strategic Credit Fund III, L.P.	Partnerships	N/A	N/A	N/A	N/A	53,244
	Partners Group Direct Equity V (USD), L.P.	Partnerships	N/A	N/A	2,107,478	2,107,478	2,235,486
	Platinum Equity Capital Partners V, L.P.	Partnerships	N/A	N/A	11,297,835	11,297,835	15,600,918
	Platinum Equity Capital Partners VI, L.P.	Partnerships	N/A	N/A	6,242,836	6,242,836	6,747,654
	Platinum Equity Small Cap Fund, L.P.	Partnerships	N/A	N/A	6,497,578	6,497,578	7,944,651
	Plexus Fund VI, L.P.	Partnerships	N/A	N/A	8,750,000	8,750,000	8,856,631
	Project Blazer	Partnerships	N/A	N/A	6,105,502	6,105,502	4,488,008
	Project Columbus	Partnerships	N/A	N/A	8,362,914	8,362,914	5,151,708
	Project Fountain	Partnerships	N/A	N/A	-	-	13,996
	Project Green 3.0 (Invenergy - Blackstone)	Partnerships	N/A	N/A	5,000,000	5,000,000	4,991,495
	Project Helix	Partnerships	N/A	N/A	3,559,803	3,559,803	4,682,002
	Project Mars	Partnerships	N/A	N/A	4,285,377	4,285,377	5,071,838
	Project Rose	Partnerships	N/A	N/A	5,257,063	5,257,063	5,680,077
	Project Teneo	Partnerships	N/A	N/A	5,132,673	5,132,673	6,461,580
	Quantum Energy Partners VIII, L.P.	Partnerships	N/A	N/A	5,088,381	5,088,381	5,307,651
	Quantum Energy Partners VIII, L.P. Co-Investment Fund	Partnerships	N/A	N/A	786,982	786,982	897,725

See Independent Auditors Report.

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2024

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value						
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value	
<u>Partnerships/ Joint Ventures (continued)</u>								
	Roark Capital Partners V, L.P.	Partnerships	N/A	N/A	\$ 12,146,552	\$ 12,146,552	\$ 17,851,894	
	STG Allegro Fund, L.P.	Partnerships	N/A	N/A	2,496,343	2,496,343	2,779,399	
	STG VI, L.P.	Partnerships	N/A	N/A	4,348,981	4,348,981	5,547,695	
	STG VII, L.P.	Partnerships	N/A	N/A	1,161,401	1,161,401	755,113	
	Summit Partners Credit Fund IV, L.P.	Partnerships	N/A	N/A	2,512,530	2,512,530	3,060,479	
	Sustainable Asset Fund IV, LP	Partnerships	N/A	N/A	N/A	N/A	(224,747)	
	Thomas H. Lee Equity Fund IX, L.P.	Partnerships	N/A	N/A	5,831,709	5,831,709	6,376,437	
	Thomas H. Lee Equity Fund VIII, L.P.	Partnerships	N/A	N/A	21,520	21,520	5,285,725	
	Tiverton Ag Legacy Holdings II, LP	Partnerships	N/A	N/A	3,554,262	3,554,262	3,424,108	
	Vance Street Capital IV, L.P.	Partnerships	N/A	N/A	2,343,013	2,343,013	2,148,301	
	Veld Credit Opportunities IV	Partnerships	N/A	N/A	7,363,979	7,363,979	7,277,724	
	Verdane Capital XI	Partnerships	N/A	N/A	2,424,397	2,424,397	2,425,020	
	Verdane Edda III	Partnerships	N/A	N/A	899,035	899,035	997,615	
						<u>933,383,996</u>	<u>1,202,188,286</u>	
<u>Registered Investment Companies</u>								
	MFO VANGUARD MALVERN FDS SHORT-TERM	Mutual Funds	N/A	N/A	2,195,898	56,037,025	53,360,331	
	INFLAT PROTECTED SECS INDEX FD INSTL SHS	Mutual Funds	N/A	N/A	DCA	368,116	338,320	
	PIMCO All Asset Institutional Fund	Mutual Funds	N/A	N/A	DCA	24,062	24,062	
	Vanguard Federal Money Market Investor Fund	Mutual Funds	N/A	N/A	DCA	6,319	6,013	
	American Funds 2010 R6 Fund	Mutual Funds	N/A	N/A	DCA	199,051	178,907	
	American Funds 2020 R6 Fund	Mutual Funds	N/A	N/A	DCA	109,338	106,509	
	American Funds 2030 R6 Fund	Mutual Funds	N/A	N/A	DCA	157,277	155,656	
	American Funds 2040 R6 Fund	Mutual Funds	N/A	N/A	DCA	14,870	14,806	
	American Funds 2050 R6 Fund	Mutual Funds	N/A	N/A	DCA	16,468	16,475	
	American Funds 2060 R6 Fund	Mutual Funds	N/A	N/A	DCA	40,565	37,533	
	American Funds EUPAC R6 Fund	Mutual Funds	N/A	N/A	DCA	44,503	42,571	
	American Funs New World R6 Fund	Mutual Funds	N/A	N/A	DCA	380,488	401,723	
	Fidelity 500 Index Fund	Mutual Funds	N/A	N/A	DCA	205,831	230,775	
	Fidelity Large Cap Growth Index Fund	Mutual Funds	N/A	N/A	DCA	849	806	
	Fidelity Large Cap Value Index Fund	Mutual Funds	N/A	N/A	DCA	44,754	41,818	
	Fidelity Real Estate Index Fund	Mutual Funds	N/A	N/A	DCA	63,517	62,986	
	PGIM High Yield R6 Fund	Mutual Funds	N/A	N/A	DCA	11,746	11,540	
	PIMCO Income Institutional Fund	Mutual Funds	N/A	N/A	DCA	208,759	200,333	
	Pioneer Bond Fund	Mutual Funds	N/A	N/A	DCA	33,431	31,624	
	SmallCap S&P 600 Index R6 Fund	Mutual Funds	N/A	N/A	DCA	<u>57,966,969</u>	<u>55,262,788</u>	

See Independent Auditors Report.

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-2110997, Plan #001
December 31, 2024

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value						
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value	
<u>Other Investments</u>								
	CF ADAPTIVE TREND FUND, LTD SUB CLASS SERIES 3	Hedge Equity	N/A	N/A	\$ 47,633	\$ 45,000,000	\$ 40,659,465	
	CF ABS OPPORTUNITIES LTD- GLOBAL STRATEGIC PORTFOLIO	Hedge Equity	N/A	N/A	2,471,326	181,806,311	294,409,064	
	VOYA MORTGAGE INVESTMENT FUND US DOLLAR INSTL VOYA MTG INVT FD US \$ INSTL	Hedge Equity	N/A	N/A	199,015	32,887,754	49,175,068	
	CF BRIDGEWATER PURE ALPHA II LTD SER	Hedge Equity	N/A	N/A	134,438	149,530,763	175,869,191	
	CF CRABEL FUND SPC LTD SEGREGATED PORT H CLASS ALT FEE SR 52	Hedge Equity	N/A	N/A	45,000	45,000,000	41,692,021	
	CF EQUITY FUND APL (USD)	Hedge Equity	N/A	N/A	60,000,000	60,000,000	61,694,225	
						<u>514,224,828</u>	<u>663,499,034</u>	
						TOTAL	\$ 3,759,288,689	\$ 5,202,565,651

* Denotes party-in-interest.

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

See Independent Auditors Report.

Screen Actors Guild - Producers Pension Plan
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #95-2110997, Plan #001
December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Series of Transactions</i>								
*Northern Trust	NT Collective Govt Short Term Invt FD	\$ 808,054,963	N/A	N/A	N/A	\$ 808,054,963	\$ 808,054,963	\$ -
*Northern Trust	NT Collective Govt Short Term Invt FD	N/A	644,981,157	N/A	N/A	644,981,157	644,981,157	-

*Denotes party-in-interest.

See Independent Auditors Report.

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Universal Television, LLC

Fed ID: 41-2040219

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 Modified Dubbing Agreement	6/30/2023	6/30/2026
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	6/30/2025

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Cmc/Forecast, Inc.

Fed ID: 36-4042591

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2019 SAG-AFTRA Independent Audio Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Independent Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Music Video Supplement Agreement	12/31/2022	12/31/2026
2021 AFTRA Non-Dramatic Full H&R Rate New Media Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	9/30/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	9/30/2025
WPXI-TV By Ref Commercials Agreement	3/31/2022	10/31/2024

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Corporate Management Solutions, Inc.

Fed ID: 37-1425813

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2017 SAG-AFTRA Interactive Media Agreement	11/7/2020	7/26/2024
2018 SAG-AFTRA Public Television Agreement	7/20/2022	7/20/2025
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2019 SAG-AFTRA Independent Audio Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Independent Commercials Agreement	3/31/2025	
2019 SAG-AFTRA Music Video Supplement Agreement	12/31/2022	12/31/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2022 SAG-AFTRA Corporate/Educational Agreement	10/31/2025	
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	3/31/2025	9/30/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	9/30/2025
2024 SAG-AFTRA Interim Interactive Media Agreement	11/8/2025	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
WPXI-TV By Ref Commercials Agreement	3/31/2022	10/31/2024

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

December 31, 2024

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

Employer: NBC Universal
Fed ID: 27-3526824

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2025
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2025
2003 KIIS-FM Staff Announcers & Freelance Agreement	8/31/2008	11/30/2024
2007 KFI-AM Agreement	1/31/2010	12/31/2024
2015 WMAQ-TV Agreement	12/15/2018	12/31/2025
2015 WNBC-TV Newspersons Agreement	12/17/2018	11/30/2025
2017 SAG-AFTRA Uptown Nickelodeon Television Agreement	7/16/2021	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2018 WNJU-TV Agreement	8/19/2021	12/31/2025
2019 KGW-TV Agreement	10/16/2022	12/31/2025
2019 WLIB-AM Agreement	2/28/2022	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2020 WQHT-FM Agreement	2/28/2022	8/31/2025
2021 KABC-TV Newspersons Agreement	9/14/2024	10/31/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2021 WCAU-TV Agreement	5/22/2023	5/31/2026
2022 KNBC-TV Staff Newspersons	11/15/2023	11/30/2025
2022 WSNS-TV Agreement	12/15/2023	12/31/2025

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2023 NBC Network TV News Producers Agreement	9/30/2027	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 WRC-TV & WZDC-TV Agreement	3/31/2026	
2023 WVIT-TV Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	6/30/2021	6/30/2025

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Twentieth Century Fox Film, Inc.

Fed ID: 84-0850631

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	3/31/2025	9/30/2025
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Netflix Production, LLC

Fed ID: 77-0467272

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2021 SAG-AFTRA Sound Recordings Agreement	12/31/2026	
2022 SAG-AFTRA Netflix Television Agreement	6/30/2026	
2022 SAG-AFTRA Netflix Theatrical Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Cbs Studios, Inc.

Fed ID: 20-3656897

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026

Screen Actors Guild - Producers Pension Plan

Schedule R

EIN 95-2110997

Plan Number: 001

December 31, 2024

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

Employer: Warner Bros. Television

Fed ID: 13-3666692

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
1999 AFTRA Uptown Nickelodeon Promo Agreement	1/31/2001	6/30/2025
2018 SAG-AFTRA Sound Recordings Agreement	12/31/2020	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2020 SAG-AFTRA TV Animation Independent Agreement	6/30/2023	6/30/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Netflix Backstage Non-Dramatic Low Budget New Media Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	6/30/2024	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026

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

December 31, 2024

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

Employer: Abc Studios
Fed ID: 95-4771596

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
1994 AFTRA New York Local Agreement	11/15/1997	12/31/2025
1998 AFTRA LA Local TV Program Agreement	11/15/2001	12/31/2025
2000 Chicago Local TV Agreement	11/15/2002	12/31/2025
2000 KABC-AM Announcers Staff & Freelance Agreement	11/15/2003	12/31/2025
2000 San Francisco Local TV Program Agreement	12/31/2002	12/31/2025
2003 AFTRA Commercial Radio Broadcast Agreement	11/15/2007	12/31/2025
2003 AFTRA Nashville Local Public Demo Agreement	6/30/2006	12/31/2026
2003 KLOS-FM Announcers Agreement	11/15/2007	12/31/2024
2015 WNBC-TV Newspersons Agreement	12/17/2018	11/30/2025
2018 WMVP-AM Agreement	9/30/2021	10/31/2025
2020 KGO-AM Agreement	5/25/2023	12/31/2025
2020 SAG-AFTRA TV Animation AMPTP Agreement	6/30/2023	6/30/2024
2021 KABC-TV Newspersons Agreement	9/14/2024	10/31/2024
2021 SAG-AFTRA Network Television Code Agreement	6/30/2024	6/30/2025
2021 WABC-TV Agreement	10/24/2024	10/31/2025
2022 ABC/ESPN Time Buy Agreement	6/30/2025	
2022 KCET-TV Producers and Reporters Agreement	6/30/2025	12/31/2025
2022 WLS-TV Newspersons Agreement	11/18/2025	
2023 ABC Network Staff Agreement	6/30/2026	
2023 KGO-TV Staff Newspersons & Announcers Agreement	9/4/2026	

CBA Agreement	CBA Expiration Date (In Month/Day/Year)	CBA Extension Date (In Month/Day/Year)
2023 KSPN-AM Agreement	1/30/2025	
2023 SAG-AFTRA Codified Basic AMPTP Agreement	6/30/2026	
2023 SAG-AFTRA Television AMPTP Agreement	6/30/2026	
2023 WEPN-FM and ESPN-AM Agreement	6/21/2026	
2024 KABC-TV Newspersons Agreement	11/1/2027	
2025 ABC/ESPN Time Buy Agreement	6/30/2028	
2025 KSPN-AM Agreement	1/1/2028	
SAG Phono Conversion Theatrical/Television Agreement	6/30/2020	6/30/2026

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

December 31, 2024

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

Employer: SAG-AFTRA
Fed ID: 41-2040219

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

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Additional Response Part I, Line 7

Total number of employers obligated to contribute to the Plan is 10,060. Because the form is limited to 4 digits, the maximum amount of 9,999 was entered

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2024

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

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

SCREEN ACTORS GUILD - PRODUCERS PENSION PLAN

EIN 95-2110997

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

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

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2021 Modified Dubbing Agreement	21.0%	7/1/2022	6/30/2026
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	20.3%	1/1/2025	6/30/2025

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2019 SAG-AFTRA Independent Audio Commercials Agreement	19.3%	4/1/2022	3/31/2025
2019 SAG-AFTRA Independent Commercials Agreement	19.3%	4/1/2022	3/31/2025
2019 SAG-AFTRA Music Video Supplement Agreement	13.5%	1/1/2025	12/31/2026
2021 AFTRA Non-Dramatic Full H&R Rate New Media Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2022 SAG-AFTRA Corporate/Educational Agreement	18.8%	1/11/2023	10/31/2025
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	20.5%	4/1/2022	3/31/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.5%	4/1/2022	3/31/2025
WPXI-TV By Ref Commercials Agreement	20.5%	4/1/2022	10/31/2024

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2017 SAG-AFTRA Interactive Media Agreement	16.5%	11/8/2020	7/26/2024
2018 SAG-AFTRA Public Television Agreement	17.1%	7/21/2018	7/20/2025
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2019 SAG-AFTRA Independent Audio Commercials Agreement	19.3%	4/1/2022	3/31/2025
2019 SAG-AFTRA Independent Commercials Agreement	19.3%	4/1/2022	3/31/2025
2019 SAG-AFTRA Music Video Supplement Agreement	13.5%	1/1/2025	12/31/2026
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2022 SAG-AFTRA Corporate/Educational Agreement	18.8%	1/11/2023	10/31/2025
2022 SAG-AFTRA Direct Signatory Audio Commercials Agreement	20.5%	4/1/2022	3/31/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.5%	4/1/2022	3/31/2025
2024 SAG-AFTRA Interim Interactive Media Agreement	17.0%	7/24/2024	11/8/2025
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026
WPXI-TV By Ref Commercials Agreement	20.5%	4/1/2022	10/31/2024

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
1994 AFTRA New York Local Agreement	10.5%	11/16/1994	12/31/2025
1998 AFTRA LA Local TV Program Agreement	11.0%	11/16/1998	12/31/2025
2003 KIIS-FM Staff Announcers & Freelance Agreement	10.5%	6/1/2007	12/31/2024
2007 KFI-AM Agreement	11.0%	8/1/2009	12/31/2024
2015 WMAQ-TV Agreement	12.5%	12/16/2018	12/31/2025
2015 WNBC-TV Newspersons Agreement	12.8%	11/1/2023	11/30/2025
2017 SAG-AFTRA Uptown Nickelodeon Television Agreement	21.0%	7/1/2022	6/30/2026
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2018 WNJU-TV Agreement	12.3%	8/20/2019	12/31/2025
2019 KGW-TV Agreement	12.0%	1/1/2021	12/31/2025
2019 WLIB-AM Agreement	12.0%	3/1/2019	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2020 WQHT-FM Agreement	12.0%	3/1/2020	8/31/2025
2021 KABC-TV Newspersons Agreement	13.0%	1/1/2023	10/31/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2021 WCAU-TV Agreement	12.8%	5/1/2023	5/31/2026
2022 KNBC-TV Staff Newspersons	12.8%	11/1/2023	11/30/2025
2022 WSNS-TV Agreement	12.8%	12/1/2023	12/31/2025

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2023 NBC Network TV News Producers Agreement	12.8%	10/1/2023	9/30/2027
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 WRC-TV & WZDC-TV Agreement	12.8%	1/30/2023	3/31/2026
2023 WVIT-TV Agreement	13.0%	1/1/2024	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026
SAG-AFTRA Phono Conversion Network Code & Promo Agreement	20.3%	1/1/2025	6/30/2025

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2022 SAG-AFTRA Direct Signatory Commercials Agreement	20.5%	4/1/2022	3/31/2025
2023 SAG-AFTRA Basic Cable Animation AMPTP Agreement	20.8%	7/1/2023	6/30/2026
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026

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

December 31, 2024

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

Employer: Netflix Production, LIC
Fed ID: 77-0467272
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2021 SAG-AFTRA Sound Recordings Agreement	13.5%	1/1/2025	12/31/2026
2022 SAG-AFTRA Netflix Television Agreement	21.0%	8/2/2022	6/30/2026
2022 SAG-AFTRA Netflix Theatrical Agreement	21.0%	8/2/2022	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026

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

December 31, 2024

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

Employer: Cbs Studios, Inc.
Fed ID: 20-3656897
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2021 SAG-AFTRA Network Code Independent Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
1999 AFTRA Uptown Nickelodeon Promo Agreement	20.3%	1/1/2025	6/30/2025
2018 SAG-AFTRA Sound Recordings Agreement	13.0%	7/1/2019	12/31/2024
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2020 SAG-AFTRA TV Animation Independent Agreement	20.8%	7/1/2022	6/30/2024
2021 SAG-AFTRA Basic Cable Network Code Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Netflix Backstage Non-Dramatic Low Budget New Media Agreement	20.1%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Code Independent Agreement	20.3%	1/1/2025	6/30/2025
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026

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

December 31, 2024

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

Employer: Abc Studios
Fed ID: 95-4771596
Base Unit: % of Earnings

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
1994 AFTRA New York Local Agreement	10.5%	11/16/1994	12/31/2025
1998 AFTRA LA Local TV Program Agreement	11.0%	11/16/1998	12/31/2025
2000 Chicago Local TV Agreement	10.5%	1/1/2000	12/31/2025
2000 KABC-AM Announcers Staff & Freelance Agreement	11.5%	11/16/2000	12/31/2025
2000 San Francisco Local TV Program Agreement	10.5%	1/1/2023	12/31/2025
2003 AFTRA Commercial Radio Broadcast Agreement	11.5%	1/1/2007	12/31/2025
2003 AFTRA Nashville Local Public Demo Agreement	13.0%	7/1/2006	12/31/2025
2003 KLOS-FM Announcers Agreement	11.5%	11/16/2003	12/31/2025
2015 WNBC-TV Newspersons Agreement	12.8%	11/1/2023	11/30/2025
2018 WMVP-AM Agreement	13.0%	10/5/2020	10/31/2025
2020 KGO-AM Agreement	11.3%	5/26/2020	12/31/2025
2020 SAG-AFTRA TV Animation AMPTP Agreement	20.8%	7/1/2022	6/30/2024
2021 KABC-TV Newspersons Agreement	13.0%	1/1/2023	10/31/2024
2021 SAG-AFTRA Network Television Code Agreement	20.3%	1/1/2025	6/30/2025
2021 WABC-TV Agreement	13.0%	1/1/2024	10/31/2025
2022 ABC/ESPN Time Buy Agreement	18.8%	7/1/2022	6/30/2025
2022 KCET-TV Producers and Reporters Agreement	17.1%	7/1/2024	12/31/2025
2022 WLS-TV Newspersons Agreement	13.0%	11/18/2022	11/18/2025
2023 ABC Network Staff Agreement	14.0%	1/1/2025	6/30/2026
2023 KGO-TV Staff Newspersons & Announcers Agreement	13.0%	9/5/2023	9/4/2026

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
2023 KSPN-AM Agreement	14.0%	1/1/2024	1/30/2025
2023 SAG-AFTRA Codified Basic AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 SAG-AFTRA Television AMPTP Agreement	21.0%	11/9/2023	6/30/2026
2023 WEPN-FM and ESPN-AM Agreement	13.0%	6/22/2024	6/21/2026
2024 KABC-TV Newspersons Agreement	13.0%	11/1/2024	10/31/2025
2025 ABC/ESPN Time Buy Agreement	18.8%	7/1/2025	6/30/2028
2025 KSPN-AM Agreement	14.0%	1/1/2025	9/30/2025
SAG Phono Conversion Theatrical/Television Agreement	21.0%	7/1/2022	6/30/2026

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

December 31, 2024

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

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

CBA Agreement	Total Rate	Rate Effective	Rate Expiration
SAG-AFTRA Union Staff Participation Agreement - Health & AFTRA Retirement	22.8%	7/1/2021	6/30/2026
SAG-AFTRA Union Staff Participation Agreement - Health & Both Pensions	36.2%	1/1/2025	6/30/2026
SAG-AFTRA Union Staff Participation Agreement - Health & SAG Pension	22.8%	7/1/2021	6/30/2026
SAG-AFTRA Union Staff Participation Agreement - SAG Pension Only	13.4%	7/1/2019	6/30/2026

Statement by Enrolled Actuary

Plan Sponsor: Board of Trustees, Screen Actors Guild – Producers Pension Plan

EIN: 95-2110997

Plan Number: 001

Plan Name: Screen Actors Guild – Producers Pension Plan

Valuation Date: January 1, 2024

Enrolled Actuary: Cary Franklin

Enrollment Number: 23-04013

The actuarial assumptions and methods, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the plan administrator and/or the plan's auditor.

Attached as separate exhibits are:

- Line 3(d) – Withdrawal Liability Amounts
- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 Screen Actors Guild - Producers Pension Plan		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Screen Actors Guild - Producers Pension Plan		D Employer Identification Number (EIN) 95-2110997
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2024		
b Assets		
(1) Current value of assets		1b(1) 4,742,724,338
(2) Actuarial value of assets for funding standard account		1b(2) 5,093,518,088
c (1) Accrued liability for plan using immediate gain methods		1c(1) 6,361,128,389
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases		1c(2)(a)
(b) Accrued liability under entry age normal method		1c(2)(b)
(c) Normal cost under entry age normal method		1c(2)(c)
(3) Accrued liability under unit credit cost method		1c(3) 6,361,128,389
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)		1d(1)
(2) "RPA '94" information:		
(a) Current liability		1d(2)(a) 11,558,835,808
(b) Expected increase in current liability due to benefits accruing during the plan year		1d(2)(b) 303,183,367
(c) Expected release from "RPA '94" current liability for the plan year		1d(2)(c) 375,647,750
(3) Expected plan disbursements for the plan year		1d(3) 370,754,170
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 Cary Franklin Type or print name of actuary Horizon Actuarial Services, LLC Firm name 5200 Lankershim Blvd, Suite 740 North Hollywood CA 91601 Address of the firm	Date 10/1/2025 2304013 Most recent enrollment number 818-691-2002 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2024 v. 240311		

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 3.29 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) A | A |
| (2) Females | 6c(2) A | A |
| d Valuation liability interest rate | 6d 7.25 % | 7.25 % |
| e Salary scale | 6e 4.00 % ☐ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) 7.25 % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 5.8 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h 10.4 % | |
| i Expense load included in normal cost reported in line 9b | 6i ☐ N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) 17,333,860 | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	44,238,699	4,600,604

8 Miscellaneous information:

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any.....		9a	0
b Employer's normal cost for plan year as of valuation date.....		9b	136,358,332
c Amortization charges as of valuation date:			
		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	2,036,145,088	280,590,220
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....		9d	30,228,770
e Total charges. Add lines 9a through 9d.....		9e	447,177,322
Credits to funding standard account:			
f Prior year credit balance, if any.....		9f	565,482,764
g Employer contributions. Total from column (b) of line 3.....		9g	354,754,649
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	203,052,023	64,502,242
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....		9i	56,390,460
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	2,488,462,900	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	5,610,059,664	
(3) FFL credit.....	9j(3)		0
k (1) Waived funding deficiency.....		9k(1)	0
(2) Other credits.....	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....		9l	1,041,130,115
m Credit balance: If line 9l is greater than line 9e, enter the difference.....		9m	593,952,793
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☒ Yes ☐ No	

Screen Actors Guild -
Producers Pension Plan

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$406,996,600	\$0	\$406,996,600
2025	\$438,213,239	0	\$438,213,239
2026	\$447,810,109	0	\$447,810,109
2027	\$453,183,830	0	\$453,183,830
2028	\$458,622,036	0	\$458,622,036
2029	\$464,125,501	0	\$464,125,501
2030	\$469,695,007	0	\$469,695,007
2031	\$475,331,347	0	\$475,331,347
2032	\$481,035,323	0	\$481,035,323
2033	\$486,807,747	0	\$486,807,747

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 3(d)
Withdrawal Liability Amounts
EIN: 95-2110997
PN: 001

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/18/2024	N/A	\$210,000	\$210,000
Total:	N/A	\$210,000	\$210,000

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Plan Name Screen Actors Guild – Producers Pension Plan

Plan Sponsor Board of Trustees, Screen Actors Guild – Producers Pension Plan

EIN / PN 95-2110997 / 001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates 7.25% per annum, compounded annually, net of investment expense for determining costs and liabilities.

This interest rate assumption, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2024 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 3.29% per annum as of January 1, 2024.

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Retirement Age Active and Inactive Vested participants:

Retirement Rules

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

*If eligible to retire; otherwise, assumed to retire upon completion of age and service requirement

Weighted average retirement age for Active Participants: 64.5

Weighted average retirement age for Inactive Vested Participants: 65.9

**Non-Disabled
Mortality**

The 2016 version of the RP-2014 mortality tables (separate for males and females, and by annuitant/non-annuitant status). No future improvement was assumed.

The non-disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

**Disabled
Mortality**

The 2016 version of the RP-2014 disabled retiree mortality tables (separate for males and females). No future improvement was assumed.

The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

**Active
Participant**

For valuation purposes, an active participant is a participant who earned one year of Pension Credit in the Plan Year ended December 31, 2023, and had not retired as of January 1, 2024.

Also included in the valuation are "Type 2" actives who are non-vested participants who did not earn a Pension Credit during 2023, but did so in either 2022 or 2021.

Withdrawal

Annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below:

Withdrawal Rates

Years of Pension Credit	Males	Females
1	50.0%	30.0%
2	35.0%	25.0%
3	25.0%	20.0%
4	17.5%	15.0%
5	10.0%	10.0%
6	8.0%	9.0%
7	7.5%	8.0%
8	7.0%	7.0%
9	6.5%	6.0%
10	6.0%	5.0%
11	5.5%	4.0%
12-15	5.0%	3.0%
16	4.5%	3.0%
17-29	4.0%	3.0%
30+	3.0%	3.0%

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates

Age	Males and Females
20	0.012%
25	0.017%
30	0.022%
35	0.030%
40	0.044%
45	0.072%
50	0.121%
55	0.202%
60	0.325%

Operating Expenses Expenses are assumed to amount to \$18.0 million per year, payable monthly (\$16.5 million per year was assumed for the January 1, 2023 valuation). Investment management and counseling fees and bad debt expenses (uncollectable contributions) are not included in assumed operating expenses. This assumption is selected based on a review of recent years' operating expenses and anticipated future changes in expenses, including inflation.

Reemployment It is assumed that participants will not be reemployed following a break in service.

Form of Payment 55% of the participants are assumed to elect to receive their accrued benefit in the partial lump sum payment form. The remaining 45% are assumed to elect to receive their accrued benefit in the five-year certain and life annuity form. The interest rate used to value the partial lump sum payment is 4.00% to reflect expected future statutory interest rates under IRC 417(e)(3).

Percent Married 75% of non-retired male participants and 52% of non-retired female participants are assumed to be married.

Spouse Age The wife is assumed to be five years younger than the husband.

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

<i>Future Service Accrual Rate</i>	Based on earnings in 2023, adjusted to reflect a 4.0% annual increase. The assumed 4.0% increase in covered earnings is based on historical experience, professional judgment, and expectations for future increases due to inflation and other factors.
---	--

<i>Pensioner Accruals</i>	Each pensioner who accrued additional benefits in 2023 is assumed to earn the same benefit in 2024. The present value of this assumed benefit accrual is added to Normal Cost.
--------------------------------------	--

<i>Inactive Vested and Type 2 Participants</i>	It is assumed that inactive vested participants and Type 2 participants who have not commenced benefits by age 80 will not do so.
---	---

<i>Contribution Income</i>	\$4,069,966,000 in total covered compensation and an average contribution rate of 10.00% of covered compensation in 2024. The 2024 total covered compensation was assumed based on anticipated work levels related to the recently negotiated agreement, including a recovery in work levels from the four-month strike. The characteristics of the anticipated new participants are based on those of recent years' new participants.
---------------------------------------	--

<i>Cost Method</i>	Costs and liabilities for all Plan benefits were determined based on the Unit Credit Cost Method. The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
---------------------------	---

<i>Asset Valuation Method</i>	The actuarial value is equal to the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
--	--

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

Participant Data The actuarial valuation was prepared based on listings for active, retired, inactive vested and Type 2 participants furnished by the Plan Office.

***Missing or
Incomplete
Participant Data*** Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those characteristics exhibited by participants with similar known characteristics. Costs and liabilities for reported "male" non-retired lives were adjusted to reflect a percentage of females based upon inspection of the first names in portions of the data.

***Financial
Information*** Financial information was obtained from the audited financial statements provided by the auditor.

***Nature of
Actuarial
Calculations*** The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

***Unfunded Vested
Benefits for
Employer
Withdrawals*** Valued using an interest rate of 7.25% per annum (same as fund earnings assumption used to determine other plan costs and liabilities for the January 1, 2023 valuation), and the market value of assets, but not less than the actuarial value of assets.

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 95-2110997
PN: 001

*Changes in
Assumptions*

Since the prior valuation, the following assumption has been changed:

- The assumed annual operating expenses, payable monthly, changed from \$16.5 million to \$18.0 million
-

*Justification for
Changes in
Assumptions*

The assumption was changed based on recent and anticipated future experience, and professional judgement.

Screen Actors Guild - Producers Pension Plan

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name Screen Actors Guild – Producers Pension Plan

Plan Sponsor Board of Trustees, Screen Actors Guild – Producers Pension Plan

EIN / PN 95-2110997 / 001

Effective Date and Most Recent Amendment The original effective date of the Plan is February 1, 1960. The most recent amendment to the Plan reflected in the valuation is Amendment #79 which was adopted on July 20, 2018.

Plan Year The twelve-month period beginning January 1 and ending December 31.

Participation All Employees in Covered Employment participate in the Plan after earning one year of Pension Credit. However, the initial year of service is counted for benefit accrual and eligibility purposes.

Guild Office Participants who were participants in the Screen Actors Guild Employees Retirement Plan as of December 31, 2003 became participants in the Plan on January 1, 2004.

Pension Credit A participant receives Past Service Credit for covered employment before January 1, 1961 for each calendar year between 1937 and 1960 with earnings of \$2,000 or more, not to exceed 20 years. For 1961 and later, a Participant earns one year of Current Service Credit for each year in which covered earnings are at least as follows:

Year	Covered Earnings at Least:	Year	Covered Earnings at Least:
1961-1991	\$2,000	2009	\$16,000
1992-1995	5,000	2010	17,000
1996-1998	7,500	2011	18,000
1999-2002	10,000	2012 and later	20,000
2003-2008	15,000		

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

Prior to 2003, if the participant was age 55 or older with at least 5 but less than 10 years of Pension Credit as of January 1, 1996, the \$5,000 rate applies until 10 Pension Credits are reached. If the participant has at least 3 years of Pension Credit as of January 1, 1999, the \$7,500 rate applies until 10 Pension Credits are reached. These "grandfather" provisions apply only to Pension Credits earned through 2002.

On and after January 1, 1999, a year of Pension Credit can also be earned if the participant has 60 days of employment in a Plan Year before 2003, or 70 days of employment in a Plan Year after 2002.

On and after January 1, 2004, a year of Pension Credit can also be earned if a Plan Office Participant or Guild Office Participant is credited with 1,000 or more Hours of Service in a Plan Year.

Normal Retirement Age

A participant attains Normal Retirement Age at the later of attaining age 65 or the fifth anniversary of an active Participant's Plan participation.

Break-In-Service

For calendar years after 1991, a Break-in-Service is incurred if earnings are less than half the minimum earnings required to earn a Service Credit.

Note: On and after January 1, 1999 (January 1, 1989 for Plan Office Participants, and January 1, 2004 for Guild Office Participants), for non-vested benefits, cancellation of Pension Credit for vesting purposes occurs after 5 consecutive Break in Service years, if the number of Break-in-Service years equals or exceeds the number of Pension Credits.

Regular Pension – Eligibility

Age 65 with at least 5 years of Pension Credit, or age 65 and the fifth anniversary of participation without a Break-in-Service.

Regular Pension – Amount of Benefit

The annual amount of the Regular Pension is equal to the Prior Service Benefit plus the Current Service Benefit.

The Prior Service Benefit is equal to the average covered earnings of the five most recent years before January 1, 1961, multiplied by the sum of the appropriate percentages shown below and multiplied by total years of Past Service Credit.

The annual Current Service Benefit is equal to the greater of: (1) the sum of the annual benefits determined by applying each year's earnings since January 1, 1961 to the schedule below, and (2) the annual benefit determined

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

by applying the average covered earnings of years since January 1, 1961 to the schedule below, multiplied by total years of Current Service before January 1, 1996, January 1, 1996 through December 31, 1998, January 1, 1999 through December 31, 2009, and on and after January 1, 2010.

Annual Covered Earnings	Prior Service	Current Service Prior to 1996	Current Service 1996-1998 ¹	Current Service 1999-2009	Current Service After 2009
First \$2,500	8.23%	4.57%	3.50%	3.50%	2.00%
\$2,501-\$5,000	7.60	4.21	3.50	3.50	2.00
5,001-7,500	5.08	3.21	3.50	3.50	2.00
7,501-25,000	4.66	3.21	3.50	3.50	2.00
25,001-30,000	4.10	3.21	3.50	3.50	2.00
30,001-50,000	1.42	1.82	3.50	3.50	2.00
50,001-75,000	1.30	1.54	2.50	3.50	2.00
75,001-100,000	1.30	1.36	2.50	3.50	2.00
\$100,000 & over	1.30	1.19 ²	1.50 ²	3.50 ²	2.00 ²

¹ The annual pension benefit accrual is \$272.50 plus the percentages shown for earnings above \$7,500, for each year of Pension Credit.

² For years after 1988, annual earnings received per employer for benefit determination cannot exceed the limit for the year under IRC Section 401(a)(17). For 2024, the limit is \$345,000 per employer.

Participants with at least 10 years of Pension Credit are entitled to a pension of not less than \$220 per month even if the scheduled benefit produces a lesser amount.

The maximum monthly pension effective July 1, 2007 is shown in the table below. The maximum monthly pension does not apply to Plan Office Participants or Guild Office Participants.

Pension Credits as of the Annuity Starting Date	Maximum Monthly Pension
Less than 20 Pension Credits	\$6,500
20 through 29 Pension Credits	\$7,000
30 through 34 Pension Credits	\$7,500
35 or more Pension Credits	\$8,000

For Plan Office Participants, the annual amount of Regular Pension equals 3.5% of five-year average compensation, times years of Pension Credit (not to exceed 20). The Regular Pension for a Plan Office Participant will not be less than the sum of the Prior Service Benefit and the Current Service Benefit, as described above.

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

For Guild Office Participants who earn at least one Pension Credit after 2003, the annual amount of Regular Pension equals (1) plus (2) to a maximum of 70% of the participant's five-year average compensation:

- (1) 3.5% of five-year average compensation, times years of Pension Credit earned after 2003
- (2) 3.0% of five-year average compensation up to Social Security Covered Compensation, plus 3.65% of five-year average compensation in excess of Social Security Covered Compensation, times years of Pension Credit earned prior to 2004 to a maximum of 20 years

The Regular Pension for a Guild Office Participant will not be less than the benefit accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003.

<i>Delayed Pension</i>	The Regular Pension is actuarially increased for commencement after Normal Retirement Age.
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<i>Early Retirement Pension – Eligibility</i>	Age 55 with at least 10 years of Pension Credit. Guild Office Participants are eligible to receive an Early Retirement Pension for the benefits accrued under the Screen Actors Guild Employees Retirement Plan as of December 31, 2003, after attaining age 55 with at least 5 years of Pension Credit.
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<i>Early Retirement Pension – Amount of Benefit</i>	The calculated Regular Pension reduced by $\frac{1}{4}$ of one percent for each month that retirement precedes age 65. Guild Office Participants can receive their accrued benefit as of December 31, 2003 reduced by $\frac{1}{2}$ of one percent for each month that retirement precedes age 65. Guild Office Participants' benefits accrued after December 31, 2003 are payable in accordance with the eligibility and amount of benefit rules that apply to all other participants.
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<i>Service Pension</i>	For Plan Office Participants and Guild Office Participants who are age 55 or older with at least 10 years of Pension Credit, an unreduced Service Pension (calculated as described above for Regular Pension) is payable if the sum of age and Pension Credit is at least 75.
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**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

***Disability
Pension –
Eligibility***

Totally and permanently disabled with at least 10 years of Pension Credit and at least one year of Pension Credit in the six calendar year period preceding the date of disability. The participant must also have been awarded a Social Security Disability benefit.

***Disability
Pension –
Amount of
Benefit***

Same as the calculated Regular Pension, commencing immediately.

Vested Benefit

Vesting is provided for participants who have accumulated at least 5 years of Pension Credit and who earn at least one hour of employment on or after January 1, 1999 (or one Pension Credit if they have a temporary Break in Service as of December 31, 1998) before incurring a permanent Break in Service (participants with 10 years of Pension Credit become vested, regardless of Breaks in Service). Employees with at least one hour of service on or after January 1, 1988, also vest upon the later of (a) age 65 or (b) the fifth anniversary of commencement of participation in the Plan without a Break-in-Service.

***Pre-Retirement
Spouse's Annuity***

If a deceased married participant had not retired but had met the service requirements for vesting, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing upon the death of the participant, and the monthly amount is the survivor's portion of the 50% Joint and Survivor annuity equivalent of the Regular Pension the participant would have received had he retired the day before he died and elected the 50% Joint and Survivor option. If the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is deferred until he would have been eligible for Early or Regular Retirement.

Effective January 1, 2004, if the participant had met the age and service requirements for an Early Retirement Pension, the spouse may instead receive a monthly amount equal to the survivor's portion of the 100% Joint and Survivor Option that the participant could have received had he retired the day before he died and elected the Joint and Survivor Option.

The surviving spouse may elect to receive this benefit or the lump sum death benefit described below.

Effective July 1, 2011 these provisions also apply to a same-sex spouse or a same-sex domestic partner. However, if the participant was not eligible for Early or Regular Retirement at the time of death, the benefit is payable on the first

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

day of the month following the Participant's death, rather than deferred to an eligible retirement date.

Lump Sum Death Benefit For participants with at least 5 years of Pension Credit. The amount of benefit is equal to four times the accrued annual Current Service Benefit, but not less than \$1,500. This benefit is not payable if benefits are due under the Pre-Retirement Spouse's Annuity.

Death after Age 65 For participants who are eligible to retire with a Regular Pension. The benefit is sixty monthly payments of the benefit the participant would have received had he retired the day before he died. For married participants, this benefit is not payable if the pre-retirement spouse's annuity is of greater value.

Forms of Payment

Normal Form

For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor annuity unless this form is rejected by a participant. If not rejected, the benefit amount otherwise payable is reduced to reflect the 50% Joint and Survivor form. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed.

Optional Forms

The following optional forms of payment are available:

- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- 10-Year Certain and Life Annuity
- Partial Lump Sum Option (the first 12 monthly payments are made in a lump sum; the remaining payments are actuarially adjusted)
- 50% Joint and Survivor Annuity with "Pop-Up"
- 75% Joint and Survivor Annuity with "Pop-Up"
- 100% Joint and Survivor Annuity with "Pop-Up"

Other optional forms of payment are available to Guild Office Participants with respect to benefits earned through December 31, 2003.

Actuarial Equivalence

Benefits under optional forms of payment are converted from the amount payable under the 5-Year Certain and Life Annuity, based on assumptions of 6.5% and the Revenue Ruling 2001-62 mortality table.

Screen Actors Guild -
Producers Pension Plan

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 95-2110997
PN: 001

<i>Changes in Plan Provisions</i>	There have been no changes in the Plan's benefit provisions since the prior valuation.
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**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 95-2110997
PN: 001

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments

Measurement Date: January 1, 2024

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

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 20,004,032	\$ 16,121,432	\$ 316,628,706	\$ 352,754,170
2025	32,686,618	29,072,979	308,419,395	370,178,992
2026	45,614,029	41,916,308	299,779,083	387,309,420
2027	59,354,680	54,595,903	290,713,292	404,663,875
2028	73,476,247	67,409,437	281,033,214	421,918,898
2029	85,940,107	78,604,421	271,072,788	435,617,316
2030	99,024,449	89,855,661	261,136,119	450,016,229
2031	111,865,773	100,733,286	250,848,687	463,447,746
2032	125,385,301	111,559,886	240,525,431	477,470,618
2033	138,492,257	122,344,405	229,808,090	490,644,752
2034	151,912,214	132,800,422	219,012,158	503,724,794
2035	165,693,305	143,284,443	208,232,785	517,210,533
2036	179,143,660	152,881,104	197,331,317	529,356,081
2037	191,131,963	161,664,120	186,317,654	539,113,737
2038	202,984,969	169,437,987	175,215,728	547,638,684
2039	214,173,180	176,607,229	164,084,434	554,864,843
2040	224,832,824	182,926,838	152,970,137	560,729,799
2041	234,847,184	188,639,308	141,930,791	565,417,283
2042	243,483,601	193,283,581	131,030,506	567,797,688
2043	251,103,859	196,944,945	120,335,874	568,384,678
2044	256,869,171	199,684,315	109,913,970	566,467,456
2045	261,438,162	201,582,268	99,830,555	562,850,985
2046	264,617,708	202,307,542	90,147,597	557,072,847
2047	267,466,205	202,105,431	80,921,325	550,492,961
2048	268,698,950	201,059,530	72,200,462	541,958,942

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 95-2110997
PN: 001

Exhibit E.1 - Schedule of Projection Of Expected Benefit Payments (Cont.)

Measurement Date: January 1, 2024

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

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$ 268,644,663	\$ 199,147,740	\$ 64,024,646	\$ 531,817,049
2050	270,618,313	196,832,686	56,423,025	523,874,024
2051	268,645,543	193,612,433	49,413,337	511,671,313
2052	265,237,249	189,612,604	43,002,216	497,852,069
2053	260,503,114	185,021,137	37,186,271	482,710,522
2054	254,915,975	179,861,272	31,953,220	466,730,467
2055	248,090,307	174,018,328	27,283,476	449,392,111
2056	240,905,309	167,753,388	23,151,504	431,810,201
2057	232,482,268	161,094,003	19,526,503	413,102,774
2058	223,891,114	154,177,677	16,373,370	394,442,161
2059	214,812,671	146,888,329	13,654,139	375,355,139
2060	204,899,296	139,459,892	11,329,132	355,688,320
2061	194,724,604	131,820,752	9,357,938	335,903,294
2062	184,269,709	124,011,218	7,700,371	315,981,298
2063	173,618,826	116,401,760	6,317,396	296,337,982
2064	163,168,423	108,915,873	5,171,939	277,256,235
2065	152,930,750	101,480,898	4,229,530	258,641,178
2066	142,601,313	94,211,580	3,458,799	240,271,692
2067	132,609,842	87,179,916	2,831,548	222,621,306
2068	122,903,426	80,431,693	2,322,826	205,657,945
2069	113,431,087	74,027,154	1,911,032	189,369,273
2070	104,420,565	67,957,446	1,577,837	173,955,848
2071	96,372,049	62,103,746	1,307,896	159,783,691
2072	87,927,307	56,576,881	1,088,578	145,592,766
2073	79,988,243	51,419,218	909,677	132,317,138

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience is consistent with the valuation assumptions set forth herein.

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 8b(2)
Schedule of Active Participant Data
EIN: 95-2110997
PN: 001

Distribution of Active Participants

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Years of Pension Credit											
Age	Stat	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up	Total
Under 25	Count	439	378	71	12	2	-	-	-	-	902
	Avg. Comp	\$62,408	\$97,480	\$159,921							\$87,590
	Avg. Ben	\$296	\$1,178	\$2,410							\$887
25 - 29	Count	623	342	82	28	16	-	-	-	-	1,091
	Avg. Comp	\$72,275	\$136,698	\$224,551	\$117,269						\$106,421
	Avg. Ben	\$333	\$1,498	\$2,905	\$3,633						\$1,056
30 - 34	Count	986	746	191	57	23	6	1	-	-	2,010
	Avg. Comp	\$64,447	\$114,843	\$161,982	\$237,485	\$270,937					\$100,349
	Avg. Ben	\$302	\$1,212	\$2,678	\$4,464	\$5,655					\$1,067
35 - 39	Count	853	975	398	127	55	25	15	4	-	2,452
	Avg. Comp	\$57,068	\$98,449	\$122,657	\$147,764	\$217,539	\$169,622				\$94,904
	Avg. Ben	\$251	\$1,135	\$2,452	\$4,256	\$5,857	\$5,723				\$1,401
40 - 44	Count	533	753	563	328	137	50	18	9	-	2,391
	Avg. Comp	\$56,323	\$90,085	\$125,049	\$151,546	\$209,912	\$246,985				\$110,868
	Avg. Ben	\$261	\$1,044	\$2,377	\$4,069	\$5,413	\$6,276				\$2,021
45 - 49	Count	345	447	364	374	289	117	42	22	9	2,009
	Avg. Comp	\$49,723	\$82,139	\$99,723	\$139,440	\$152,651	\$216,433	\$172,550	\$218,482		\$112,880
	Avg. Ben	\$246	\$967	\$1,934	\$3,651	\$5,159	\$6,299	\$6,783	\$7,263		\$2,652
50 - 54	Count	216	317	250	278	322	305	123	37	12	1,860
	Avg. Comp	\$44,720	\$71,990	\$78,805	\$126,562	\$148,000	\$194,548	\$214,643	\$198,022		\$124,143
	Avg. Ben	\$213	\$894	\$1,722	\$3,279	\$4,912	\$5,963	\$6,826	\$7,586		\$3,380
55 - 59	Count	139	178	123	186	172	216	178	75	35	1,302
	Avg. Comp	\$43,306	\$68,942	\$70,288	\$91,269	\$134,789	\$161,198	\$156,797	\$244,348	\$250,743	\$120,528
	Avg. Ben	\$193	\$844	\$1,596	\$2,785	\$4,391	\$5,646	\$6,642	\$7,657	\$7,839	\$3,761
60 - 64	Count	91	108	82	96	86	92	120	112	50	837
	Avg. Comp	\$42,881	\$64,950	\$71,865	\$76,963	\$102,185	\$126,541	\$142,906	\$218,442	\$221,786	\$116,286
	Avg. Ben	\$169	\$823	\$1,641	\$2,688	\$3,779	\$4,736	\$6,124	\$7,434	\$7,808	\$3,842
65 - 69	Count	42	38	20	22	28	20	28	49	49	296
	Avg. Comp	\$64,961	\$71,974	\$91,207	\$76,255	\$63,441	\$84,158	\$142,357	\$182,588	\$270,923	\$130,516
	Avg. Ben	\$270	\$884	\$1,942	\$2,313	\$3,163	\$3,668	\$5,323	\$7,321	\$7,797	\$4,008
70 +	Count	57	30	8	7	4	8	3	8	25	150
	Avg. Comp	\$57,122	\$80,558							\$216,200	\$115,992
	Avg. Ben	\$200	\$593							\$7,636	\$2,526
Unknown	Count	3,347	123	1	-	-	-	-	-	-	3,471
	Avg. Comp	\$54,144	\$133,228								\$56,949
	Avg. Ben	\$169	\$1,003								\$199
Count		7,671	4,435	2,153	1,515	1,134	839	528	316	180	18,771
Total Avg. Comp		\$57,178	\$97,735	\$117,487	\$133,727	\$155,684	\$181,071	\$171,440	\$219,374	\$246,263	\$99,102
Total Avg. Ben		\$ 228	\$ 1,101	\$ 2,207	\$ 3,565	\$ 4,904	\$ 5,735	\$ 6,500	\$ 7,455	\$ 7,778	\$ 1,830

Notes

- All active participants in the valuation have at least one year of Pension Credit.
- The average compensation and average accrued monthly benefit are not provided for any grouping that contains fewer than 20 participants.

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 95-2110997
PN: 001

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Amend/Assump	1/1/1995	30.00	\$ 3,370,404	1.00	\$ 264,595	\$ 264,595
Assumption	1/1/1996	30.00	10,389,800	2.00	1,574,539	814,810
Amendment	1/1/1996	30.00	140,462,971	2.00	21,286,673	11,015,661
Amendment	1/1/1998	30.00	88,025,710	4.00	24,887,592	6,889,537
Amendment	1/1/1999	30.00	116,529,069	5.00	39,801,460	9,111,676
Assumption	1/1/2000	30.00	11,542,902	6.00	4,574,352	901,724
Amendment	1/1/2002	30.00	1,023,266	8.00	506,110	79,795
Amendment	1/1/2004	30.00	26,510,053	10.00	15,367,978	2,063,784
Amendment	1/1/2007	30.00	3,836,073	13.00	2,633,165	297,939
ENIL (2008)	1/1/2009	29.00	362,807,012	14.00	262,733,577	28,432,848
ENIL (2008)	1/1/2010	28.00	78,104,008	14.00	57,160,580	6,185,879
ENIL (2008)	1/1/2011	27.00	72,651,894	14.00	53,783,852	5,820,452
ENIL (2008)	1/1/2012	26.00	49,342,919	14.00	36,987,044	4,002,713
Exper Loss	1/1/2012	15.00	25,853,352	3.00	7,592,828	2,710,009
ENIL (2008)	1/1/2013	25.00	113,834,100	14.00	86,496,773	9,360,622
Assumption	1/1/2013	15.00	36,121,362	4.00	13,664,149	3,782,594
ENIL (2008)	1/1/2014	24.00	167,266,235	14.00	128,994,749	13,959,723
Assumption	1/1/2014	15.00	2,023,901	5.00	924,909	211,738
ENIL (2008)	1/1/2015	23.00	15,713,417	14.00	12,315,765	1,332,804
Exper Loss	1/1/2015	15.00	127,628,693	6.00	67,671,938	13,339,900
Exper Loss	1/1/2016	15.00	238,078,028	7.00	142,456,686	24,861,664
Exper Loss	1/1/2017	15.00	202,516,711	8.00	134,016,834	21,129,527
Assumption	1/1/2017	15.00	192,518	8.00	127,400	20,086
Exper Loss	1/1/2018	15.00	192,320,141	9.00	138,613,213	20,048,551
Exper Loss	1/1/2019	15.00	177,450,994	10.00	137,635,233	18,483,198
Exper Loss	1/1/2020	15.00	101,635,996	11.00	84,021,280	10,577,857
Assumption	1/1/2020	15.00	195,218,574	11.00	161,384,896	20,317,548
Assumption	1/1/2021	15.00	172,148,277	12.00	150,492,167	17,902,562
Exper Loss	1/1/2023	15.00	212,219,985	14.00	203,936,052	22,069,820
Exper Loss	1/1/2024	15.00	44,238,699	15.00	44,238,699	4,600,604
Total Charges					\$2,036,145,088	\$ 280,590,220

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 95-2110997
PN: 001

Funding Standard Account Amortization Bases (Cont.)

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Amendment	1/1/1997	30.00	\$ 527,356	3.00	\$ 115,758	\$ 41,316
Amendment	1/1/1999	30.00	15,438,326	5.00	5,273,093	1,207,160
Amendment	1/1/2003	30.00	34,498,438	9.00	18,583,785	2,687,896
Exper Gain	1/1/2010	15.00	320,318,106	1.00	33,645,506	33,645,506
Exper Gain	1/1/2011	15.00	26,110,353	2.00	5,294,241	2,739,722
Exper Gain	1/1/2013	15.00	53,432,280	4.00	20,212,601	5,595,377
Exper Gain	1/1/2014	15.00	92,592,899	5.00	42,314,337	9,686,945
Exper Gain	1/1/2021	15.00	30,563,101	12.00	26,718,288	3,178,410
Exper Gain	1/1/2022	15.00	46,826,845	13.00	43,038,585	4,869,758
Assumption	1/1/2023	15.00	8,174,935	14.00	7,855,829	850,152
Total Credits					\$ 203,052,023	\$ 64,502,242

Net Total

\$1,833,093,065 \$ 216,087,978

The tables above show the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

**Screen Actors Guild -
Producers Pension Plan**

2024 Schedule MB, line 11
Justification for Change in Actuarial Assumptions
EIN: 95-2110997
PN: 001

The following change in actuarial assumptions was made as of January 1, 2024:

- The assumed annual operating expenses, payable monthly, changed from \$16,500,000 to \$18,000,000.

The assumption was changed based on recent and anticipated future experience, and professional judgement.

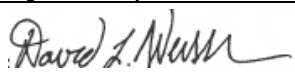
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Screen Actors Guild - Producers Pension Plan
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/02/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees Screen Actors Guild - Producers 3601 West Olive Avenue Suite 300 Burbank CA 91505
2b	Employer Identification Number (EIN) 95-2110997
2c	Plan Sponsor's telephone number (818) 954-9400
2d	Business code (see instructions) 512100

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

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

SIGN HERE		10/14/2025	David Choi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2025	David Weissman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;">5</td> <td style="border: 1px solid black; text-align: right;">69,196</td> </tr> </table>	5	69,196																				
5	69,196																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width:10%; border: 1px solid black;">6a(1)</td> <td style="border: 1px solid black; text-align: right;">31,823</td> </tr> <tr> <td style="border: 1px solid black;">6a(2)</td> <td style="border: 1px solid black; text-align: right;">31,218</td> </tr> <tr> <td style="border: 1px solid black;">6b</td> <td style="border: 1px solid black; text-align: right;">14,729</td> </tr> <tr> <td style="border: 1px solid black;">6c</td> <td style="border: 1px solid black; text-align: right;">20,711</td> </tr> <tr> <td style="border: 1px solid black;">6d</td> <td style="border: 1px solid black; text-align: right;">66,658</td> </tr> <tr> <td style="border: 1px solid black;">6e</td> <td style="border: 1px solid black; text-align: right;">1,330</td> </tr> <tr> <td style="border: 1px solid black;">6f</td> <td style="border: 1px solid black; text-align: right;">67,988</td> </tr> <tr> <td style="border: 1px solid black;">6g(1)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">6g(2)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">6h</td> <td style="border: 1px solid black;"></td> </tr> </table>			6a(1)	31,823	6a(2)	31,218	6b	14,729	6c	20,711	6d	66,658	6e	1,330	6f	67,988	6g(1)		6g(2)		6h	
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6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;">7</td> <td style="border: 1px solid black; text-align: right;">9,999</td> </tr> </table>	7	9,999																				
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____